

Chuhan Limited

Ormidale House

Inspection report

41 Wood Green Road
Wednesbury
West Midlands
WS10 9QS

Date of inspection visit:
19 June 2017

Date of publication:
19 July 2017

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

Our inspection was unannounced and took place on 19 June 2017. At our previous inspection on 29 June 2015 the service was rated as good in four of the five questions we ask: Is the service effective? Is the service caring? Is the service responsive? Is the service well-led? The remaining question, 'Is the service safe?' was rated as 'requires improvement'. This was because improvement was required in relation to medicine management. At this, our most recent inspection we found that systems needed to be strengthened in some aspects in relation to medicine management to further enhance safety.

The provider is registered to accommodate and deliver personal care for up to 11 people. Eight people lived at the home at the time of our inspection. People who lived there had a learning disability, or an associated need. Some people had a physical disability.

A manager was registered with us as is required by law and was involved in our inspection. 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.

Risks to the premises had not been identified or managed which potentially placed people at risk of accidents and injury. We found insufficient numbers of staff were provided to meet people's full needs. Medicine systems required some further improvement to promote safety. Safe recruitment processes were in place. People were safeguarded from the risk of abuse.

Weight monitoring processes were not always in place to determine if people were at risk of malnutrition, obesity or to detect an early onset of ill health. A range of health and social care services were accessed to assess people's health and welfare needs. People were provided with food and drinks that they liked. Staff had received induction training when they started to work at the home. Staff had one to one supervision with the registered manager and told us that they felt supported. Staff had received the training that they required for their job role. Staff ensured that people were supported in a non- restrictive way. Staff sought people's consent before they provided care and support.

The individual staff who supported people had a kind and caring approach and treated people with dignity and respect. People were supported to maintain their independence where possible. Visiting times were open and flexible to enable people to have regular contact with their family and friends.

Complaints procedures were available in a user friendly format. People had been given the opportunity to feedback on the service they received. Due to staffing levels activities available for people were limited. Although people and their relatives were involved in the planning and review of their care. Reviews were not undertaken regularly.

Quality monitoring and audits had failed to identify that there were numerous premises issues. These were potentially placing people at risk of injury. People and their relatives told us that the support provided within the service was good. The registered manager and provider were visible within the service and people were aware of who they were.

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 safe.

The provider had not ensured that the premises were safe and free from hazards.

There were insufficient staff available to meet people's needs.

People were protected from abuse and maltreatment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's weight was not monitored on a regular basis to minimise any risk of malnutrition, obesity or ill health

People were offered food and drinks that they liked and were supported at mealtimes to minimise any risk of choking.

Staff had received training and supervision to support them in their role.

Staff ensured that people gave their consent before they delivered care and support.

Is the service caring?

Good ●

The service was caring.

Individual staff were kind, friendly and caring towards people.

People and their relatives were supported to be involved in care planning.

People could receive their visitors at any time. Visiting times were open and flexible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There was a lack of activities available for people to engage in.

People were involved in the planning and review of their care.
However, reviews of people were undertaken infrequently.

A complaints process was in place for people and their relatives to use if they had the need to.

Is the service well-led?

The service was not well-led.

Quality audits and monitoring had failed to identify that people were at risk from unsafe premises.

There was registered manager in post as required by law.

The registered manager and provider were visible within the service and familiar to the people who lived at the home.

Requires Improvement 

Ormidale 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 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 19 June 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. The form was returned and we took information provided into account when we planned our inspection. We reviewed notifications sent to us by the provider. Notifications are forms that the provider are required to send to us to inform us of incidents that occur at the home. We also requested information from the local authority [who purchase care on behalf of people] for this home.

We spoke with five people who lived at the home, one relative, two members of staff, the registered manager and the provider. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for two people, two staff recruitment files, two people's medication records, staff training and recruitment records, quality assurance audits completed by the provider and registered manager and provider feedback forms completed by people who lived at the home. We also viewed a report compiled by an external advocacy service who were commissioned by the local authority to gain the views of people. We viewed the premises accompanied by the provider.

Is the service safe?

Our findings

We identified a number of premises risks that had not been identified/reported to the provider or had not been acted upon that could have placed people at risk of accident and injury. These included; the key to the cupboard where cleaning and other solutions, [that could be a risk to health], was left in the cupboard door. This meant that adequate action had not been taken to prevent unauthorised access to cleaning solutions that had a potential to harm. We saw that two door locks had been removed and that a small metal strip, a remnant of the original door lock, was protruding forward which could have caused injury if a person walked into them. We saw that there was a brick building in the garden that had no door so was potentially accessible to people. The roof had fallen inwards in places and what remained of the roof looked unstable. We also noted that the building had broken window panes, with jagged remnants of glass remaining. This posed as a risk of injury. We found that the light/ light bulb was not working in a small corridor leading to at least two people's bedrooms. This corridor was in complete darkness which presented a trip/and injury risk. The radiator cover in one bedroom, intended to prevent a risk of burns, had been removed.

