The Cedars (Weston) Limited

Cedars (The)

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an inspection of The Cedars on the 5 & 7 March 2018. This inspection was unannounced, which meant that the provider did not know we would be visiting. The service registered to provide a regulated activity with the Care Quality Commission in October 2010.

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

The care home accommodates 28 people in one adapted building providing personal care for older people some of whom are living with dementia. At the time of our inspection 27 people were accommodated in the home.

At the last inspection the service was rated as Requires Improvement. At this inspection we found the service remained Requires Improvement.

Two breaches of legal requirements were found following the last comprehensive inspection. This was due to the provider failing to ensure the principles of the Mental Capacity Act 2005 (MCA) were being followed and people were receiving safe care and treatment in relation to their medicines and individual care needs. The provider sent us an action plan confirming how they were going to address these shortfalls.

A manager was in post at the time of our inspection. They were undertaking the registration process to be the registered manager of the home. 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.

At this inspection we found some improvements had been made to how the principles of the MCA were being followed. Although the home had no process for people who required as required medicines and people could be at risk of cross infection due to poor hand washing facilities. Audits were not always being undertaken regularly and robustly so that effective monitoring of the home was in place so shortfalls were identified and actioned. We found some shortfalls during the inspection relating to inadequate hand washing facilities and records where people's care plans had no details of pressure relieving mattresses and there being no process for people who might require as and when medicines.

People could be at risk due to poor hand washing facilities within people's rooms. There was no guidance or policy that supported people who might require medicines as and when.
People's care plans contained guidelines for staff to following relating to moving and handling but not relating to pressure relieving mattresses. People were support by staff who had suitable checks prior to working with vulnerable people.

People felt safe and were supported by staff who were able to identify abuse and knew who to go to should they have concerns. Although some health care professionals felt people might not be safe.

People and staff felt improvements could be made to the recruitment of more staff.

People were not always being supported by staff who had received an annual appraisal. The manager was in the process of undertaking regular supervisions with staff to ensure their training was current and up to date. Additional training was provided and planned when required.

People felt supported by staff who were nice and kind. Staff demonstrated a good understanding of equality and diversity and how to promote people's independence and respect their privacy.

People felt able to complain and care plan's had important information relating to people's likes and dislikes, hobbies and interests and any end of life wishes.

People and staff felt the management were supportive and accessible and felt able to raise concerns with them.

We recommended that guidance is sought relating to infection control guidelines.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 always safe.

People could be at risk due to poor hand washing facilities within people's rooms. There was no guidance or policy that supported people who might require medicines as and when.

People's care plans contained guidelines for staff to following relating to moving and handling but not relating to pressure relieving mattresses.

People were support by staff who had suitable checks prior to working with vulnerable people.

People were supported by staff who demonstrated a good understanding of abuse although some health care professionals felt people might not be safe.

Is the service effective?

Good

The service was effective.

People were happy with the menu options although people in their rooms were not always experiencing their meals hot as at times all three courses arrived at once.

People were not always supported by staff who had received regular supervision and an annual appraisal.

People were supported by staff who had received additional training to support their individual needs although some staff required refresher training.

The service was following the principles of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always spoken to in a respectful and dignified manner.

Conversations with were not always held in private so that important information relating to finances and well-being were not accessible to other people living in the home.

Staff had a good knowledge of equality and diversity and gave examples of how they supported people with their individual needs.

Is the service responsive?

Requires Improvement

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were not always robust and effective audits in place that identified shortfalls found during the inspection.

People and staff spoke positively about the culture of the home.

People, relatives, friends and staff views were sought with questionnaires, comments were positive.

Staff and residents had regular meetings with the management of the home.

Cedars (The)

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.

The inspection was carried out by one adult social care inspector on the first day and second day, and an expert by experience and specialist advisor on the second day. 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 specialist adviser was a nurse.

We spoke with the manager, the owner and director as well as the deputy manager, and three care staff. During the inspection we spoke with eight people and three relatives. As well as three health care professionals.

We looked at four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and procedures, audits and complaints.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of this service on the 26, 27, 28 October 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some aspects of the service were not safe as guidelines were not always in place for 'As required medicines'. We also found the stock amounts were not always accurate and where people required their medicines to be crushed with food or drink this had not been safely assessed. We also found pressure relieving mattresses were not being checked to monitor they were accurately set.

At this inspection we found improvements had been made to pressure relieving mattress checks and medicines that required safely assessing. However improvements were still required where people might require medicines, 'as required'. We found during this inspection people were at risk of cross infection due to inadequate hand washing facilities within people's rooms.

