Care Excellence Limited

Lindau Residential Home

Inspection report

104 Littlestone Road
New Romney
Kent
TN28 8NH

Tel: 01797364371

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

Summary of findings

Overall summary

This inspection took place on 2 and 3 June 2016 and was unannounced.

Lindau Residential Home is registered to provide nursing; personal care and accommodation for up to 37 people .There were 32 people using the service during our inspection; who were living with a range of health and support needs. These included; diabetes, catheter care and people who needed to be nursed in bed.

Lindau Residential Home is a large detached house situated in a residential area just outside New Romney. The service had a large communal lounge available with comfortable seating and a TV for people and separate, quieter areas. There was a secure enclosed garden to the rear of the premises.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

People had not consistently been protected against identified risks to their health, safety or well-being. This included risks associated with medicines. However, environmental hazards such as fire and equipment had been properly addressed. People told us they felt safe living in the service.

There were enough staff on duty to support people promptly and staff had received training and regular supervision to ensure they were competent for their roles. There was a robust recruitment process in place and proper pre-employment checks had taken place.

Staff knew how to protect people from abuse and how to report any suspicions they might have. Accidents and incidents were documented and actions put in place to prevent reoccurrences.

People's healthcare had not always been evidenced, making it difficult to tell if they had received appropriate care. Adaptations had not been made to the premises to help people living with dementia or memory loss to orientate themselves.

Staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and gave people clear choices. Deprivation of Liberty Safeguards (DoLS) applications had been made by the registered manager and authorisations received in some cases.

People said they enjoyed their meals and dieticians were involved when people lost weight. Drinks were plentiful to ensure people remained hydrated.

Activities were not consistently available or meaningful and were carried out by care staff. People's care plans, however were individualised and reflected people's personalities and preferences. People and

relatives knew how to complain and complaints had been managed effectively.

Auditing had been carried out to measure the safety and quality of the service, but this had not always been effective in identifying shortfalls. People and their relatives had been given opportunities to give their views about the service and the registered manager had responded by making changes where necessary.

Staff said they felt supported by the registered manager and there was an open culture in the service. People and relatives told us that the registered manager was visible and approachable.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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.

Medicines had not always been managed appropriately.

Risks to people had not consistently been minimised.

People felt safe and staff knew how to recognise and report abuse.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People's health care needs were not consistently met.

People's rights had been protected by proper use of the Mental Capacity Act.

Staff had received training and supervision to help them provide effective support.

Is the service caring?

Good

The service was caring.

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were able.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Activities were delivered by care staff and were not always meaningful or structured.

People and relatives were given the opportunity to make complaints or raise concerns and these were properly recorded and responded to.
Care plans were person-centred and documented individual preferences.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to assess the quality and safety of the service but these had not always been effective.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

People and relatives had been given opportunities to express their views of the service.

Lindau Residential 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 inspection took place on 2 and 3 June 2016 and was unannounced. The inspection was carried out by two inspectors .Before our inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with ten of the people who lived at Lindau Residential Home. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with four people's relatives. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with four of the care workers, two nurses, kitchen staff and the registered manager and deputy.

We 'pathway tracked' eight of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they liked living in the service and felt safe. One person told us, "I would happily recommend this home to anyone. I feel completely safe and sleep really well because of it". A relative commented, "I never have a minute's worry about Mum being here. Staff are so on the ball and I know she's safe and comfortable".

Medicines had not always been managed safely. There were a number of gaps on medicines administration records (MAR) where staff had not signed to show when people had been given their medicines. Although a reconciliation check found that people had received their medicines, the gaps had not been picked up by staff or the registered manager before our inspection. There was a risk that any missed doses would not have been quickly identified, investigated and put right.

Many instructions on the MAR had been handwritten. In those cases, it is best practice for the entries to be checked and signed by two staff to ensure they are correct. This had not always happened. One person had been prescribed two medicines that should not be taken at the same time. However, the MAR showed that on three occasions in the previous two weeks the person had been given doses of these two medicines simultaneously. This could have been harmful to their health and we brought the matter to the immediate attention of the registered manager.