We saw that attention had not been paid to a number of areas that could have jeopardised fire safety within the home. The automatic door closure on one bedroom door was broken so was not functional. The door handle to the same bedroom door [which was a fire door intended to prevent the spread of fire and smoke] was missing which left a hole in the door where the fitment had been. Therefore the method of opening the door was compromised and the door would not function as a fire door as smoke and flames could spread through the hole.

The registered manager and the provider agreed that the premises issues potentially placed people at risk of accident and injury.

Failing to ensure that the premises are safe and properly maintained is a breach of regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014.

Following our inspection we informed the local authority who pays for people's care and support and the home and West Midlands Fire Service. Both agencies visited the home in the days following our inspection and found that the provider had been reactive in attending to the majority of the issues we highlighted. The provider sent us a detailed plan that confirmed what the aforementioned agencies told us about the improvements that had been made and detail of how any outstanding issues would be attended to.

A person told us, "It is nice and clean here". Other areas of the home looked visibly clean. Cleaning schedules were in place that staff followed. Staff had identified that one person had a rash. They informed us of this and rang the GP for advice. The registered manager produced a risk assessment for the situation in case the rash was contagious. This was to prevent a risk of any spread of possible infection.

A relative told us, "With three staff, staffing levels are adequate. The registered manager told us that there was insufficient staff to provide the three staff each day as, they confirmed, was the number required. The staff rotas that the registered manager showed us, and confirmed were the rotas in use, highlighted that

only two care staff were provided on Saturdays and in the week two care staff and the registered manager. Every day the care staff also did the cooking, cleaning and other household tasks. When undertaking these tasks the time available to support people was depleted. We were told and records confirmed that two people required assistance and/or hoisting from staff to move and undertake all of their support needs. One person required constant supervision from staff when eating to avoid choking. On Saturdays this meant when the people who required two staff to move them or undertake personal care then there would be no staff left available to supervise other people. We observed that staff were rushed and frequently requested that the registered manager step in to bridge the gap to supervise the lounge or do other tasks so that the two staff could support people. We also heard staff asking people to wait while other tasks were seen to or until a second member of staff was back in the lounge. One person wanted to go into the garden and we heard staff explaining, "You will have to wait until the other staff comes back". This was because the other staff member was undertaking a task in another part of the home. The person looked sad and was unsettled as they did not want to wait. Another person told us, "I need the toilet" in an urgent tone. We observed that the person waited between three and five minutes once the staff had been made aware of their need to be taken to the toilet. During the time they waited they looked unhappy. The registered manager and staff told us that the staffing levels meant that only limited activities could be provided to people and at times they would have to wait if they needed anything. The provider and registered manager showed us evidence that they had interviewed staff and were awaiting checks and references. An advocacy agency commissioned by the local authority to seek the views and experiences of people visited the home in March 2017 and compiled a report of their findings. They highlighted that there were not enough staff. When we asked the provider and registered manager told us that they had not in the interim taken action to address the staffing situation for example, the use of agency staff. This demonstrated that staffing levels were not adequate to meet people's needs. Following our inspection the provider confirmed that they had increased the care staff levels to three, by the use of agency staff, during day time hours.

A person said, "I am safe. The staff help me". A relative answered, "Yes definitely" when we discussed the safety of the service. A staff member confirmed, "I think that we [staff] do things to make sure that people are safe on a daily basis". We saw that risk assessments were carried out concerning for example, the moving and handling of people and to prevent people acquiring sore skin. Where people were assessed as being at risk actions had been taken to address the issues. We observed that two staff assisted people to move to prevent the risk of injury. We saw that special mattresses were on people's beds and cushions to prevent the risk of them developing sore skin. Where concerns had been identified these had been referred to appropriate healthcare professionals including occupational therapy and the district nurse team. It was a hot day and we heard staff suggesting to a person that they should not spend too much time in the direct sun. This was to keep the person safe and protect them from ill health. The registered manager and staff told us that no serious injuries had occurred. We found that any falls or injuries had been documented to determine patterns or trends to prevent further occurrences.

