

A & D Rhoden

# The Hylands Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 21 February and 9 March 2018 and was unannounced on day one of the inspection.

The Hylands is a large property with accommodation and facilities spread over five floors. The service offers three communal areas (lounge/dining rooms) on the ground floor for people to spend time in. The service terms these areas as 'houses' called Sunflower, Primrose and Bluebell. The service is close to all local amenities. The service provides accommodation for up to 46 people who require personal care, some of whom may be living with dementia. At the time of the inspection 36 people lived in the service.

The Hylands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was also the registered provider. 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 2008 and associated Regulations about how the service is run.

The arrangements for assessing, reviewing and monitoring risk within the service were not robust. This applied to the environment and people's health, safety and welfare.

The assessment of risk, and preventing and controlling the spread of infections was ineffective. Documentation for cleaning the service and recording infections was not in place.

The provider carried out recruitment checks, to employ suitable people. These were not always consistently applied, but the registered manager took immediate action to rectify these errors.

People told us they felt safe and were well cared for. There were sufficient staff employed to assist people in a timely way. Medicine management practices were being reviewed by the registered manager and action was taken to ensure medicines were given safely and as prescribed by people's GPs.

Staff had completed relevant training. We found the care staff received regular supervision and yearly appraisals, which helped them to fulfil their roles effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

The provider had used a company called Dementia Matters to utilise best practice and develop the

environment to be dementia friendly. The impact on people was extremely positive with individuals interacting with each other and enjoying more activities and stimulation.

People were able to talk to health care professionals about their care and treatment. People could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the district nursing team.

People had access to adequate food, drinks and snacks. Those who spoke with us were satisfied with the quality of the meals provided.

People were treated with respect and dignity by the staff. They said staff were caring and they were happy with the care they received and had been included in planning and agreeing the care provided.

Access was provided for people to community facilities and the range of activities in the service ensured they could engage in stimulating and interesting social activities.

A complaints procedure was in place. People and relatives knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to help improve the service.

We found there was a breach of regulation 12: Safe care and treatment in relation to risk management and infection, prevention and control measures. You can see what action we told the provider to take at the back of the full version of this report.

The service has been rated as Requires Improvement for a second time.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

The assessment, monitoring and review of risk was not robust. This meant the risks to people's health, safety and welfare were not always mitigated effectively.

The arrangements for infection prevention and control were not robust. Work was on-going to improve the standards within the service.

People were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were sufficient staff on duty to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care to people. They were aware of the requirements of the Mental Capacity Act 2005.

People were provided with appropriate assistance and support and staff understood people's nutritional needs.

Changes to the environment were based on dementia care best practice guidance and had significantly improved people's quality of life.

People received appropriate healthcare support from specialists and health care professionals where needed.

### Is the service caring?

**Good** 

The service was caring.

People who used the service had a good relationship with staff who showed patience and gave encouragement when supporting individuals with their daily routines.

People's privacy and dignity was respected by staff.

People who used the service were included in making decisions about their care whenever this was possible and they were consulted about their day-to-day needs.

### Is the service responsive?

Good 

The service was responsive.

Care plans had been developed and were person-centred. Staff were knowledgeable about each person's support needs.

Staff supported people to maintain independent skills and to build their confidence in all areas.

There was an effective complaints policy and procedure in place and people felt their concerns were listened to and acted upon.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Improvement was needed to the quality of oversight and monitoring of the service and documentation completed by the senior care staff to ensure a high standard of care was achieved.

The service had a registered manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the registered manager.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to improve the service.

# The Hylands Retirement Home

## **Detailed findings**

### Background to this inspection

We carried out this 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 comprehensive inspection took place on 21 February and 9 March 2018. Day one of the inspection was unannounced and we told the registered provider we would be visiting on day two.

The inspection was carried out by two inspectors and one expert-by-experience on day one of the inspection. Two inspectors completed the inspection on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people and people living with dementia.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered was used to plan this inspection.