For example, the manager confirmed most people within the home required support and assistance from staff with their personal care. Standard infection control methods include care staff wearing personal protective equipment such as gloves and aprons and to wash their hands after supporting the person. We found within people's en-suites there was no liquid hand soap, paper towels and in some rooms no suitable bin. Staff confirmed if they needed to wash their hands they would either wash their hands in the person's bathroom, sink or in the communal bathroom or laundry area which meant leaving the bedroom without hand washing their hands. During the inspection we also observed one member of staff administered eye drops to one person without washing their hands before or after this procedure. We raised this with the manager who confirmed they were aware of this shortfall. The confirmed they would take immediate action to rectify this situation. This meant people and staff were at risk of cross infection due to being unable to wash their hands following supporting someone with their care.

We recommend the provider seeks guidance from a reputable sought relating to infection control procedures.

At our last inspection we found there was no guidance where people required, 'As required medicines'. At this inspection we found improvements had not been made. We have reported on this under the Well-led domain of the report.

People felt they received their medicines when required. However during the inspection one person had not started their medicines when required following a prescription from their Doctor. For example, one person had been prescribed two different types of medicines on 4 March 2018 due to becoming unwell. The person had started one of these medicines the same day however the pharmacy did not have one of the medicines in stock. This person had been delayed starting their medicines for an infection for three days, with them starting their first dose on the 7 March 2018. The manager confirmed no other action had been taken to get this medicine quicker. Following the inspection the manager confirmed future requests for medicines would be monitored closer.

The member of staff responsible for administering medicines to people wore a tabard that confirmed, 'do not disturb'. This was to prevent the member of staff being interrupted. We found the member of staff was repeatedly interrupted whilst administering medicines to people. They also wore the tabard for longer than they were administering medicines for. This meant the practice of wearing the tabard to prevent being disturbed had little effect.

At our last inspection we found people who required their medicines crushed had not had this process reviewed by a pharmacist. This is important as some medicines can be ineffective or damaged by this process. At this inspection we found improvements had been made. All medicines that required being crushed or given covertly had been reviewed by the GP and a pharmacist in relation to this practice.

At our last inspection we found there was no system in place that checked people's pressure relieving air mattress. At this inspection we found improvements had been made. For example, where people were on pressure relieving mattresses daily checks were undertaken to ensure they were accurately set. However, this information was not recorded in the person's individual care plan. The manager confirmed they were still in the process of developing the use of the 'Care Docs' system. The service's action plan confirmed care plans had been completed following the change from paper to electronic copies however these were yet to be audited. This action was on the manager's action plan.

People were supported on the days of the inspection by adequate numbers of staff to respond to their care needs. However, people and staff views were mixed and some people felt there was a lack of staff. One person told us, "We could do with more staff". People also raised this at the meeting with the manager who confirmed they were in the process of recruiting. Staff we spoke with felt there had been some improvements to the number of staff on duty although at time this was affected by sickness. The manager confirmed they were actively recruiting to one full time care assistant post at the time of the inspection and at times sickness impacted on the service. They confirmed when this happened the deputy and the manager would help out.

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files had confirmation that a Disclosure and Barring Service check (DBS), identification checks and reference checks were undertaken prior to staff starting their employment. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

People had risk assessments completed within their care plan. These identified any risks and what measures were in place to support the person. This included any moving and handling and nutritional risks. People were able to summon care staff with a call bell system should they find they required assistance.

There was a system for recording incident and accidents. The monthly overview of incidents and accidents was reviewed by the manager so that any trends could be identified and action taken to prevent similar incidents from occurring.

People felt safe and staff were able to demonstrate a clear understanding of abuse and who to go to. However feedback from health professionals was variable with some feeling at times they felt people were unsafe. Health professionals felt people could be unsafe at times due to the staff not identifying changes to people's health quickly. They gave examples, of when they felt this had occurred. They had raised these concerns with the local safeguarding team. At the time of this inspection these incidents were still being investigated.

People told us, "Safe here – oh yes." Another person told us, "Staff always check up on you to make sure you're ok." Another person said, "I feel safe as they come and see me during the night." One relative told us, "(Name) is safe and sound here, I feel so less stressed since (Name) has been here."

Staff confirmed the different types of abuse. One member of staff told us, "Financial, institutional, physical, emotional, neglect. I would go to my line manager or manager. The police, social services". Another member of staff said, Yes I think people are safe. There is financial, physical, psychological, sexual" types of abuse.

Good

Is the service effective?

Our findings

At the last inspection of this service on the 26, 27, 28 October 2016, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the principles of the Mental Capacity Act 2005 (MCA) were not always being followed.

