

## Koinonia Christian Care

# Koinonia Christian Care

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Koinonia Christian Care is a 'care home'. The home accommodates up to 39 older people with dementia or physical frailty across five adapted buildings. At the time of the inspection there were 39 people living in the home.

What life is like for people using this service:

- The provider lacked effective governance systems to identify concerns in the service and drive the necessary improvement. At times, there was a lack of clear and accurate records regarding people's medicines, support and any potential risks posed to them. Accidents and incidents were not analysed sufficiently to ensure risks were reduced for people.
- The provider had not followed legislation that required them to act in an open and transparent way when people came to harm.
- Best practice guidance was not utilised in providing an environment that promoted the well-being of people who lived with dementia and we have made a recommendation about this.
- Despite this, people were happy living at Koinonia Christian Care and people told us they felt safe. People were supported by staff who were kind, caring and who mostly understood their likes, dislikes and preferences. People were positive about the activities on offer and people's religious needs were met. People were cared for by staff who were well supported and received regular supervision to meet people's needs effectively.
- People and their relatives knew the registered manager and felt able to speak to them if they had any concerns. The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

Rating at last inspection: Good (Report published 13 August 2016)

Why we inspected: This was a planned inspection based on our last rating. At the last inspection the provider was rated as Good.

Follow up: The service has been rated as Requires Improvement and three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We will request an action plan from the registered provider about how they plan to improve the rating to good. In addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our findings below.

**Requires Improvement** ●

# Koinonia Christian Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, one assistant inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people.

Service and service type Koinonia Christian Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection 39 people were living there.

The service had a manager registered with the Care Quality Commission. This means that they 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 We inspected Koinonia Christian Care on 6 and 7 March 2019. The inspection was unannounced.

What we did: Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people, two relatives and one frequent visitor to the home. We spoke with the registered manager and six members of staff. We spoke with one healthcare professional following the inspection. We looked at the care records for six people and sampled one more and looked at

the medicine records for 11 people. We looked at five staff recruitment, supervision and training records and records relating to the quality and management of the service.

During the inspection we requested information including policies and procedures and quality assurance information which was received after the inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people, had not always been assessed, monitored or mitigated effectively. For example, one person was at risk of choking. They had a care plan in place which provided some basic information about this risk, however, they did not have a specific risk assessment in place which detailed how staff needed to reduce the risk of choking. Although staff had identified this person to be at risk of choking, a referral had not been made to the Speech and Language Therapists (SALT) so appropriate advice could be sought about the type and consistency of food that would reduce this risk. Following the inspection, a risk assessment was put in place and the person was referred to SALT.
- Other people had risks associated with their health conditions but these had not always been assessed. For example, one person had diabetes and was at risk of their blood sugars falling too low which could result in a hypoglycaemic attack. There was not a risk assessment in place about this. However, the staff we spoke with could recognise the signs and symptoms of the risks associated with diabetes and understood what treatment a person may need. This reduced the likelihood of harm. However, newer staff may not know this information and would need detailed risk assessments in place to manage an incident of this kind.
- Records demonstrated that people had experienced unwitnessed falls in the service. Some of these people were unable to describe what had happened. The National Institute of Clinical Excellence (NICE) guidance states medical advice should be sought if staff are not clinically trained to undertake neurological observations themselves. This is to ensure appropriate action is taken if an actual or potential head injury has occurred. The staff were not clinically trained to undertake neurological observations and records demonstrated they did not always request a review of medical attention for people when they had experienced an unwitnessed fall. This meant people were at risk of harm caused by a lack of clinical advice following an unwitnessed fall. We discussed our concerns with the registered manager who confirmed they would update their falls protocol to include ensuring people were clinically assessed following an unwitnessed fall.
- Some people were assessed as being at risk of conditions such as skin breakdown, dehydration and constipation and had monitoring charts in place to monitor the risk. However, monitoring charts contained numerous gaps and no action had been taken about this. This meant they were ineffective. We discussed our concerns with the registered manager who acknowledged this needed improving and told us they would put measures in place to ensure monitoring charts were accurately completed.
- People's safety in the event of a fire could not be assured. The personal emergency evacuation profiles (PEEPs) in the fire folder had not been reviewed since 2016. PEEPs are used to give guidance to the emergency services on the support people require to evacuate safely in the event of a fire. Additionally, the business continuity plan stated that certain items should be in a bag used in emergencies, however we found that numerous items were missing. This meant that people's safety could be compromised in the event of an emergency. The registered manager updated the fire folder by the second day of inspection and told us they would ensure the emergency bag contained all the necessary equipment.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- The management of medicines was not always safe.
- The provider used an electronic system. We identified some discrepancies between the number of tablets recorded on the Medication Administration Records (MAR) and the number of tablets counted. The provider's internal medicine audit failed to identify this shortfall. This meant we could not be assured that people had received their medicines as prescribed. However, the staff member who was the medicines lead told us they believed the discrepancies were caused by a failure to update the medicine records. We discussed our concerns with the registered manager and the deputy manager. They told us they would improve their governance of medicines by increasing medicine audits.
- There was a lack of protocols in place to guide staff when administering 'as required' (PRN) medicines, such as medicines for pain. As a result, people may receive as required medicines inappropriately or not receive them when they were needed. The deputy manager had already identified this concern and had begun to include appropriate PRN protocols for each person who was prescribed as required medicine.
- Some people were prescribed topical creams for skin conditions. The topical MARs lacked guidance for staff, they did not always state how often and where on the body these creams needed to be applied, additionally, the creams in people's rooms did not always have the label intact. This meant staff did not have sufficient guidance to know when and where to apply creams. Staff did not sign a MAR to indicate that the creams had been applied. The deputy manager told us staff documented this in people's daily records, however this had not always been done. This meant there was not an effective system in place to know when creams had been applied as prescribed. We discussed our concerns with the registered manager who told us following the inspection that they had implemented systems to ensure topical medicines were safely managed.
- Staff had received training in the management of medicines but not all staff had been assessed to ensure they were competent. This meant the provider could not be assured staff were competent to manage medicines safely. We discussed our concerns with the registered manager who told us they had started assessing staff members competencies and would continue to do so.
- Temperatures of medicine storage areas were checked to ensure medicines were stored at the correct temperature. Records demonstrated that medicines were stored at a safe temperature, however there were gaps in these monitoring records which had not been identified by the provider.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- The provider did not have effective processes in place to learn from accidents and incidents.
- The records of staff meetings lacked any information to show practice had been reviewed or incidents had been analysed and shared with staff.