Records of when people had their prescribed creams applied were inconsistent. Staff and the registered manager told us that care staff applied creams but nursing staff checked that this had happened. There were two places were creams applications were recorded; on the MAR and also on a separate creams sheet. One person's cream had been prescribed for application twice a day. The MAR documented that this happened every day from 23 May to 2 June 2016, but a cross-check with the creams sheet showed that the records did not match. The creams sheet had gaps which indicated that the cream had only been applied once a day at best in that period.

Some people had medicines that were to be taken as and when needed or 'PRN'. These medicines included laxatives, pain relief and some creams, for example. There was no guidance for staff about the specific reasons why people had been prescribed these medicines, the circumstances in which they might need to take them or not take them; or information about maximum doses in 24-hour periods. PRN protocols would have helped staff to ensure that people were offered their medicines appropriately and within acceptable guidelines.

Where people had been prescribed blood thinning medicines; there was no specific guidance for staff about the signs and symptoms of over or under dosing; or specific risks such as heavy bleeding to people taking these medicines. Not all nursing staff could describe these risks to us; which meant they may not recognise when people needed medical attention.

Medicines were not all stored securely on site. The positioning and arrangement of the medicines room and the fact that there was a boiler in it, made it very warm and created a risk that medicines were not kept

consistently safe; especially those that were stored on open shelves there.

The lack of consistent recording, administration and safe storage of medicines is a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Controlled drugs (CDs) had been recorded in a special register and two staff signed this each time CDs were given, as is best practice. MAR charts contained photos to help staff ensure the right people received their medicines. Staff checked people's details before taking them their medicines and then ensured that they had been swallowed them before leaving people. Any allergies were noted and people and staff we spoke with knew what medicines were for.

Assessments had been made about different risks to people; but actions designed to address them had not always been followed through into practice. Some people's care plans recorded that they needed special air mattresses to help prevent pressure wounds. These are set to people's weights to provide the best therapeutic effect. However, those we checked had all been set at the incorrect levels. For example, one person weighed 46.6 kgs but their mattress had been set at 90 kgs. Another weighed 60.5 kgs and the mattress was set at 150kgs. We reported this to the registered manager immediately and she initially told us that the mattresses automatically set to people's weight. Later, however, she confirmed that this was not correct and that the mattresses should have been manually adjusted to ensure they kept people comfortable and protected their skin.

Actions to minimise identified risks to people had not always been carried out, which is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other risks to people had been better managed. One person who was at risk of frequent urine infections had clear directions in their care plan to help staff prevent, detect and treat these. People had assessments which recorded how people showed if they were in pain, and regular evaluations to monitor any deterioration.

Accidents and incidents had been properly recorded and audited for trends. When people had fallen, risk assessments were updated promptly to make sure they had the right equipment and support to prevent reoccurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

Fire risks had been thoroughly assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation; including any equipment needed and evacuation routes to be followed. Staff had regular fire safety training and could accurately describe the way in which people would be helped. Fire alarms were tested weekly and the service had a written strategy for dealing with foreseeable emergencies; which included a reciprocal agreement with local care homes. The premises were well-maintained and equipment had been regularly safety checked and serviced.

There were enough staff to meet people's needs. People told us that call bells were answered promptly and we observed that staff attended people's needs efficiently throughout the inspection. A registered nurse was on duty for every shift with five care staff during the day and two overnight. Rosters showed that staffing had been consistent in the weeks prior to our inspection. The registered manager showed us how staffing numbers were calculated by looking at how much help each person needed. Staff told us that they had time to spend chatting with people and one person told us, "They're never too busy to stop and talk to me; and that means a lot". A relative said, "I've never had any worries about staffing levels here. Yes, they're busy but X never goes short of attention or care".

Staff knew how to identify and report anything which might be considered abuse. There was a clear process for them to record any unexplained bruising or other injury and all staff we spoke with were confident about their duty to protect the people in their care. There was a whistle blowing policy in place to support staff in raising any concerns and staff were aware of the content.

Recruitment files showed that proper checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied and staff had made declarations about their mental and physical health and well-being.

Requires Improvement

Is the service effective?

Our findings

People's health care had not always been managed effectively. People who had catheters in place had risk assessments about their use in their care plans. These were detailed and listed the checks that staff should be making to ensure they were working correctly. However, catheter care records had not been completed regularly or consistently so there was no reliable evidence that daily checks had been undertaken to see that the catheter was flowing properly with no blockages. Catheters had been changed by district nurses and catheter bags were replaced and dated in line with best practice.