At this inspection we spoke with the registered manager, two deputy managers and five care staff on duty. We met with 14 people who used the service and spent time with them over the course of our inspection. We also spoke with nine relatives / visitors and one visiting health care professional. We observed care interactions in the communal areas between staff and people who used the service. We observed the lunch

time period in the dining rooms. Most people could communicate with us, although some people had communication problems or were living with dementia.

We looked at five people's care records, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We also looked at a selection of documentation related to the management and running of the service. This included quality assurance information, audits, meeting minutes, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

# Is the service safe?

## Our findings

The monitoring and review of risk within the service was not effective.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. However, we found no evidence of regular health and safety checks being carried out such as checks of water temperatures. These environmental checks help to ensure the safety of people who used the service. This was discussed with the registered manager and by day two of our inspection we found a list of monthly maintenance checks was in place and being completed.

We found that a health and safety risk assessment file was in place, but further work was needed to complete all the risk assessments in the file. For example, risks of trips and falls in and around the building. The registered manager said this would be undertaken as soon as possible. Without this documentation being completed the provider cannot ensure the safety of their premises and the equipment within it.

The assessment of risk was not always carried out consistently or to a high standard. A recent safeguarding investigation had found that people being admitted did not always have a robust pre-admission assessment completed before they came into the service. The local authority had given the provider an emergency admission process to follow and the registered manager said this would be used in the future. We looked at five care files and found the pre-admission documents were brief and the person completing the document had not covered risk as part of the assessments.

We found risk assessments in the care files were poorly completed. For example, we looked at one person's risk assessments for falls, nutrition and pressure care. These had been reviewed in September 2017 and the person was assessed by staff as high risk. Since then the person's health had deteriorated, they had been admitted to hospital and later returned to the service for palliative care. We found their risk assessments had not been updated to reflect their change in need and the changes to their care and support. This meant staff were not using the risk assessments to make adjustments for the persons health, safety or welfare.

Infection prevention and control (IPC) measures within the service were not robust. Shortly before our inspection the service had been visited by the infection prevention and control team (IPC) as a recent monitoring visit by the local authority had raised concerns about hygiene within the service. We saw evidence of dirty en-suites and bathrooms on the first day of our inspection. When we spoke with the registered manager/provider they said staff had been asked to deep clean the service, but this had not taken place. However, they assured us that the concerns in the report about IPC would be addressed straight away.

By day two of our inspection all areas had been deep cleaned. We saw evidence that the provider was working through the report received from the IPC team to improve the overall hygiene and cleanliness of the service. For example, the provider had ordered and fitted new floor covering for bathrooms and en-suites to



replace the original carpeted areas. There were more to complete but the work was in progress. Still to do was the development of cleaning schedules, an annual statement of IPC and an IPC audit. Staff had been booked onto IPC training booked for March 2018.

The above evidence of poor risk monitoring and inadequate infection prevention and control practices shows there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had given thought to keeping people safe and had three pendants which tracked people's whereabouts. The pendants had a button that rang the service if used. One person wore one when they went out walking and another person wore one when they went out into the community. The nurse call system had two pendants linked to it. One person wore one when they went out into the grounds to have a cigarette.

The recruitment process was safe but not always consistently followed. We looked at three staff recruitment files. All showed gaps in employment with two staff being employed, leaving and then returning without any new application or other documents being completed. References were not in place for one person. Checks had been made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. We spoke with the registered manager about our concerns regarding recruitment and they took immediate action. On day two of inspection the staff files had been reviewed, updated and references sought for the member of staff mentioned above.

Staff received training on making a safeguarding alert and told us they would have no problem discussing any concerns with the registered manager. There was written information around the service about safeguarding and how people could report any safeguarding concerns. We discussed two recent safeguarding alerts with the registered manager and saw that they had worked with the safeguarding team to make improvements in response to the outcomes of the investigations. For example, a door sensor had been fitted to the outer door, which was linked to the nurse call system. This alerted staff when people came in or went out of the service.

The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date. Fire safety training for staff was completed and fire drills/evacuation scenarios were planned to place. Personal emergency evacuation plans (PEEPs) for people who used the service were completed. A PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency.

The arrangements for managing people's medicines were safe. People's medicines were kept under review and medicines were administered to people in a safe way. People were helped and supervised if they needed to be. One person said, "The time I get my medicines can vary depending on which member of staff is on duty. But it is not a real problem, I always get them."