#### Staffing levels and recruitment

- Safe recruitment practices were mostly followed. However, the reason why applicants had left their previous employment had not always been recorded and for two applicants, we found there were gaps in their employment histories. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people. The registered manager told us they would ensure the reason why applicants left their previous employment and gaps in employment would be recorded in future.

- There were enough staff to support people who lived at the service. One person told us, "There seems to always be enough staff." The registered manager used a system to ensure there were enough staff to meet people's needs and told us this was regularly reviewed.

Systems and processes to protect people from abuse:

- People and staff thought the service was safe. One person told us, "Oh yes, I feel very safe. It's because there is always someone around to help."
- Processes were in place and followed to protect people from abuse. Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns.
- Records of investigations into concerns were maintained and the local authority were informed as appropriate.

Preventing and controlling infection

- People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was clean were completed.
- Staff had received training on infection control and told us they wore personal protective equipment when appropriate. One person confirmed this and said, "Staff wear aprons and gloves when dealing with me."
- The environment was clean and free from bad odours.



# Is the service effective?

## Our findings

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

The effectiveness of people's care was inconsistent.

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

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a plan of care which was updated as the provider learnt more about the person.
- However, people's care plans did not always contain specific information to assist staff to provide effective care. There was a lack of information on how to manage specific health conditions and risks to people.

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

- The adaption of the service was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to the garden. People had their own rooms and were able to personalise these as they wished.
- The registered manager told us that approximately half of the people who lived at Koinonia lived with dementia. The design and decoration of the service did not always promote independence or well-being for the people who lived with dementia. Best practice guidance from the Alzheimer's society states that using signage to distinguish areas, different colours to identify key objects and using sensory and comfort items to stimulate thoughts and memories are important when caring for people with dementia. We found these were lacking at the service.
- We recommend the provider considers current best practice guidance on providing a dementia friendly environment to meet the specialist needs of people living with dementia.

Staff skills, knowledge and experience

- Staff had mostly received sufficient training to ensure they had the skills and knowledge to support people effectively and staff told us they had access to a range of training which equipped them for their role.
- However, some staff were using a blood sugar monitoring machine to monitor the blood sugar levels for some people who had diabetes. Diabetes UK 2010 recommends that no member of staff perform blood sugar monitoring unless they have received training on blood sugar monitoring using the meter specific to their place of employment and are aware of how to interpret the readings obtained and subsequent action to be taken. There was no record to demonstrate that staff had received training in using the blood monitoring machine and a health professional spoken with could not confirm they had done this. A relevant health professional told us after the inspection that the registered manager had organised this training for staff.
- New staff undertook a period of shadowing of experienced staff and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

- At the last inspection in June and July 2016, staff were not consistently supported through regular

supervision. At this inspection, staff received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff told us they were well supported.