Other people had been prescribed thickened fluids to help them to swallow safely. Staff told us that one person's drinks were made up 'Like a puree or gel' with the use of thickening granules. The risk assessment about this stated that liquids should be of 'Custard consistency'. However, when we checked the care file we found updated advice from a specialist which said drinks should be of syrup consistency. In this case, liquids had been given in a thicker form than was required; which was unlikely to be harmful, but was not in line with current professional guidance.

Records about the treatment of skin wounds were not sufficient to evidence that people had always received appropriate care. For example; one person's care file recorded a wound on 29 March 2016 and noted that the dressing should be changed daily. However there were no further records whatsoever about this wound or its progress. Nursing notes stated that this person should be repositioned every two hours to relieve any pressure on the wound, but there were no records to support that this had happened. The registered manager and staff told us that this person was able to move themselves independently and did not need staff to reposition them. On 2 June 2016, this person was again noted as having a red and sore area in the same place as that documented in March. A form known as a body map had not been completed to show the location of this sore area. We could not be assured that this person had received appropriate wound care.

People's needs had not been consistently met; which is a breach of Regulation 9 (1) (a) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other aspects of people's health care had been addressed. People living with diabetes had their blood sugar levels monitored and recorded. Care plans were specific about the acceptable ranges for these and nursing staff were knowledgeable about diabetic care; including people's need for routine eye and feet checks. Other people had regular appointments with opticians, dentists and chiropodists to keep them in good health.

Where people had lost weight, dietician advice had been sought and followed. Some people had been prescribed special meal supplements and these were given as prescribed. People were weighed regularly and the registered manager maintained a spread sheet so that she was kept aware of any weight losses that required professional intervention. Food and fluid charts were in place for people whose intake needed to be monitored and these had been completed with enough detail to provide meaningful information about how much people were consuming each day.

People told us they enjoyed the meals on offer. One person said," You can't fault it really and there's always plenty". Another person told us, "The food is always hot, there's always fruit and snacks on offer. They always ask if I'm getting enough to eat". A relative said; "There's a good variety of meals and X always eats every last scrap". Jugs of water and squash were available to people throughout the day and those people who were nursed in bed had jugs within reach on their over bed tables. A trolley with hot drinks was taken around several times a day which helped to keep people hydrated.

Some people were living with dementia or a level of memory loss. There had been no special adaptations to help people to find their way around; such as picture signage. All bedroom doors were painted the same colour and many had no name or room number on them. The registered manager told us that people's dementia was low level at this point; but accepted that the lack of signposting was not helpful.

We recommend that consideration is given to introducing clear signage and ways for people to identify their bedrooms.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager was knowledgeable about the MCA and capacity assessments had been carried appropriately out if there was a question about people's ability to make a specific decision.

Staff had received training about the MCA and were able to describe how they helped people make day to day decisions by offering them visual choices. Staff sought verbal consent from people when delivering support by asking, for example; "Can I please test your blood sugar- would that be ok?" Formal consent to care had been signed and retained in care files.

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).The registered manager had made applications for DoLS and received authorisation from the relevant authority.

Staff had received training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for all staff. Our observations found that staff were both competent and confident in delivering care and one staff member told us; "I've been given the tools and knowledge to do the best job I can". Staff confirmed that they had regular supervision sessions to test their competence and give them the chance to discuss their performance and any concerns. People told us that they trusted staff to care for them properly and one relative said, "They really know what they're doing and that puts Mum at ease".

Good

Is the service caring?

Our findings

People and their relatives gave us wholly positive feedback about their experiences. One person told us; "It's just a really nice place and they can't do enough for you". Another person said, "The staff are absolutely lovely. They really care about what they're doing and it shows". We read thank you cards that had been sent to the staff and registered manager. One read, 'Thank you for looking after X, she really did love you all, was happy and always felt safe'. Another said, 'Thank you for the kindness you have shown. I couldn't have asked for anywhere better'.

