Partnership Caring Ltd

Firbank House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 15 August 2018 and was unannounced. The last inspection took place on 4 and 5 April 2017 when the service was rated good in all domains and good overall. This inspection was undertaken as a response to concerns raised following a death at the home. This matter is currently under investigation. At this inspection we identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to safety and good governance.

Firbank House is owned by Partnership Caring Limited, which is a private company. Firbank House 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.

Firbank House consists of two buildings and can accommodate up to 42 people. One building is known as the Windsor Unit and can accommodate up to 22 people. The other building is the Balmoral Unit and provides facilities for up to 20 people. The home is registered to provide residential care and accommodation only. At the time of this inspection there were a total of 27 people using the service.

There was a manager in place who was currently in the process of registering with the Care Quality Commission. 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.

Care staff were knowledgeable about how to recognise and report safeguarding issues they may encounter and said they would not hesitate to report any poor practice they may witness.

Staff recruitment required some improvements to ensure it was satisfactory. There were sufficient staff to meet the needs of the people who used the service.

There was a key code in place to help ensure safety, however, an outside area presented a potential risk. This was addressed immediately following the inspection.

There were some issues relating to infection prevention and control. The sluice rooms and laundry areas were cluttered and there was no clear system in the laundry to prevent the risk of cross infection. We also found that some cleaning equipment was stored unsafely, which presented a potential risk to people who used the service.

Individual risk assessments, relating to issues such as mobility, falls, mental capacity and nutrition were not presented in an acceptable format. The manager had commenced changing the care files but as yet appropriate risk assessments were not in place for people who used the service. This meant that risks to

people's health and well-being had not been addressed appropriately.

Accidents, falls and incidents were recorded and actions to address any issues had been put in place. Learning was taken from these issues to help ensure improvement to service delivery. Medication systems were robust and staff competency checks were undertaken regularly.

The on-going service improvement plan had identified issues relating to staff training and support, which was now in hand. Staff supervisions had not been in place, but had now been re-commenced.

Amendments were being made to the format of care files, but they contained essential information about people's health and well-being. Care charts relating to areas such as pressure care and nutrition were completed appropriately and referrals to other agencies were made as required.

We observed one meal time and saw that people enjoyed their food and staff provided support and prompting for people as required. We looked around the premises and found that the décor was tired and worn in places. For example, we saw some peeling wallpaper in one of the corridors.
People we spoke with were all positive about the care they received at Firbank House. People told us they were treated with the utmost kindness and consideration. We observed care throughout the day and saw that staff spoke with people with kindness and compassion and supported people appropriately and at a suitable pace.

People's bedrooms were clean and tidy and had been personalised with their possessions. Staff were aware of the service's confidentiality policy and personal information was held securely at the service.

There was an activities co-ordinator who had begun to implement a programme of daily activities and was keeping records of all the activities undertaken. The activities co-ordinator also ensured that they spent meaningful one to one time with people who required this.
The staff had not undertaken training in end of life care but this was to be organised in the future.

The complaints procedure was available within each unit so people knew who to raise concerns with. There had been no recent complaints, but a log was in place and would be used to record any issues raised and responses and actions put in place.

Policies and procedures were in place but were in need of reviewing and updating. There was a statement of purpose which set out the aims and objectives of the service. Management audits and safety checks were now in place, though some needed to be more meaningful with follow up actions. The home had links within the local community.

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.

Care staff were knowledgeable about how to recognise and report safeguarding issues. Staff recruitment required some improvements to ensure it was satisfactory. There were sufficient staff to meet the needs of the people who used the service.

The sluice rooms and laundry areas were cluttered and there was no clear system in the laundry to prevent the risk of cross infection. Some cleaning equipment was stored unsafely posing a risk to people who used the service.

Individual risk assessments were not recorded appropriately. Accidents, falls and incidents were recorded. Medication systems were robust and staff competency checks were undertaken regularly.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training and support was now in hand and supervisions had not been in place but had been re-commenced.

Amendments were being made to the format of care files, but they contained essential information about people's health and well-being. Care charts were completed appropriately and referrals to other agencies were made as required.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) information required improvement.

People enjoyed their food and staff provided support and prompting for people as required.

Is the service caring?

Good

The service was caring.

People were positive about the care they received at Firbank House. Staff spoke with people with kindness and compassion

and supported people appropriately and at a suitable pace.

People's bedrooms were clean and tidy and had been personalised with their possessions.

Staff were aware of the service's confidentiality policy and personal information was held securely at the service.