At this inspection we found improvements had been made. The Mental Capacity Act 2005 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's care plans confirmed if people had capacity. Where people lacked capacity a mental capacity assessment was in place. Mental capacity assessments were decision specific and detailed who had been involved in the decision making process. For example, one person had records that confirmed who had been involved when they required their medicines to be administered covertly (disguised in food or drink). The correct procedure had been followed and records were held within the persons care file. The manager confirmed they were in the process of reviewing some people's capacity as they had been identified as potentially lacking capacity. They knew these mental capacity assessments were needed to confirm if the person lacked capacity.

People and relatives felt they received support when their health and well-being needs changed. One person told us, "I have been to the doctors this morning". One relative told us, "(Name) was poorly over the weekend they rang me to let me know what was going on and after the doctor had visited what they had said".

People were supported by staff who felt well supported. However not all staff were receiving regular supervision or an annual appraisal. The manager confirmed some staff may not have had supervisions. The two staff files we checked had a copy of a recent supervision however both staff had not received an annual appraisal in the last year. The manager confirmed they were aware that staff required regular supervisions and an annual appraisal. This was confirmed on the manager's action plan. This meant although staff felt well supported they were not always receiving formal supervisions and appraisals.

People were supported by staff who had received training to ensure they had the skills and competence in their role however some staff required refresher training. For example, staff had received training in moving and handling, safeguarding and health and safety although some staff were due refresher training in fire safety, mental capacity and DoLS. The manager's records confirmed staff were booked on these refresher training sessions. This meant the manager had identified the shortfalls and was booking staff on the training when required.

Some staff had access to bespoke training which meant they had additional skills and competency to support people's individual needs. For example, staff had access to mental health, diabetes, end of life and

stress management. The manager planned to also train staff in Parkinson's, learning disabilities and catheter care. New staff were also supported to achieve The Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector. Staff who required training in the Care Certificate had records that confirmed they were in the progress of achieving this qualification.

Staff gave examples of how they provided people with choice about the care they received. One member of staff told us, "We give people choice about clothes they want to wear, a shower, bath or wash. There is a choice of breakfast, drinks where they want to have their meal". Although staff gave good examples of choice we observed during the inspecting where people's choice was not always respected. For example, one person during the inspection asked a member of staff if they could have a bath. The member of staff's response was for them to have a shower due to the hairdresser using the bathroom with the bath in. After some rearranging the member of staff supported the person with their bath as per their requested choice however there was some delay in them being assisted with this support.

During the inspection we observed staff arranging medical reviews for people and staff supporting people to attend appointments at their GP practice. People's care plans had records of appointments and reviews where people's health had changed.

People were supported to have a good varied diet with plenty of choice and options. People's care plans confirmed their specific dietary requirements for example if they required their diet modifying into a pureed consistency. This was due to some people being at risk of choking. We observed their meals being prepared in this way. People could have a three course meal if they wished. There was always an option of two main lunches including a vegetarian option. The chef said people could also have, "Whatever they want, a jacket potato and salad. We will always do something else if people don't like what we have on the menu". The chef was able to confirm if people had a specific dietary requirement.

The dining room was relaxed and music played whilst people ate. Tables were well presented with table clothes, flowers, condiments, and paper napkins. People felt mostly happy with the meals they received although during the first day of the inspection people raised with us and the manager how the meal could have benefited from a sauce. We observed people raising this with the manager following their dinner. The manager acknowledged people's comments and confirmed in future there would be a parsley or white sauce to go with the fish. People felt otherwise very happy with the meals. They told us, "You can have what you want." Another person said, "Food is very good here you have a choice if you don't like what is on offer they will get you something else."

People had access to a selection of cold drinks, including a variety of squashes and water in jugs. These were available throughout the home and in people's rooms. All jugs had a date when prepared which meant staff could tell if they required changing. The manager confirmed these date stickers were new. They also confirmed they were looking at providing an area within the home where people could make their own hot drinks throughout the day which would promote people's independence.

People could have their meal taken to their room if they wished. Staff provided this assistance. During the first day of the inspection where people had their meals taken to their rooms. All three courses of the lunch menu were taken at the same time. For example, we observed people have the soup starter, a hot cooked lunch and a sponge and custard pudding. All courses were left uncovered going cold whilst people ate each course. One person confirmed their main meal was warm and they were half way through at this meal at the time of talking to them. We raised this with the manager who on the second day of the inspection people were taken each course at a time. This meant people had their course before the next course was brought to

them, preventing each course going cold, if hot.