We observed the interactions between staff and people throughout the days of our inspections. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors and called out before they entered saying for example; "I'm sorry to disturb you…" People's bedroom doors were closed by staff when they were delivering personal care; to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. People knew staffs' first names and used them, and we witnessed some warm and kind exchanges. Staff were discrete and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

People were encouraged to be as independent as possible. Although some people were nursed in bed, staff gave them the opportunity to wash their own hands and face, for example, and to choose their clothing. Staff told us how important it was for people to retain their independence. They said that special cutlery and plate guards helped some people to eat without assistance and that giving people choice made people feel involved. Care plans had been compiled from answers people gave to questions such as; 'Can you manage to wash yourself?', and 'What support would you like us to give you?' Risk assessments had been signed by people to show that they had been involved in decisions about their care wherever possible.

Relatives we spoke with said they were kept informed about their loved ones and only had to ask if they wanted any further explanation or information. They described a good relationship with staff in which they felt able to ask questions and receive progress updates. One person told us that, "Staff here just go that extra mile. One of them taught me a Romanian card game to keep me busy and another peeled an orange for me, taking great care to remove all the pith, which I don't like". We observed staff leaving a drink for one person with impaired sight. The staff member spoke gently to the person to warn them of their approach, touched their arm to let them know they were close and to gain their attention and then said; "I'm putting a glass of squash down on the side table, just to your left". Their clear description helped this person to have their drink independently; while recognising their need for verbal support.

There was no one receiving end of life care at the time of the inspection. However, sensitively written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place and this was also recorded in staff handovers. This helped to ensure that people's end of life choices were respected. We heard that the service had links with the hospice community palliative care team who had offered advice and support in the past for people who had received end of life care. We spoke with nursing staff who knew about the palliative care team and how to

contact them if needed. All staff had received training about supporting people at the ends of their lives and some nurses had had additional specialist training in this area. There was a range of equipment such as pressure relieving mattresses, hoists and slings to provide people with comfort and care at the ends of their lives.

We heard how the registered manager and staff always attended funerals wherever possible and read letters and cards from families showing their appreciation of that kindness. The registered manager said; "It's the last act of respect we can show that person, so why wouldn't we do that?"

Requires Improvement

Is the service responsive?

Our findings

Some people told us they enjoyed joining in with some of the activities on offer. One person said," I do like a sing-song, it cheers me up". Another person said, "I like to look after the hens in the garden and bring the eggs in". Others said that they felt "Bored most of the time" or that they "Just watch the telly".

Although there were activities on offer, these were not consistently available or particularly meaningful. We observed a sing-along session being conducted by care staff. Although some people enjoyed it, very few joined in and the session was not structured and appeared rather impromptu. Staff told us that a mini shop had been set up to allow people to buy extra items from a trolley. They said that this would be available to people that afternoon; but this did not happen. During the two days of our inspection people mostly sat in lounges and either slept or watched TV. Some people's care plans recorded that they did not like to join in with organised activities. One person's care plan noted that they liked to have their bedroom door open to 'Watch the world go by' and that staff should say "Hello" when they passed the room and stop by for a chat whenever possible. The registered manager said that people were often not very motivated to take part in activities; but there was little evidence that they were encouraged to engage in meaningful events.

The service did not employ an activities coordinator but care staff said they engaged people in playing dominoes, bingo, crosswords and craft. We did not see any of these happen during the two days of the inspection however. Some organised activity sessions were provided at intervals by external entertainers, like Music for Health and art programmes. Chickens were kept in the garden and people had been involved in choosing the names of the birds. There were framed photos of each of them in the lounge area and people seemed to enjoy seeing them. We heard that a member of staff had brought their two horses to the service for people to see and pet.

One person was especially keen on gardening and had a small greenhouse set up in the garden. People said they had been asked which types of flowers they would like to be grown and some had stated their preferences. A tea party had been organised and was being publicised during our inspection. Families were invited to attend this and the registered manager said this event offered the chance for people to socialise with each other and others' relatives. A local church visited monthly and carried out reminiscence discussions with people.

We recommend that the provider considers employing an activities coordinator to ensure that people are consistently offered opportunities to take part in activities they enjoy.