At our previous inspection we found that improvement to medicine safety systems were needed. At that time we had found that where staff had handwritten medicine records there was no evidence to confirm that these had been checked by a second staff member to confirm that they were correct. At this inspection we noted that the practice had not improved and found that some medication records had again been handwritten by staff but no second member of staff had checked or confirmed that the recorded was correct. We showed these to the registered manager who told us that they would resolve this issue. At our previous inspection we found that there was no pain relief medication available for one person who required this medication. At this inspection we found that supplies of medication that had been prescribed to be taken on an 'as required' basis was available for people to take.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine

training. We also saw that staff who managed medicines had been assessed as being competent to manage medicines. We saw that medicines were stored safely and that there were protocols in place to instruct staff when "as required" medicines should be given. This helped to ensure that people received prescribed medication in line with guidance. We found that the provider had systems in place both for the ordering of medicines and the return to the pharmacy for medicines that were not needed.

A person shared with us, "No bad treatment". A staff member confirmed "There is no abuse here. The staff would not put up with the people here being abused. If I was worried at all I would report them to the manager". Staff also told us and records that we looked at confirmed that they had received training on how to identify abuse and report concerns. The registered manager told us that there had been no incidents of abuse which confirmed information we received from the local authority safeguarding team.

A staff member told us, "All my checks were carried out before I was allowed to start work". Another staff member confirmed that prior to them starting work they were required to provide references and complete a check with the Disclosure and Barring Service (DBS). We checked two staff files and saw that these checks had been made. We saw that appropriate checks had been undertaken that included a DBS check. Two references and proof of identification was also part of the recruitment process. This showed that the provider had taken actions to minimise the risk of unsuitable staff being employed.

Is the service effective?

Our findings

A person told us, "It is a good home here. I am okay". The relative we spoke with was positive about the service provided to their family member. Staff told us that the people who lived at the home received a good service.

We saw that weight charts were in place. However, even though the people had been assessed as being at risk nutritionally records highlighted that the last time they had been weighed was July 2016. We spoke with the registered manager and provider about this who confirmed that it was difficult to weigh all people as there were no seated scales in the home and the people in question had difficulty using the stand on scales. The registered manager told us that sometimes the people were weighed at the doctors surgery but they had no records to confirm this. We asked the registered manager if an alternative method of monitoring people's body weight had been used such as the, measurement of Mid Upper Arm Circumference, [MUAC]. The registered manager told us that this method had not been used. They told us that staff may realise that a person had lost or gained weight due to the fit of their clothes but no records were made of these observations. This meant that the provider could not give assurance that weight monitoring of all people had been undertaken to determine if there had been any loss or increase which could be indicating early signs of ill health.

A person shared with us, "The food is nice. We [people] can have what we want". Another person said, "The food is lovely". Records that we looked at highlighted people's food and drink likes and dislikes. Staff told us that they offered people the food and drink that they preferred. At the breakfast and lunch mealtimes we heard staff asking people what they would like to eat and drink. We saw that staff showed one person sandwich filler options for example, a block of cheese and a can of corned beef. The person selected a choice and ate their sandwich happily. However, the use of a pictorial menu may be more beneficial to aid people's awareness and understanding of meal choices they could make. We saw that food stocks were ample and that fresh fruit and vegetables were available. One person had a dish of fruit for their breakfast and told us that they enjoyed it. We heard staff encouraging people to eat their food. It was a hot day and we heard staff encouraging people to, "Drink plenty to stop you being ill because it's so hot".

A staff member told us, "We [staff] know who we need to observe at mealtimes to prevent choking". We saw staff supporting a person at meal times to prevent a risk of choking. We saw that care plans highlighted information that ensured that people were supported effectively and safely when eating and drinking. We identified that where staff had concerns about people's dietary needs, or that people may be at risk of choking, they had made referrals to the dietician and Speech and Language Therapist (SALT) for advice.

A person confirmed, "I have my eyes and teeth done". The doctor was contacted during the day as the staff had a concern about a person. We saw that health action plans were in place that highlighted the diagnosis, medicine regimes and the overall needs of each person. This was to ensure that people's health care needs were met. We heard that staff had contacted a GP that day as they had concerns. Records that we looked at confirmed that a district nurse visited one person on a regular basis and that people had access to a range of external healthcare professionals. This highlighted that the provider had enabled people to access a range of health care services when required.

A staff member told us, "I have worked here for some time but when I started I had induction training. A red book was completed when I was sure of things and I worked with experienced staff for a while". Another staff member confirmed that they had also received induction training. Records that we looked at confirmed this for both staff. The registered manager told us that they had not had the need to date to introduce the Care Certificate as no new staff had been recruited for some time. They did however, give us an account of how they would access the materials for the Care Certificate when the new staff started work. The Care Certificate is a set of nationally recognised standards to equip new staff with the knowledge they require to provide safe and compassionate care.