Requires Improvement

Is the service caring?

Our findings

Not all staff demonstrated respecting people's privacy. During the inspection we observed some conversations which were held outside of the office were not always private as people who had bedrooms along the corridor could overhear private and confidential information relating to people's finances and wellbeing. However staff closed people's doors when supporting people and told us they would shut people's curtains and make sure people's door were closed. We fed this back to the manager and the provider for them to address this.

People did not always have their medicines administered in a private and dignified manner. For example, one person had their eye drops administered at the breakfast table. People were having their breakfast whilst being able to observe this person having their eye drops administered by staff. We raised this practice with the manager for them to review this practice.

People were supported by care staff who had a good understanding of equality and diversity. Staff were able to demonstrate their knowledge and were respectful when talking about how they supported people with their individual needs. However during the inspection we found people were not always spoken to in a respectful and inclusive manner. On three separate occasions people were spoken to in a condescending and disrespectful way that didn't respect them or value them as a person. We raised this with the manager and the provider so actions could be taken.

People's care plans confirmed if people required additional support to express their views independently. Although we identified one person during the inspection that could benefit from an advocate or support agency. We raised this with the manager who confirmed following the inspection the person had capacity. We received records that confirmed the person could benefit from support of an advocate with certain aspects of their daily living skills and finances. This had been identified in October 2017. The manager confirmed they were taking action to address this shortfall.

Staff were confident in the protected characteristics relating to the promotion of equality and diversity. One member of staff told us, not to discriminate against someone because of their "Religion, disability, ethnicity, gender, race and culture". People felt supported with their individual needs. One person told us, "I like to go to church the staff help me get ready to go." Another person told us, "They do everything we ask."

Care staff were able to give a variety of different examples of how they supported people as an individual. Whilst giving these examples they spoke about people in a respectful manner that was inclusive and enabling. One member of staff told us, "It is about ensuring that you don't overload people with information. It is about giving time for someone to process what is going on, smile and to be friendly. It is also about talking to someone in a calm voice – never to raise your voice, always reassure someone". The member of staff gave other examples about speaking to someone face to face if they had a hearing impairment. As well as recognising if someone was upset or having a difficult day they would approach them differently giving them time to adjust to conversations and care support.

People and relatives spoke positively about the support they received from staff. All felt staff were kind and caring towards them. One person told us, "Staff are kind, nice, caring towards everyone". Another person told us, "It's alright here the staff care for me and are so kind." One relative said, "Everyone is so kind and caring."

People described staff as helpful and cheerful in their manner. One person told us, "The staff help everyone, everything with a smile." Another person said, staff are "Kind to me. Nothing is too much trouble, everything done with a smile." During the inspection we observed care staff support people in a positive manner addressing people either by their first name, or how the person chose to be addressed.

Staff promoted people's independence. Some people living at the home were on an enablement placement. This meant they were supported by care staff to maintain their independence where possible. At the time of the inspection there were three people receiving this type of support within the home. The manager confirmed the amount of people they supported could change depending on the referral the home receives. One member of staff told us, "We assist if needed, sometimes it is about reassuring someone and helping them if needed.

Requires Improvement

Is the service responsive?

Our findings

People's care plans had recently been updated and changed over to an electronic, 'Care Docs system'. The manager was keen for this system to be used for all the recording in the home, including incidents and accidents and audits of care pans and reviews. All care plans contained important information relating to the person's individual's wishes and needs. This included, people's information relating to their family, their occupation and if they had been married, grew up and hobbies and interests.

People were involved in their care planning and regular reviews were undertaken. One person told us when asked if they were involved in their care planning; "I was never asked before but I have been now." Another person told us, "I am here for a short while, I have been involved in planning all of my care needs". Another person told us, "I have told them how I want things done". Records confirmed when the most recent review had taken place and when the next planned review was due.

No-one at the time of the inspection was being supported with assistive technology. The manager confirmed some people had a mobile device that they used to keep in touch with friends and family. The home had also used bed sensors however no-one at the time of the inspection was being supported with technology to support their independence.

People were able to follow their religious or spiritual beliefs. People could either attend services in the local community or be part of the visiting vicar who provided regular visits to the home.

People felt able to complain and a copy of the complaints policy was in people's rooms and a copy on the notice board in the entrance lobby. People told us, "No complaints at all we are one big happy family here". Another person told us, "I love it here, what is there to moan about". Another person told us, "I have no complaints here but if I had I would soon tell them." One relative told us, "No complaints in this home at all. If I had I would go and see the manager." Were complaints had been raised these had been logged including actions taken to prevent a similar situation from occurring again.