Is the service responsive?

Good

The service was responsive.

There was an activities co-ordinator who had begun to implement a programme of daily activities. They also ensured that they spent meaningful one to one time with people who required this.

The staff had not undertaken training in end of life care but this was to be organised in the future.

The complaints procedure was available within each unit so people knew who to raise concerns with. There had been no recent complaints, but a log was in place and would be used to record any issues raised and responses and actions put in place.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Policies and procedures were in place but were in need of reviewing and updating. There was a statement of purpose which set out the aims and objectives of the service.

Some management audits and safety checks were poor and needed to be more meaningful with follow up actions.
The home had links within the local community.

Firbank House

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 checked 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 took place on 15 August and was unannounced. The inspection was undertaken by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. This helped us to gain a balanced view of what people experienced accessing the service. The service were working on an internal improvement plan following some issues raised by the local authority commissioning and safeguarding teams.

We looked at notifications received by CQC. We had not requested a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the manager, the assistant director, four members of care staff, the activities coordinator and the chef. We spoke with five people who used the service. We also spoke with a professional visitor to the service to gain their views.

We observed care throughout the day and undertook a Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who cannot not talk with us. We looked around all areas of the home within the two buildings, including communal areas such as the lounges, bathrooms, kitchen and laundry. We also looked at some bedrooms and the outside areas. We looked at records including four care plans, four staff personnel files, training records, health and safety records, audits and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

During the inspection we came across a number of issues relating to infection prevention and control. We found that sluice rooms and laundry areas were cluttered. There were laundry rooms with in each unit but these were small and there was no clear process for preventing the risk of cross infection from dirty laundry to clean laundry. This meant that the service did not have sufficiently robust infection control processes to ensure people were kept safe from the risk of infections. Following the inspection, we were sent photographs of the sluice and laundry rooms, which had been tidied and cleaned up. The service also informed us that they had employed a laundry assistant to help ensure these areas remained in good order in future.

There was an infection control file, which included cleanliness checks and audits of mattresses and pressure cushions. These were out of date and had not been completed for a few months. The manager had begun to address audits and had implemented them in other areas, but had not yet recommenced these audits, which could potentially lead to infection outbreaks. We were sent evidence that these audits had commenced following the inspection.

We saw that cleaning equipment was stored in a number of different areas including the sluice rooms and cupboards under the stairs. Not all areas for the storage of cleaning equipment were suitably secure and relevant Control of Substances Hazardous to Health (COSHH) information was not readily available for staff.

The above issues constituted a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual risk assessments, around areas such as mobility, falls, mental capacity and nutrition were not presented in an acceptable format and had been identified as an area in need of improvement within the improvement plan. The manager had commenced changing the care files but as yet appropriate risk assessments were not in place for people who used the service.

This constituted a breach of Regulation 17 (2) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some safeguarding issues had not been documented appropriately within the home. However, the service now had a safeguarding file with information and documentation about on-going safeguarding concerns. We spoke with care staff about safeguarding issues and they were knowledgeable about how to recognise and report any issues they may encounter. Staff told us they would not hesitate to use the whistle blowing policy to report any poor practice they may witness and were confident this would be dealt with.

We looked at four staff recruitment files. We found they included application forms, records from interview, proof of identification and right to work in the UK and two references. All staff had current information from the Disclosure and Barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against

the applicant. These checks should help to ensure people are protected from the risk of being supported by unsuitable staff. We spoke to the manager about ensuring references provided relevant evidence of people's employment in health and social care settings. We also discussed with the manager how application forms could be improved to help them identify and recruit suitable staff with the shared values of the service. We have recommended that the service review the recruitment process to ensure that it is sufficiently robust.

On the day of the inspection there were enough staff to meet the current needs of people. There were dependency tools within people's care files. These set out the level of each person's needs and helped the service ensure sufficient staff were deployed on each shift to ensure people's needs could be met. We looked at recent rotas and spoke with staff, who told us they felt that there were enough staff on duty. We spoke with the manager about the need to continually review staffing levels and dependency levels once the home began to admit new people to the service.

We looked in the lounge areas and found these were generally tidy and clutter free. However, we found that the window restrictor in one lounge area had broken. We spoke with the manager about this and it was addressed immediately.

We saw that there was a key code in place to ensure people could not leave unaccompanied and that this was being used effectively with the front doors. However, people could possibly obtain access outside through the fire doors. This was a potential risk as the outside area was not safe as some areas of fencing were missing within one outside area of the home. We spoke to the manager about this and asked that this be addressed as a priority. Following the inspection, we were supplied with evidence that fences had been erected, which would eliminate risks in these areas and risk assessments for the outside area were now in place.