The dependency levels of people were used to determine the levels of staff on duty. We looked at a copy of a dependency tool used by the registered manager and checked four weeks of the staff roster; this indicated there were sufficient staff on duty over the 24 hour period to meet people's needs. We observed that people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with straight

away and people received a good standard of care. The lunch time experience was organised and people were given assistance with their meals as needed. One relative told us, "I have no concerns about staffing, there is always plenty of staff around if you need them."

# Is the service effective?

## Our findings

Observations showed that people got on well with the staff and there were some very positive interactions with a lot of laughter and good humour. People who used the service were interested in what we were doing and we saw them engaging in activities and with each other. Relatives were very positive about the service and comments included, "The staff are smashing here. They know what they are doing and are always very helpful." One couple said, "We have read our relative's care plan and discussed their wellbeing many times" and, "We are always informed either in person or by phone regarding any appointment."

The staff induction process had improved since the last inspection with more detailed information being included in the documentation. One new member of staff said they were waiting to start the Care Certificate induction. This ensured that new staff received a standardised induction in line with national standards. Staff were supported by having regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Minutes of the supervision meetings were made available to us during the inspection. Staff had also received annual appraisals of their work performance.

Our observations showed that staff had the appropriate skills and knowledge to care for people effectively. They had access to a range of training deemed by the provider as 'essential' as well as subjects specific to meet people's needs. Where staff required refresher training this was booked by the registered manager. Staff told us, "We have appraisals and supervisions but we can go to the manager at any time." Staff talked about lessons learnt. They told us, "Medicine errors are discussed individually and during supervision. There is a lot of training."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Records showed that 10 people who used the service had a DoLS application submitted around restricting their freedom of movement. These were kept under review by the registered manager.

We found there was a lack of robust mental capacity assessments and Best Interests decisions in the care files we looked at. However, the local authority had given the registered manager a 'Best Interests' and 'Mental Capacity Act' decision format to help them develop their care records. The registered manager explained that they intended to implement this as soon as possible. Our observations of staff and people interactions showed that people were given daily choices and their wishes and decisions were respected by the staff.

People had good access to social and health care professionals. They received regular dental check-ups,

GPs carried out medical reviews and they saw opticians when needed. Information that they would take to hospital with them was detailed and descriptive, person centred and up to date. A visiting health care professional told us, "I have noticed improvements to the service over the last 12 months. The education of staff around pressure sores and catheter care is much better. Their moving and handling skills have improved and we are finding fewer skin tears as a result of this. Staff listen to us and act on any issues raised. They are now calling the community team out appropriately. The environment has changed for the better, making people much happier and content."

For the majority of people their weights were recorded where the staff had been able to weigh them and changes were also made to the frequency of weighing if their weight had gone down. Evidence of visits and appointments by and to health care professionals were clearly recorded in people's care notes. One relative told us, "We love the service. Staff are great and our relative gets person centred care. They have good access to their GP and have just finished a course of antibiotics. Staff communicate well with us, they keep us up to date which is a weight off my shoulders. The food is very good as my relative is a fussy eater. They get offered alternatives if they don't like the set menu choices. I am really happy with the level of support given to my relative."

The menus had recently been retyped and included the alternative meals available for people to choose from, when they did not like the options on the main menu. The kitchen had updated the food preference sheet by day two of our inspection. It documented what special diets people required and any allergies or likes/dislikes regarding the food provided. Staff sat with people at mealtimes and ate at the same table. This gave people living with dementia a visual prompt about eating. Staff offered people appropriate support with eating and drinking. People were offered different options of meals until they found one they liked. The food looked appetising and there were ample portions provided.

Dementia Care Matters was working with the service and they were half way through completion of a 'dementia friendly' project which focused on the environment. Changes within the environment included the development of three 'houses' each with their own lounge and dining room. The changes that had already been actioned had made a positive difference to people's lives. Staff and relatives told us that people were less agitated due to more peaceful meal times. Individuals had open access to all areas and people were happier and eating better. There were sinks in two of the dining room kitchenettes which allow people to carry out tasks such as washing up and cleaning tables. The provision of microwaves and fridges in the kitchenettes meant they could prepare snacks and drinks with staff supervision, which made people feel more included in these daily tasks and helped retained their independence skills.