A staff member told us, "We [staff] have supervision and appraisals. I enjoy coming to work and feel supported by the manager who is always available to staff". Another staff member confirmed that they had received supervision with the registered manager to discuss their work and identify any training needs. Records that we looked at confirmed this. Staff confirmed that they could telephone the registered manager or provider out of business hours if they required support.

A relative told us, "Of the staff I have had dealings with I feel they are competent". A staff member said, "I have done all the training I need". Another member of staff also told us that they had received the training that they required. The Provider Information Return [PIR] highlighted, "Our staff training program ensures needs are met consistently by staff and that they have the right competencies to carry out their duties effectively such as knowledge, qualifications, skills, experience". Records and training certificates that we looked at confirmed that staff had received a wide range of training to give them skills and knowledge to support the people who lived at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 staff were working within the principles of the MCA. We saw that MCA assessments had been carried out so that staff knew people's individual decision making strengths. The registered manager told us and records that we looked at confirmed that discussions had been held previously with the local authority DoLS team. This was when staff felt that a DoLS authorisation may have been. The DoLS team had confirmed that no applications for an authorisation were required at that time. Staff we spoke with were aware of the principles of MCA and DoLS and gave us an explanation of their purpose. All staff knew that people should not be unlawfully restricted in anyway.

A person told us, "Oh, they [staff] ask me first". Throughout the day we saw that staff asked for people's consent before they provided support. This was at mealtimes and when people required support to move from one place to another. Staff asked one person if they would like them to go and sit in an easy chair. The person said, "No thank you". The staff accepted this answer. This showed that staff did not give support that people did not want and that people had confidence to say no.

Is the service caring?

Our findings

A person said, "The staff are good, friendly". Another person said, "The staff are kind". A relative told us, "Oh yes, absolutely fine. The staff are helpful". A staff member told us that all staff who worked at the home were caring. They said, "We treat people here like we would expect our own relatives to be treated with kindness" and, "There is not one member of staff that doesn't put the people here first". We observed that staff were kind and caring to people. We saw that they displayed kindness and compassion to people. We saw staff gently touching people's hands when speaking with them to show kindness and we heard staff asking people how they were, and, "Are you comfortable"?

From our observations we determined that the staff had a good relationship with people. We saw that interactions between people and staff were positive they chatted to each other and we saw staff and people laughing and smiling. We saw that people had good relationships with each other. They chatted happily and asked how each other were. The atmosphere was warm and friendly.

We saw that care plans were in place for each person that detailed their risks, needs and wishes. We saw that care plans had been signed by people to confirm that they were aware of what had been written. A person said, "They [staff] know me and what I like". We saw that care plans highlighted people's likes and dislikes and staff gave us a good account of these. We saw that communication plans were used to highlight to staff how people best communicated. During the day we observed that staff communicated well with people and understood people's needs and wishes.

A person shared with us, "The staff are polite. They say please and they let me have peace". Staff gave us a good account of how they promoted people's privacy and dignity this included ensuring doors and curtains were closed when personal care was provided and talking to people in a polite way. We observed staff asking people in a discreet sensitive way if they would like to use the toilet. We saw that when staff supported people to move from one place to another that they made sure that the person's clothes covered their lower body to maintain their dignity. Records highlighted how each person wanted to be addressed and we heard staff referring to people in this way. This showed people respect. All people had their own bedroom that they could spend time in if they wished. One person had spent time during the morning in their bedroom listening to their music.

A person said, "I get myself up and do things for me". Staff told us that they encouraged people to maintain their independence where possible. A staff member said, "We [staff] always let people do what they can". We saw that people went and fetched items from their bedroom and ate independently.

A person shared with us, "I dress myself. I put on what I want to". We saw that people wore clothing that reflected their identity, promoted their dignity and self-esteem. One person's care plan highlighted that they liked to wear trousers or a skirt and we saw that they wore a skirt. We observed that people looked well presented. We saw that the clothing people wore was appropriate for the weather. It was a hot day and people wore short sleeved shirts and light clothing. We heard a staff member encourage one person to wear a hat if they went into the garden as it was, "Very hot". We saw that the person took this advice and wore their hat when outside.

People told us that they could have visitors at any time. A person said, "My niece comes to see me". A relative told us that they visited their family member. Staff told us that visiting hours were open and flexible and that all staff make visitors feel welcome.

We saw that information was available about advocacy services and the registered manager and staff were aware of how to support people to access this service if this was required. The registered manager told us that at the present time no person had the input of an advocate. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes to ensure that they live their life in their preferred way.