We found that PPE was available to staff and used appropriately when supporting people. We recommended that this be stored more securely to ensure people who used the service did not have access to this.

General and environmental risk assessments were in place and up to date. The service had up to date certificates for gas installation and maintenance and electrical maintenance. They also had the relevant Legionella certificate and liability insurance. There was a fire risk assessment which had been completed in April 2018, we saw that there had been a period of time when fire checks and drills had not been completed but these checks were now being undertaken regularly. Everybody living at Firbank House had a personal emergency evacuation plan (PEEPs) in place, which indicated the level of assistance each individual would require in the event of an emergency evacuation. The passenger lifts had been checked in July 2018 and a number of issues identified that required attention or repair. These issues had all been addressed prior to the inspection.

Accidents, falls and incidents were recorded appropriately and we saw that actions to address any issues had been put in place. We saw that accidents, falls and incidents were audited and any patterns or trends addressed. Learning was taken from these issues to help ensure improvement to service delivery.

We looked at the medication systems, which were robust. We saw medicines administration records (MAR) sheets included a photograph of the person and had been completed appropriately. Medicines were stored in a locked trolley, controlled drugs, which are controlled under the Misuse of Drugs legislation, were in a locked cupboard within a lockable office and there was a medicines fridge with the temperatures recorded appropriately.

We saw that the medication trolley was stored in the landing of the fire escape in one unit. The trolley was locked but was not secured to the wall and people were able to access the area. We recommend the trolley should be secured to the wall at all times when not in use.

Relevant senior staff, who were responsible for the administration of medicines, had received appropriate training. We saw records of staff competency checks with regard to medicines administration. Senior staff completed weekly medicines audits and stock checks. The manager was completing monthly audits and any issues were identified and addressed.

Requires Improvement

Is the service effective?

Our findings

The on-going service improvement plan had identified issues relating to staff training and support. The manager told us that this was in hand and staff re-training had already begun. Staff we spoke with confirmed they had undertaken recent update training in moving and handling, medicines administration, infection control and food hygiene and we saw training records which evidenced this.

Staff files demonstrated that regular supervisions and appraisals had not been completed for some time. The new manager was aware of this and we could see from the files that we looked at that a recent supervision had been undertaken which looked at staff strengths, challenges and training needs.

At the time of the inspection the service had an improvement plan that they were working to. This plan had identified the need to make amendments to the care plan format used. The manager was in the process of updating all the care files into a new format, in conjunction with the local authority quality assurance team, and they showed us an example of one completed file with new design of care plan. We saw that care plans were reviewed on a regular basis and updated with any changes to need and/or care delivery. These were complete and up to date in all the files we looked at.

We looked at four old style care files and saw that pre-admission assessments had been completed with people. Consideration had been given as to whether the service could meet their needs. We spoke with a visiting health professional who told us that, in their experience, the service referred people for specialist intervention appropriately. We saw an example of a recent referral to the mental health team for a person whose behaviours had become difficult to manage. The individual was reluctant to accept assistance and the service had identified that their refusals could potentially lead to a breakdown in their physical health. Some people required regular re-positioning to minimise the risk of pressure areas. We saw charts for these people, which had been completed appropriately.

We asked if there was a document with essential information about an individual sent to hospital with them if they required admission. There was a document in place, but the service was due to commence the red bag scheme in the area next month. The red bag includes the person's medication and essential information about the person's care needs. The aim of the red bag initiative is to improve the experience of people when they are admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

We saw that care records considered people's needs around fluid and diet. People were referred to the external services, such as the dietician and speech and language therapy (SALT) when issues had been identified and this information was available within the care record. We looked at food and fluid charts for four people who used the service and these had been completed appropriately, with details of amounts of food and drink taken. People were weighed on a regular basis to look at any increase or loss of weight and address any issues.

We looked at the kitchen and saw that it was clean and cleaning and monitoring records were being

completed to ensure the kitchen was hygienic and safe for the preparation of food. The home had a food hygiene rating of 3 and some recommendations had been made. These had been addressed and the service were awaiting a further audit. We spoke with the chef and found they had a good understanding of meeting people's dietary needs and were given information from care plans about each individual's requirements. The chef told us they fortified meals to increase calorie intake for people who required this and were aware of the needs of people with diabetes. There was a menu in place and we saw that people were offered two choices at meal times. The chef told us that they would make alternative meals for people if they did not like the choices on offer that day.