Other dementia friendly aspects had been added to the environment including doors to bedrooms being painted in different colours to make it easier for people to identify them. Memory boxes had been created which were used in the lounges, each one personal to an individual and a useful tool when doing reminiscence work with individuals. Staff had noticed positive improvements in people's behaviour and quality of life since changes were made to dementia care. For example, one person who was quiet and withdrawn in the old layout was now loving the smaller groups and staff having more time to spend with people. They were smiling and singing. Staff said, "It's lovely to see as everyone is more interested in their surroundings and each other." Staff no longer wore uniforms and they told us, "We were asked to wear colourful clothes. People do not live at our work, we work in their home."

One visitor told us, "The staff are kind and caring. The difference with the environmental changes is noticeable. People are much calmer, they have developed a circle of friends and the daily routine is helping people living with dementia cope with everyday tasks such as finding a seat and interacting with others."

## Is the service caring?

### Our findings

People who used the service were relaxed and comfortable in the company of staff. People we spoke with told us, "I would be lost without the staff. They are my friends as well as carers" and "Oh yes they are lovely, all of them." Relatives commented that, "The staff all support my relation with their needs" and "Very respectful and friendly with both my relative and the family."

People told us staff were polite, respectful and protected their dignity. They said that staff spoke with them and involved them in daily decisions. We were told, "Staff are very kind and respectful, they will always help you." One visitor said, "Staff respect my relative's privacy and dignity when giving them personal care. They ask us to step out of the room whilst they attend to their needs." People were at ease in the company of staff and they addressed each other by name. We observed staff always knocked before entering people's rooms.

Another visitor told us about their relative who was living with dementia. They said, "Staff are very good at supporting them with care in a safe and friendly manner. My relative has choices offered over their daily activities and their decisions are respected by the staff. They are unsteady on their feet and the staff don't hesitate to call out the GP if needed. Staff are good at communicating with the family to let us know what is going on. It is a wonderful service and my relative is very happy here. The change to the environment is very positive and they love where they sit and can now chat to people around them."

People and relatives told us the service was a safe place to live. Comments included, "The staff are very helpful. You only have to ask", "Very caring and approachable" and, "My relative enjoys living here and feels very safe and cared for."

We saw the staff were kind and compassionate in the way they treated people, including those living with dementia. One person told us, "I didn't sleep very well last night. The staff popped their head around the door every two hours to check on me. They stayed with me and they will talk to me even on a night time." Another person said, "If you are awake on a night they offer you a drink." Visitors spoke positively about the service and said, "All the staff are kind and caring", "Lovely place" and "It is very nice here. I wouldn't want my relative to be anywhere else."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

People and relatives told us they were given information and explanations by the staff and registered manager about their care and support. One relative told us, "[Name of relative using the service] has a care file that has been discussed with the family as part of the care review process. We have relative and resident meetings and have received the newsletters when they are available." For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports

someone so that their views are heard and their rights are upheld.

## Is the service responsive?

### Our findings

We saw people's pre-admission assessments were basic and did not focus on risk. However, the local authority had given the provider an emergency admission protocol to use and the registered manager had introduced a new pre-admission assessment by day two of our inspection. They confirmed this would be used going forward.

The quality of the information in people's care files was variable, but the registered manager said these were currently being rewritten. Those already completed were much more person centred and detailed. However, staff needed to ensure they dated all the documents. Where people consented to having a life history in their care files, these gave a good insight into each person's past life and current interests. Each care file had a section for people's wishes and choices regarding End of Life care. These gave staff details of who to contact in an emergency and what people wanted regarding their care and support. People who were receiving end of life care were seen to be made comfortable in bed and received regular care and attention from staff. Some people in the service received visits from the local church and arrangements were made for people to follow their faith. We have already spoken in the safe section about the need to review, assess and update risk assessments in the care files.

Staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. Where needed, staff completed turn charts when giving pressure relief to people and some individuals had specialist beds and air mattresses in place to make them comfortable in bed.

Where people wished to be independent with their care, this was risk assessed and respected by staff. For example, people who self-medicated had a risk assessment in place and they told us they were responsible for their medicines. The medicine care plans were signed by the people who self-medicated.

People had access to a range of activities. Staff said people had time to do hobbies and things which they enjoyed. One recent development was the invitation to the local primary school for pupils to visit people in the service. Staff told us, "It has made a big difference and there has been a fantastic response from the people who use the service", "They really get engaged and come to life." Children visited on the day of inspection and enjoyed the cakes that the people had made for them. In the afternoon people played dominos with the staff and music was playing for a sing along. People also looked in their memory boxes and talked to staff about their lives as part of the 1-1 work staff carried out with people. Staff told us, "The memory boxes really help people. They are personalised to them and spark memories for people which initiate conversations with others."

One visitor told us, "There have been more activities taking place since the service created the three houses. My relative enjoys taking part and comes out of their bedroom more since the changes took place."

People and visitors told us they were aware of who to talk with should they have any concerns or want to make a complaint. They all felt confident in saying they would be listened to and responded to properly.

One visitor said, "I don't have any complaints, but if I did I am confident that the registered manager and provider would deal with them straight away."

The registered manager was aware of the need to make information for people available in accessible formats to ensure people were able to read and understand it. They said this was 'a work in progress'.



## Is the service well-led?

### Our findings

During the inspection we were able to see that the provider and registered manager were committed to making improvements to the service. However, there needed to be more oversight of the work completed by the deputy managers and care staff to ensure this was done to a high standard. For example, staff required more training and development around the review and completion of risk assessments as those seen in the care files were not updated or monitored appropriately. Also we found health and safety checks were not being completed and a health and safety risk assessment for the service was unfinished.

The service had received a visit and action plan from the IPC team. We found work was still in progress towards meeting a good IPC standard. Vital documentation was still undeveloped including cleaning records, an annual IPC statement and an IPC audit. On day one of our inspection we found areas of the service to be dirty, this was addressed by the registered manager straight away and was much improved on day two of inspection. The concerns around risk management and IPC meant there was a breach of regulation 12: Safe care and treatment.

The provider had developed audit documentation. This was new and needed to be embedded in practice. For those completed in March 2018 there was a need to ensure actions plans were part of the audit process and staff recorded dates as part of this process. For example, bedroom audits had been carried out but some needed dating and the rooms identifying on the paperwork.

The monitoring of accidents and incidents had improved from the last inspection, but there remained a lack of learning from events. For example, in the last six months a fractured hip had occurred due to a fall. The section of the report for remedial actions taken stated 'Taken to hospital'. However there was nothing to critically review lessons learnt or identify if preventative actions were taken. This was the same for all the accident forms we looked at. The registered manager said this would be developed as soon as possible.

There was a registered manager in post who was supported by two deputy managers and 'team leaders' who were in charge of the day to day running of each of the three 'houses'. The atmosphere of the home was very relaxed and homely and it was apparent that the registered manager had a good rapport with the people who used the service. People responded well to them and they seemed happy to see the registered manager.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

The staff were friendly and approachable and we observed on many occasions the staff interacting with people, senior staff and management. One visitor said "All the staff are friendly and welcoming" and another told us, "I look forward to coming to visit."

People, relatives and staff were consulted about the service and given the opportunity to make their views heard. Staff meetings took place and there was evidence of discussion about the changes in the service around dementia best practice. Resident and relative meetings also took place, and the last minutes were dated 23 November 2017. There had been no responses to the satisfaction questionnaires sent out in July 2017 so the registered manager said they would resend in 2018. One relative told us, "I find the registered manager to be open, honest and approachable. This is a very kind and caring service."

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from risk as the assessments relating to their health, safety and welfare were not being monitored, reviewed regularly or updated as their needs changed.</p> <p>The provider had failed to assess, prevent, control and monitor the risk of infections, including those that were health care associated.</p> <p>Regulation 12 (1) (a) (b) (2) (h)</p>