Is the service responsive?

Our findings

A person said, "Staff used to take us out. We used to go shops. They are only round the corner." Another person told us, "Same things everyday". A staff member said, "We used to do a lot more activities with people". Even taking them individually to the shop so that they could purchase some personal items". The registered manager told us that activity provision for people needed to be improved upon. The reason they gave why activities were limited was due to staffing levels. They told us that they hoped that the situation would improve when new staff had been employed. We were told by people, staff and the registered manager that some external activity providers visited the home that included a singer and person who did an exercise session that people enjoyed. Two people went to a day centre two to three days each week that they liked. We observed that people were not offered activities other than going into the garden, watching television and reading. One person asked staff frequently to go in the garden with the 'ball'. We saw that the person did go into the garden with a staff member however, they did not stay out long and shortly after they asked again and staff told them to wait. Records highlighted people's preferred faith and that people did not wish to partake in religious services. The registered manager told us that if people wanted to follow their faith they would be supported to do so.

We found that a review of people's overall needs were not always undertaken regularly. Although documents highlighted that reviews had been undertaken with the involvement of the person these occurred annually at the least. This meant that there could be a risk that people had new needs and wishes that staff may not know of. The registered manager told us that they would improve the frequency of reviews with people to ensure that staff were then aware of the up to date wishes and aspirations of staff.

A person shared, "I had some questions [meaning the staff asked the person questions]". We saw provider surveys that people had completed. The content of which confirmed that people were happy with the staff, their care and support. A person told us, "We have meetings sometimes and talk about food and other things". The registered manager and staff confirmed this. Records that we looked at highlighted that meetings were held for people. This showed that systems were in place for people to give their views on the service provided.

A person shared with us, "I would tell him [and pointed to the registered manager] if I was not happy". Another person said, "No worries". We saw that a complaints procedure was available in an easy read format. An easy read complaints procedure is produced in different formats for example large print, or with some text represented by pictures or symbols to ensure that it is easier to read. No complaints had been made by people or their relatives.

Is the service well-led?

Our findings

We found that there were a number of risks regarding the premises and fire safety aspects that could have had potential to cause risks to people's health and safety. These we detailed in the 'Safe' section of our report. The Provider Information return [PIR] completed by the provider did not tell us how the service was monitored and audited. We found however, that the provider visited the service regularly and complied a report of their findings. We looked at some of the reports but they did not focus on health and safety. The provider told us that they were shocked by the premises issues that we showed them and said, "I was not aware of the issues. I did not identify them and the staff had not reported them to me". The provider and registered manager agreed that the monitoring and audits undertaken of the premises had not been adequate. This confirmed that the systems in place to audit and check the safety and quality of the service had not been effective and the safety of people was not ensured.

Failing to have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people is a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Since our inspection the provider told us that they would visit weekly and undertake audits and monitoring of the premises to prevent issues as we had found presenting again. The effectiveness of the visits we had been informed about will be reviewed at future inspections.

The PIR submitted to us was not fully completed as it did not detail any text in the safe section or highlight how the quality and safety of the service was to be monitored. The provider is required by law to send to us notifications about incidents that occur at the home. The registered manager told us that no deaths or serious accidents had occurred that had required them to submit a notification but were aware that they must if the need arose. It is a legal requirement that the current inspection rating is made available. We saw that there was a link on the provider's web site to our last report and rating; in addition the rating was on display within the premises. This showed that the provider had met that legal requirement.

A person said, "I know who they are", and told us the names of the registered manager and provider. "They are nice". A relative confirmed that she knew the provider and the registered manager and found them approachable. The registered manager and provider were visible within the service. Our observations showed that they had good relationships with people. They knew each person's name and spoke with them. People smiled and chatted to them in a relaxed way that confirmed that they were familiar with both the registered manager and the provider.

The PIR highlighted, "Managers understand the need to be consistent and be available to staff for guidance and support in and out of hours". The provider had a management structure that staff understood. A registered manager was in post and had been for a number of years that promoted consistency. The registered manager was supported by senior care staff. Staff said when the registered provider was not on site they could telephone the registered manager at any time for support and guidance. The staff also confirmed that they had regular team meetings where they were kept up-to-date about new information and initiatives.

A staff member shared with us, "There is not anything, but if there was I would report any abuse or bad practice" and, "I would be the first to say something if things were not right". We have a whistle blowing policy and that means we would be encouraged to report abuse and I would use that". We saw that a whistle blowing policy was available for staff to follow. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.

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 The provider had failed to mitigate risks within the premises relating to the safety and welfare of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to identify, monitor and mitigate the risks relating to the health, safety and welfare of people.