No-one at the time of the inspection was on end of life care. People's care plan confirmed discussions held with people and any decisions they might have made relating to their wishes.

People were able to come and go within the building as they wished and undertake in activities and routines important to them. For example, some people choose to spend time in their rooms and others choose to access the community, attend appointments go out with friends or spend time in the communal area of the home. During our inspection people went on a planned trip.
People's feedback from this trip was positive. People told us, "I enjoyed it". Another person said "Good fun, what a change to go out and about". The manager confirmed they planned to take people out more in the future along with build on the activities within the home. During the inspection people benefited from a short exercise class before the residents meetings. People were asked their views on what activities they would like. The manager confirmed they were looking to organise an Easter raffle/party where people's relatives could also enjoy.

During the inspection we observed care staff responding to people's health needs if they changed. For example, calling the person's GP for a medical review. Care records confirmed people's health needs and if they had deteriorated.

Requires Improvement

Is the service well-led?

Our findings

Prior to our inspection there had been a recent change in the management of the home. For example, the previous registered manager had left in December 2017. The new manager was keen to improve the home using the inspection as their base line of where to improve from. At the time of the inspection they were applying to be registered manager of the home.

At our last inspection we recommended that the service seeks advice and guidance from a reputable source, about quality assurance systems in order to update their practice accordingly. During the inspection we found audits were not always undertaken consistently or were robust at identifying shortfalls found during this inspection. The manager confirmed they were starting to roll out monthly audits within the home. They planned to use the service's, 'Care Docs system' for reviewing incidents and accidents, care plans and monitor records. During the inspection we found shortfalls relating to poor hand hygiene for example, people's en-suite did not have an appropriate bin, liquid hand soap or paper towels so care staff could wash their hands at the point of care. The last Infection control audit undertaken in February 2018 failed to identify these shortfalls. The manager had an action plan on areas they were working on to improve the home. Actions included, undertaking regular audits including, Health and Safety, environmental audit, undertake supervisions and appraisals, review the medicines policy and implement the new care docs system. Some actions had already been undertaken and achieved and others had dates when to be completed by. The manager knew there were areas the home still needed to improve on and they spoke passionate to making these improvements. This meant improvements were still required to the regular monitoring of the home so that shortfalls are identified and actioned.

At our last inspection we found there was no guidance where people required, 'As required medicines'. At this inspection we found improvements had not been made. We have reported on this under the Well-led domain of the report. For example, there were no guidelines or policy in place relating to how staff recorded medicines that people are administered as required medication (PRN). This meant staff had no process to record when a person might require paracetamol for a headache. We fed this back to the manager for them to take action. Following the inspection we were sent the providers policy. This did not reflect published guidance.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the management of the home and that there had been improvements since the new manager had arrived. One person told us, "The boss is a good laugh". Another person told us, "That's the manager (pointing at the manager)". One member of staff told us, "There have been improvements. It is now going a good way. The decoration is better, there is not so much paperwork due to the 'Care Docs system'. People and staff felt that the manager was approachable. The provider, director and the regional manager visited the service at least once a week. During the inspection we observed people and relatives go and find the manager and discuss any issues or concerns. The provider and the director also

visited the service and spent time talking to people.

Care staff spoke positively about the culture within the home. One member of staff told us, "It's a nice place. Staff are like family". Another member of care staff said, "Happy atmosphere. We get on well in every way. A lovely atmosphere". During the inspection we observed staff going about their work in a relaxed and happy manner.

People's views were sought to improve their care experience. For example, during the inspection we observed the manager undertake a resident meeting with people. They sought feedback on activities, the menu's and care. People were also sent customer satisfaction surveys. At the time of the inspection the manager was awaiting feedback from the recent survey's sent. The previous surveys in 2016 were sent to people, health professionals and relatives and friends. Feedback was positive. Comments included, people feeling staff were welcoming and friendly. Comments confirmed, "Yes, very". Another comment included, "Very much". People during the inspection told us, "The staff help everyone, everything with a smile". Another person said, "I came from another home, much better here."
Staff attended team meetings. These were an opportunity to review any issues or problems with people's care and support as well as staffing levels and recruitment. Records confirmed this.

The home worked in partnership with enablement teams and district nursing teams and other health care professionals as required. During the inspection records confirmed various partnerships working including visits from occupational therapists, district nurses, social workers, hospital appointment and outcomes.

The manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. The Provider Information Return (PIR) had been completed and returned within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not always robust and consistently in place to identify shortfalls relating to infection control, care planning and as required guidelines for medicines.