

Heritage Care Limited

Holmers 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holmers House is a residential care home providing accommodation and personal care to people predominantly aged 65 and over, including those living with dementia. The service comprises of three separate wings; Willow, Mimosa and Juniper. Each of which has separate adapted facilities. The service can support up to 48 people and there were 34 people living at the home at the time of the inspection.

People's experience of using this service and what we found

People were safe at the home. Staff ensured appropriate measures were in place to manage any risks identified to people. Staff adhered to good infection control practices. The registered manager aimed to ensure adequate staffing levels to keep people safe, however, we received mixed feedback from people about staffing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat well, and they had help with accessing healthcare services. Staff received ongoing training that was relevant to their roles.

People told us staff were kind. Staff treated people with dignity and respect. People were supported to be independent and encouraged to take positive risks. People's confidentiality was respected. Staff were committed to valuing people's and each other's diverse and cultural needs.

People received support that met their care needs although it was at times led by tasks rather than led by people's individual preferences. The provision of activities needed improving as the activities were not always meaningful and did not reflect that people's cultural and social needs were explored. People's care plans reflected people's assessed care needs and support they had.

There was a new registered manager in post who worked to improve the culture at the home. Staff were encouraged to attend team meetings and be involved in the running of the service. The team worked well with partners and external professionals who were complimentary about the improvements made.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 7 March 2019) and there were four breaches of regulation found. We issued a Warning Notice around two regulations; around the records, quality assurance and keeping people safe from harm including management of medicines. The provider was required to achieve compliance with these two regulations by 4 April 2019. We also issued a requirement notice around regulations around safeguarding of people and person-centred care. The provider completed an action plan to show what action they planned to take to address these concerns.

At this inspection we found improvements had been made; people were safe, protected from harm and had

their medicines as prescribed. People were supported to have their needs met and the team worked hard to improve the culture at the home.

We identified one breach of the regulations. The provider did not have oversight to ensure improvements were implemented well within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from the provider to understand what they will do to improve. As this is repeated requires improvement rating we will also meet with the provider following this report being published. This is to discuss how they will make changes to ensure they improve their rating to at least Good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Holmers House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, one pharmacist inspector and one 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.

Service and service type

Holmers 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. The service had a manager, who was registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 3 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also contacted the local authority commissioners to obtain their views about the service.

During the inspection

We spoke with seven people who used the service and two relatives to get their views about their experience of the care provided. We spoke with ten members of staff, including the regional manager, registered manager, the deputy manager, two senior care staff, two care staff, housekeeping and kitchen staff. We also spoke with two visiting, external professionals.

We reviewed a range of records. This included four people's care records and people's medicine records. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including accidents log, safeguarding logs and the audits were also viewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved and is rated requires improvement. This is because we need to ensure that the improvements made are well embedded into the service and that they are sustainable.

Using medicines safely

At our last inspection we found the provider did not always ensure people had their medicines as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed. A brand new, electronic system had been recently introduced. The system used an electronic device to scan people's medicines before these had been administered and it would flag up any discrepancies. There was information recorded that guided staff when people might need 'as required' medicine. Medicines were stored safely and securely, this included medicines that needed additional control and cold storage. All required medicines were available to be administered to people. Staff were trained and assessed as competent before they administered medicine to people.
- Staff told us the new system was a welcome addition as it provided additional safety and ongoing auditing. They explained to us how the system prompted them for the correct information to be recorded and that made it less likely to miss an entry record. Another staff member said, "Definitely an improvement with medicines".

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider did not always ensure people were safe and that some incidents were not always reported appropriately. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The registered manager told us they now had a system to monitor any safeguarding concerns. The registered manager kept a log of all safeguarding concerns reported to the local authority. These were cross referenced with the notifications that related to safeguarding concerns submitted to the Care Quality Commission (CQC). This was an improvement since our last inspection.
- People told us they were safe at the service. One person said, "Yes, I feel very safe living here and know that things would be a lot more tricky for me if I wasn't here". A relative said, "I know he is in safe hands I do know now that he is cared for by a lot of the team".
- The provider had safeguarding policies in place. Staff knew how to report, raise and escalate any

safeguarding concerns. One member of staff said to us, "I'd ask open questions, I would record it, report to team leader, manager or CQC".