People's care had been planned in a person-centred way. Care plans documented people's life histories in a detailed and sensitive way. Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

Guidance to staff about how people liked to have their care delivered was precise and clear; demonstrating

that people's wishes had been taken into account. For example; one person's care plan recorded exactly how they liked their breakfast to be served. We visited this person in their room and saw that their cereal had been prepared and presented in the way they had requested. Another person's care plan documented their personal routine; which helped staff to make sure they were not disturbed until they were ready to get up in the mornings. This person confirmed that staff waited until they had rung their call bell each day, before helping them to wash and dress. They said that this made them feel listened to and that their preferences were important.

People had been asked a series of questions when they arrived at the service; to help staff understand their personalities. This included information about anything that frightened people, such as the dark. These details were used to compile people's care plans and put measures in place to relieve people's fears by leaving a nightlight on, for example.

Complaints had been managed effectively. People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so. There was a complaints protocol on display which gave directions for how the process worked.

We read complaints which had been logged by the registered manager. A careful and thorough record had been made of the actions taken to address any complaints. These included acknowledging the concerns and carrying out a full investigation. The registered manager had recorded the ways she had remedied complaints and whether the complainants were happy with the outcome. There was evidence of learning from complaints and that changes had taken place to improve the service being provided. For example; staff were advised that one person's relatives should be more involved in their care, so that they would have a better understanding of how the person's need were being met.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had carried out a range of audits and checks to make sure the care provided was safe and of good quality. However, not all of these had been operated effectively, which meant that the registered manager had sometimes been given false assurance by the results. For example, medicines audits were supposed to be carried out daily by staff. We found that checks had not been made every day and that staff had not answered all the questions on the audit form. Our inspection highlighted a number of missing signatures on MAR charts. Staff were meant to review MAR for gaps as part of the audits, but this had not been done. We consistently found that the question relating to gaps on MAR had been struck through by staff, with no response recorded. A monthly medicines audit had been completed; with the most recent taking place about two weeks before our inspection. Again, this had failed to pick up on the issues we found.

The lack of a robust auditing process is a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other auditing had been more effective and had given the registered manager sufficient oversight of the service to make improvements and changes. For example, monthly weights audits allowed the registered manager to quickly identify when people lost weight. The computerised spread sheet automatically calculated the amount of any losses or gains and highlighted where people might need to be referred for dietician advice. A call bell audit which the registered manager carried out weekly; enabled her to see how long staff took to respond to them and to investigate the reasons for any delays.

People and relatives we spoke with said that the manager was visible and approachable. One person said, "She's lovely and I can ask her anything". A relative commented, "It's a really well-managed home and the manager is great". Staff told us that they felt supported by the registered manager. One said, "[The registered manager] listens to everything you have to say and helps you in any way she can". We heard that staff felt valued and fulfilled in their work. One carer told us, "I love it here; it's the best place I've ever worked".

Staff had regular meetings and we read minutes which documented their involvement and contribution to discussions. One nurse told us, "We have meetings practically daily, where we can bring up anything that's on our mind and [The registered manager] encourages us to be up-front". Staff were open to our questions and said that there was a strong ethos of teamwork, which helped them to feel supported on a daily basis.

The registered manager had sought the views of people and relatives about the service, in a variety of ways. A survey had been issued in May 2016 and the results of this had been analysed. There had been a 50% response rate to the survey and overall people and their relatives were very satisfied with their experiences. This analysis had been based on replies to 34 questions about different aspects of the care provided. 91% of respondents said they were very satisfied with the availability of the registered manager and 73% with the running of the home.

Minutes of resident meetings recorded that the registered manager had invited comments from people

about any areas for improvement. Some people had asked for bird watching/feeding equipment and the registered manager was in the process of providing this. Others had complained about GPs visiting during the lunch period. The minutes noted that the registered manager had spoken to the surgery about this and that a resolution was being sought. A further person had identified an issue with their mattress and the registered manager had provided an alternative. There was evidence that actions had been taken to make people's experiences better.

The service had links with the local community through churches of different denominations and a secondary school. The children had visited people and talked to them about their lives. The registered manager worked in partnership with organisations such as the Clinical Commissioning Group (CCG). She explained that the CCG provided a helpful resource for nursing advice and guidance about current best practice. In addition, the registered manager was involved in local managers' forums where good practice and learning could be shared.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs had not been consistently met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not been managed safely. Actions to minimise identified risks to people had not always been followed through into practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing of the safety and quality of the service had not always been effective in identifying shortfalls.