The Chef at the time of the inspection knew people well and had a good knowledge of their preferences. However, they were in that post on a temporary basis and the provider was in the process of recruiting permanent staff for the kitchen.

We observed one meal time and saw that people enjoyed their food and staff provided support and prompting for people as required. The people we spoke with told us that the food was good. One person said, "The food is smashing, you get a choice of meals".

We saw that some people chose to sit in lounge chairs to eat their food and others ate in their rooms. The tables were set with cutlery and place mats, but no condiments. We spoke with the manager about improving the dining experience for people by providing condiments and encouraging people to eat at the dining table to aid digestion. People were asked for their choice of meals on a daily basis, and staff told us they were able to communicate their choices verbally. However, the addition of a menu on display and a pictorial representation of the meals on offer, may assist people to make more informed choices.

We looked around the premises and found that the décor was tired and worn in places. For example, we saw some peeling wallpaper in one of the corridors. The service did use some signs to help orientate people however this was confusing in some areas of the home. The environment was not particularly suitable for people living with dementia, for example, pictures on the walls had no reminiscence value and people did not have signs or pictures on their bedroom doors to help them identify their own rooms. We spoke with the manager about the potential to adapt the premise and make it more appropriate for people with dementia as part of the improvement plans.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The old-style care files did include information about mental capacity, but the new format allowed for more information to be included. Consent forms were in place but were to be updated so that, when people were unable to sign, they would include the reason for this. Staff we spoke with had not had training in MCA and their awareness was minimal. However, the training had been planned and we saw evidence that this training had been delivered immediately following the inspection.

There was DoLS paperwork in people's files, but some of the DoLS authorisations had expired. We saw evidence that reviews and further authorisations had been requested in July 2018. There was a DoLS matrix for each building and staff were aware of who was subject to a DoLS and what this meant in practical terms.

We discussed whether information produced by the service, such as the service user guide and the statement of purpose, could be produced in other formats. We were told this was possible and they could produce documents in easy read, large print and various languages if required and this was made clear to people who used the service and their relatives.

Good

Is the service caring?

Our findings

We spoke with five people who used the service and they were all positive about the care they received at Firbank House. People told us they were treated with the utmost kindness and consideration. One person said, "Absolutely excellent, the people (staff) are all lovely, they really are. They are very respectful, really gorgeous people". Another person told us, "Staff are smashing, great. They look after me". A third said, "The girls don't go around with long faces, they are cheerful". A fourth commented, "The girls are always pleasant". When asked if they were happy at the home comments included; "I wouldn't leave here in a million years"; "I couldn't say a bad word about it"; "I don't dislike it here"; "It's smashing here, I like it".

On the day of inspection, we observed people receiving care and support from staff. People who used the service were well presented, clean and tidy. A visiting health professional told us, "Residents are well looked after". We saw that staff spoke with people with kindness and compassion. Staff supported people appropriately and at a suitable pace. For example, we witnessed one person being helped to mobilise from a chair and it took staff time to ensure the person felt comfortable and steady on their feet before moving on. We also observed staff supporting a person with a meal and saw that the support was not rushed and paced to the person's individual needs.

Staff respected people's privacy and dignity and ensured that people were asked for permission before assistance was given. In one communal toilet and shower room we saw that there were no curtains or blinds to ensure people's privacy. All bedrooms were en-suite, meaning that most people may not use the communal toilets. However, this should be addressed as soon as possible to ensure people's privacy is respected at all times.

We looked in people's bedrooms and found that they were clean and tidy and had been personalised with their possessions. One person who used the service told us, "My bedroom is absolutely perfect", whilst another person commented, "I have a nice bedroom".

The service gave out their statement of purpose to all people who used the service and their relatives. This contained all the relevant information about the service and staff at the home. Staff were aware of the service's confidentiality policy and personal information was held securely at the service. The service had access to advocacy services if these were required.

We spoke with the manager about equality, diversity and human rights. The staff employed at the service had a range of different ethnic and cultural backgrounds, which meant they could relate to people who used the service with similar backgrounds. The manager was able to explain how they currently cared for people in an inclusive way in terms of language, culture and beliefs. They also had strategies in place to address the care needs of people with protected characteristics if required.

Good

Is the service responsive?

Our findings

The old-style care files included information about people's personal care and health needs, but were not as person-centred as they could be. The new style care files had the same information but also considered what these needs meant for the person. Information about people's choices and preferences and specific information about capacity to make decisions were also included with in the new format. This would enable staff to have a clearer understanding about people's needs and how these were to be met and meant that people would receive the appropriate care and support.