Assessing risk, safety monitoring and management

- Risks to people's safety, including any risk surrounding their individual needs had been assessed and recorded. People's care files contained information on how to manage these risks, for example, one person was living with diabetes. Their care plan detailed symptoms the person might experience when their blood sugar levels were too low or too high. It also detailed what action staff should take in those instances to ensure the person's safety.
- Staff ensured people were informed about risks. For example, we saw staff stored people's walking aids away from the table during the meal. People were reassured and advised where their frame was and encouraged to ask for it if they wished to move from the table.
- There was a system in place to manage risks surrounding the environment. We saw evidence a number of safety checks, such fire, water and equipment took place. There were emergency planning documents and evacuation plans for people at the home. We found a discrepancy with the people's evacuation plan summary, we raised this with the management team and they told us they were going to address it promptly. The registered manager told us they planned to delegate the responsibility to regularly check the evacuation summary to a staff member.

Staffing and recruitment

- The registered manager used a dependency assessment tool to establish the staffing levels required. They, however appreciated that with the high use of the agency staff, who were not always familiar with the service, the tool was not fully effective. They told us therefore they used it as a guide. We received mixed feedback from people about staffing levels. One person said, "There is always someone to help me and if I shout they come". Other comments included; "They get overstretched sometimes" and "They (carers) do look after you and to an extent they do very well considering they are so short staffed, there are often only two or three on, and they have far too much to do and often go".
- There was a system to ensure agency staff that worked their first shift underwent a site induction and knew who to report to and what to do in an emergency. We saw a file with the agency staff's portfolios, which gave the details of what training they had and the copies of their induction.
- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk.

Preventing and controlling infection

- Staff received training in infection control and had access to protective personal equipment such as gloves and aprons. We observed staff used colour coded cleaning equipment to prevent cross infection.
- The environment was kept clean, bright and free of unpleasant odours.

Learning lessons when things go wrong

- The management team ensured they reflected on when things could be improved, and prompt action was taken when needed. For example, the registered manager reviewed accidents and incidents quarterly to ensure any trends could be identified and action taken to prevent reoccurrence. We saw a root cause analysis was included in the review. For example, one person had fallen frequently and there was evidence the management considered the person's medicines as a potential reason for them falling. The person's doctor was involved, and additional safety equipment was introduced to make the person safer.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at the service. These assessments were carried out by a senior, competent staff member to ensure the team were able to meet people's needs. There was only one admission since our last inspection and the person and their relative praised the level of detail included in the pre-admission assessment. The person's relative told us how, as part of the assessment, they were asked to provide a list of the person's likes and dislikes and usual behaviours. They added, "They (staff) have discovered since [person] came here that he has difficulty swallowing and [person] has been moved on to pureed foods".
- Staff used information from a person's pre-admission assessment and from commissioners to form people's care plans. For example, people's oral hygiene. The registered manager was in a process of incorporating the recently updated good practice guidance around oral hygiene into the care planning. They also told us they were due to attend oral hygiene training which then would be cascaded to the team.

Staff support: induction, training, skills and experience

- Staff had ongoing training that was relevant to their roles. One person told us, "They know what they are doing, I do think they know". New staff were offered training and opportunity to work alongside an experienced staff member. One staff member told us, "Induction was very helpful, I was shown care plans, I had two weeks of shadowing, I worked one week on one unit and then on another unit. They (management) asked staff that mentored me, and me, if I was ready (to work solo)".
- Staff had received supervision sessions, this gave them the opportunity to discuss work practices and their development. Staff told us they were well supported. One staff member said, "Yes, I had one to one with team leader or (with) the deputy manager".

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records reflected people's dietary needs, such as where they needed a pureed diet, any allergies, likes or dislikes.
- People complimented the food. Comments included, "I always have breakfast and it is always good", "I've had my breakfast; toast, coffee and porridge, it was just right" and "The food is lovely, and especially the pudding". People also told us there was a choice and if they did not like what was on the menu they could ask for something else.
- The provider used a company that offered chef cooked and frozen meals that were being heated up on site, using a specialist oven. There were always two options of meal available and a choice of pudding for lunch. Staff prepared hot breakfast and supper options as needed.

- We observed the lunch service and it was a positive experience. Where required people had been offered pureed meals. The food served was hot and smelled and looked appetizing. One person used special crockery and people were asked if they wanted help with using salt or pepper.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were assisted with accessing health care services, this included GP, speech and language therapist and others.
- The team worked well with external, local health professionals. We spoke with one external professional who came in to assess one person's swallowing. They were complimentary about the home. They said, "The home is very good with timely referrals, the referrals are appropriate and they (staff) always follow my advice".

Adapting service, design, decoration to meet people's needs

- There was a dining room and lounges on each floor. There was an enclosed garden people could access and the building was wheelchair accessible. The management team was in a process of refreshing the décor, we saw a number of soft furnishing and decorative items were ready to be distributed around the home. There were knotted scarves and ties at intervals along the rails; the theory is that residents might feel and touch these items for their texture and interest. Some aspects of the décor were not always dementia friendly, for example, there was the lack of distinctive use of colour, for example in relation to doors and handrails. We saw the registered manager referred to further refurbishment plans in his audits and planned to introduced further work, such as painting the hand rails.
- People were able to personalise their bedrooms with pictures and various items of importance to them.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff respected people's choices. One person said, "I tend to get up mostly when I want, I'm not used to having to wait".
- Staff knew how to apply the principles of the MCA in their work. One member of staff said, "We have to always offer the choice to people to make own decisions, if we are to make decisions for people we follow best interest rules".
- People care records contained assessments of people's capacity to make specific decisions. The registered manager applied for DoLS when required and where people were deprived of their liberty the best interest principles had been followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People were presented wearing clean clothes and were well groomed. Some had painted nails and some wore rings and jewellery. We observed staff always knocked on people's doors before entering their rooms. One person told us they always took pride in their appearance and they explained their requirements to staff upon their arrival at the home. They confirmed their requests on the frequency of their grooming regime were met.
- Staff promoted people's independence where possible. For example, we observed people were encouraged to eat independently. One person told us how they were still mobile, they said, "I've always been happy here, and I still manage to get around". Another person liked ironing and the registered manager did a risk assessment and was in the process of purchasing an iron for them. This was to promote their independence and ensure they enjoyed the activity they had missed.
- Staff appreciated the importance of promoting people's independence. One staff member told us about one person, "[Person] can feed himself if you put the cutlery in his hands". We observed the person was eating slowly, but independently.
- Staff respected people's confidentiality. People's confidential personal information including the information kept on the electronic system was kept secure and staff used own logins to access the computers.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the staff were mostly positive and included, "All in all everything about the care and the carers is okay", "(Staff's name) is lovely and always so bright and breezy" and "All the carers are always kind to me". We saw examples of a positive, light banter between staff and people.
- The team was committed to respecting people's diversity. One person referred to many nationalities of the staff that worked at Holmers House and told us, "Since I've been here I've met people from all over the world, they tell me all about their lives and their families". Staff praised multi-national team and told us it was a good opportunity to learn about different cultures.

Supporting people to express their views and be involved in making decisions about their care

- We observed staff asked people how they wanted their support to be delivered. We saw a member of staff explained to a person they were going to give them a tabard. We saw two staff transferred a person using a hoist. The manoeuvres were made methodically and where people were unable to communicate verbally staff demonstrated extreme patience. The transfer was successfully achieved and it was apparent the person did not experience any discomfort.

- We saw some good practice examples where staff recognised people's interests and used this knowledge to facilitate for people to continue doing what was important to them. For example, one person liked to look after the home doing simple chores like sweeping floors, cleaning and looking after others. The registered manager purchased them a longer broom, so the person could sweep easily without bending and straining their back.
- People's relatives where appropriate were involved in making decisions about people's care. People had been signposted to an independent advocacy service when needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This was because people's needs were met, although this was task oriented at times and the activities were not always meaningful.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At our last inspection we found the provider did not always ensure people received care that was personal to them. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- We saw some good practice where people received support that met their needs. We saw evidence people received thoughtful support that had a positive impact on their well-being. For example, one person displayed some complex behaviour and had several incidents of behaviour that may challenge. Effective strategies were put in place which included staff talking to the person about their past work life. The records showed that following each incident there was a detailed risk assessment review held which highlighted the possible triggers which then staff aimed to limit. An analysis had been done which concluded boredom was a main trigger. The registered manager worked hard to secure additional funding for the person to have some quality time away from the service. This was so they could do activities they liked, such as playing golf. Following the implementation of one to one support the incidents has vastly reduced and the person's episodes of challenging behaviour stopped.
- People told us they had the care that met their needs. One person said, "I fell over five times, that is why I came here, I broke my shoulder, but I don't fall over anymore now I am here".
- The provider used an electronic system to record people's care plans. The care records were current and reflected the support that people needed and received. This was an improvement since our last inspection.
- People told us and we observed care was at times task led, rather than directed by people and their individual needs. One person said, "Well you feel that you always have to do things to their timetable". One staff member told us, "We could do with an extra pair of hands too, as soon as we have got people up, they expect and want their drink and breakfast".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that at times there was not much to do. Comments included, "I'd like to have people to talk to here, there is nobody to talk to, to talk to properly here", "It is boring here, sitting all day with nothing to do" and "It is always quiet here, the TV is always on but I can't hear it, no one talks to you". One person told us they would like to go shopping.
- Activities on offer were not always meaningful and did not always reflected people's cultural and social needs. No one had oversight of what activities were being offered. Care staff were expected to organize,