There was a new choices questionnaire, which included a range of information about people's preferences, interests and choices. This questionnaire encouraged people who used the service and their relatives to be involved in care planning. The care files also included outcomes and objectives which would help ensure people were encouraged to be as independent as possible and to achieve their best potential.

We saw records that demonstrated the service used ABC charts when people were using behaviour that challenged. ABC charts are used to help staff identify triggers to people's behaviour in order to support people more effectively and reduce levels of behaviour that challenges. It was not clear how this information was used to support people as part of their care plan. Equipment, such as hoists, was used appropriately to help ensure people were as independent as possible.

There was an activities co-ordinator who had been employed quite recently. The activities co-ordinator had begun to implement a programme of daily activities and was keeping records of all the activities undertaken. They included planting flowers in planters and hanging baskets, which were displayed in the outside space, music and reminiscence, cake decorating, dominoes, skittles, board games and crafts. One person who used the service was able to go out on their own into the local town and told us they enjoyed this as well as watching films and sport on TV.

The activities co-ordinator also ensured that they spent meaningful one to one time with people who required this, whether because they did not wish to join in group activities or just because they benefitted from this individual attention. The one to one sessions were delivered by engaging in chatting, reading newspapers or magazines and completing 'My Life' booklets. Activities were flexible and decided upon on the day as the activities co-ordinator felt it depended on people's moods and wishes at any given time. The co-ordinator told us they intended to start a newsletter which could be sent out to relatives to keep them up to date with what their relatives were doing.

The staff had not undertaken training in end of life care and information in care files was minimal with regard to end of life wishes. This was to be addressed within the new care files and the manager told us they intended to organise training for staff in this area in the future.

We saw that the complaints procedure was available within each unit so people knew who to raise concerns with. The procedure was also outlined within the statement of purpose. There had been no recent complaints, but a log was in place and would be used to record any issues raised and responses and actions

put in place.

Requires Improvement

Is the service well-led?

Our findings

There was a manager in place at the service who was in the process of registering with the Care Quality Commission (CQC). 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.

Policies and procedures were in place and staff were aware of how to access these. The new manager was in the process of reviewing and updating policies and procedures. There was a statement of purpose which set out the aims and objectives of the service, supplied information about admission, meeting personal and health care needs, privacy, dignity, independence and choice, security, health and safety. There was information about staffing and a profile of the registered manager. The complaints procedure was outlined within the document.

We saw that staff meetings had now re-commenced and supervisions had been started. These gave staff the opportunity to voice any concerns and discuss their on-going training and development needs. One staff member we spoke with told us, "The management are very supportive and we can always talk to them". Other staff agreed that they felt well supported by the management.

We looked at management audits and safety checks. We saw that the service had processes in place for these to be undertaken but that there had been a significant period of time when these had not been completed. The new manager had identified this as a high priority area of work and had begun the process of completing daily walk rounds and regular safety checks. We saw records which included fire doors and equipment, emergency lighting, means of escape and window restrictors. We reviewed evidence that maintenance of gas and electrical safety was being regularly completed and regular testing to protect people from the risk of legionella were being undertaken.

We saw audits relating to the mealtime experience, food and fluid charts, pressure relief/turn charts, falls, accidents and incidents. Issues had been identified and addressed with actions. Weekly medicines audits had been re-commenced by the new manager and they told us they would commence regular care plan audits once these had all been re-written in the new format.

Bath and shower audits we looked at were of poor quality. They did not identify reasons for refusals or no baths/showers being undertaken and no actions were recorded to address this. We discussed this with the manager, who was aware of the issues and in the process of implementing new, more robust audit paperwork relating to these issues. They also agreed to investigate why staff were not following up on refusals of the offer of baths and showers.

We did not see any evidence of formal engagement with people who used the service, such as residents' meetings or satisfaction surveys. Informal feedback was sought via day to day conversations but the service should consider seeking formal feedback.

The service worked in partnership with other agencies, such as the Speech and Language Therapy (SALT) Team, district nurses, mental health team, dieticians and GPs. They were currently working on their improvement plan in partnership with the local authority quality team.

We saw that the home had links within the local community. For example, children from the local nursery attended occasionally to provide some entertainment. The local church visiting and offered communion on a monthly basis.

This service cannot be judged as good in the well led-domain because we have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 15 HSCA RA Regulations 2014 Premises and equipment Equipment used by the service provider was not clean and secure.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.