provide or assist with activities wherever they could. On the day of our inspection we saw staff organized a quiz and a short kick ball session with people. In the afternoon we saw a staff member sat with one person trying to engage their concentration with a box of old postcards. The management were aware the activities needed improving. They for example, had introduced visits from local school pupils which people enjoyed. The registered manager also had an action plan to appoint a dementia lead at the service to further improve the experience for people living with dementia.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were referred to in care plans, this was to ensure effective communication. For example, one person's care plan stated the person was hard of hearing and due to their short term memory they could be repetitive in conversation.
- Staff were aware of people's individual communication needs. Throughout the day we saw staff displayed genuine concern for people. One staff member struggled to communicate with a person effectively. We saw they demonstrated extra caring skills by always getting down to the eye level of the person, getting close to their ears when speaking to them if they felt the person could not hear or understand fully.

End of life care and support

- No people received end of life support at the time of our inspection. The team worked with the health professionals to ensure people's end of life wishes were explored and recorded. Staff had an appreciation of keeping people's families involved when people's needs deteriorated. One family told us how staff promptly contacted them after the doctor assessed their relative as very poorly. The family were called and attended late in the evening so that they could be with their relative when they were unwell.

Improving care quality in response to complaints or concerns

- Information how to complain was available at the service. People knew who to talk to if they had a concern. One person said, "They are all very good, there are three of them, I know their names and feel that I can go to them if I need to see them". One person's relative said, "Never had a reason to complain about the care".
- The registered manager had a complaints log but no complaints had been received since our last inspection visit. There have been compliments received from people's relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. The culture the service's management created supported the delivery of person-centred care, we however found the provider's oversight of the governance processes needed improving.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection we found concerns around the records and quality assurance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement had been made and the record keeping improved. The registered manager produced a monthly audit tracker of all the areas they worked on to improve. The tracker demonstrated that several areas had been successfully improved which we also identified throughout our inspection and reported in the previous domains of this report.

- We however found the provider's oversight and governance was not always effective. The provider had a policy around their quality assurance processes, but it was not current and was due to be reviewed in January 2018. This meant the provider was not operating accordingly to their quality assurance processes.
- The action the provider took to ensure the compliance around maintenance of the building was not fully effective in addressing concerns raised by the registered manager. Additionally, the provider's decision to adopt a new system of booking agency staff using an external party was having a negative impact on the staffing at the service. We reviewed the most recent tracker reports and noted the registered manager, in an open and transparent way, identified areas where their team was falling behind with making the improvements due to the above issues. Despite this there was no evidence of action taken to address this. This meant the lack of support to address the areas that were beyond the service's control hindered the effectiveness of the improvements possible at the home's level.

This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulations) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care

- The service's manager had registered with CQC in December 2018, the same month when our last inspection took place. They had experience in quality improvement and understood the regulatory requirements and their accountability. The registered manager was also registered to manage another of the provider's locations (services). They worked to improve the culture, staff morale and this had been recognised by the staff. A member of staff told us, "Since the manager started the culture has definitely changed". Another staff member said, "Staff are now more positive".
- The registered manager encouraged staff's involvement and they worked with the team to create a set of

values for the home. There was a display at the reception that staff contributed to and it gave details of the developments being implemented at the service.

- Staff were enthusiastic and wanted to provide a good service. Staff told us they were encouraged to attend staff meetings. They were provided with information to help them understand the experience of people living with dementia and ways and methods to support them. Comments from staff confirmed staff meetings had a positive impact on team work. One staff member said, "I am happy here and feel supported, manager set up staff meetings and these have been helpful. I feel when we've done a team meeting that we can do it!".

Engaging and involving people using the service and the public, fully considering their equality characteristics

- People told us they knew the manager. One person said, "I know [registered manager's name], he is a nice fellow" and "[Registered manager's name] door is always open".
- The provider used surveys to seek people's feedback and the next survey were due to be sent out soon. The registered manager operated open door policy and was keen to act on the feedback received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted open and transparent culture. One staff member told us, "We are open and honest, we tell people about things we're struggling with and our (last) CQC report". People's relatives complimented the open communication. One relative said, "They (staff) always phone up".
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood his responsibilities in relation to this requirement.

Working in partnership with others

- The team at Holmers House worked in partnership with the local health and social care professionals including local commissioners.
- External professionals recognized the improvements made at the home. One external professional told us, "Things are so much better than a year ago". Another external professional said, "We have good communication with the home, staff and management are always accommodating".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure their quality assurance processes remained effective. Reg 17 (2)(f)