#### Eating, drinking, balanced diet

- People received a nutritious and balanced diet and people were positive about the food. One person told us, "The food is very nice and there is a good variety of meals."
- People were provided with a choice of meals and drink. However, people living with dementia were not offered meal choices in a meaningful way. They were asked to verbally select their menu choices before the mealtime, which could mean they may not remember what they had ordered. The registered manager told us that pictorial menus had been developed and would soon be implemented which would make meal choices easier.
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.
- People were supported to have diet that was appropriate to their needs and kitchen staff were knowledgeable about people's dietary requirements. One person told us, "The cook knows the diabetics and makes sure the puddings, for example suit us."

#### Staff providing consistent, effective, timely care

- People were mostly supported to access external healthcare services. We saw that people regularly saw doctors, specialist nurses and mental health professionals. However, people were not always referred to SALT where risk was identified. This meant guidance was not sought to support effectively in this area. Following the inspection, the provider told us they had referred people to SALT in line with their needs.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Handovers took place between shifts.

#### 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 with appropriate legal authority. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and capacity assessments had been completed. Most of these had associated best interest decisions recorded which reflected other people, including family's involvement.
- At the last inspection in June and July 2016, we found that not all staff had received training regarding mental capacity. At this inspection, staff had received this training. Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. We observed that staff sought people's consent before providing care.
- The registered manager had ensured that DoLS authorisations had been applied for where necessary and these were reviewed when required. One person had conditions associated with their DoLS and these were

being met.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Records did not always demonstrate that people were involved in decisions about their care. Despite this, people and relatives told us they were involved in decisions about their care. One person told us, "I do feel involved with my care." A relative told us, "They [Staff] have updated my mother's care plan since arriving."
- All organisations that provide adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. Although the registered manager did not demonstrate a good understanding of the AIS, some information was provided in an accessible way for people, for example, large print hymn books. The registered manager also told us they had plans to make more information more accessible for people.

Ensuring people are well treated and supported

- People told us they were cared for by kind and compassionate staff. One person told us, "Staff are fine, I wouldn't fault them" and a relative told us, "Staff treat residents like family."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff could tell us about people's individual characteristics. People were positive about the support they received to meet their religious needs.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted and people were respected. The registered manager told us following the inspection that two members of the team had won an award from the West Sussex Care Accolades. Staff had gone above and beyond for the people they supported, which in turn helped them to lead meaningful lives with compassion, dignity and respect.
- People's privacy was protected. People received support with their personal care in private, staff were discreet when asking people if they required support to use the bathroom to have their comfort needs met. One person told us, "Staff are respectful, they never make me feel embarrassed about anything."
- Staff had a good understanding of their role in maintaining people's dignity and independence and people felt able to be as independent as they could be. One person told us, "I do have some independence, like walking in the garden."

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs, wishes and preferences were not always reflected in their care plans but people told us they received personalised care were positive about the activities on offer.

#### Personalised care

- People told us they received individualised person-centred care and staff we spoke with mostly showed good knowledge of people's needs. However, this information was not always reflected in people's care plans. Electronic care plans were used and the registered manager told us this made it difficult to input specific, person centred information about people. The registered manager told us they were considering a different style and format of care plans to address this.
- Care plans did not always contain information about people's associated health conditions. Although staff mostly had good knowledge about people and their associated support needs, detailed information in care plans would provide staff with more understanding of their health conditions. Additionally, staff who were unfamiliar with people would need to rely on the information in people's care plans and the lack of information posed a risk that they would not have enough information about people to support them in line with their needs and preferences.
- Some care plans contained contradictory information. For example, one person had a pressure sore but the care plan was unclear. On one section it stated '(Name) has bed sores' and on another section, it stated '(Name) has had a pressure sore in the past'. There was no information about the current category of the person's pressure sore and when we asked the registered manager about it they did not know. Despite this, staff told us they were following the advice of the district nurses to promote healing and the person had appropriate equipment in place. The registered manager told us they would be reviewing care plans and entering detailed information to ensure all staff had appropriate knowledge about people's needs.
- People chose to live at Koinonia Christian Care because they wished to be supported with their religious needs. The service did this well and provided people with many opportunities to be supported with their faith. For example, people received one to one pastoral care, attended prayer meetings, participated in bible studies and attended a daily epilogue and a weekly service. People were positive about this.
- Other social activities were provided for people such as exercises and music for health and people told us they had enough to do. One person told us, "On the whole, there is always something going on."
- People were able to have input into the activities on offer and be as involved as they wished. One person organised the daily epilogue and enjoyed playing the piano for people while another person did the flower arrangements for the dining tables. One person had expressed a wish to go to a local flower festival and this was being arranged for them.

#### Improving care quality in response to complaints or concerns

- A system was in place for people and their representative to raise concerns and make complaints.
- People told us they knew how to complain and were confident the registered manager would respond appropriately to any complaints.
- The recording of the management of complaints needed improving. We viewed the complaints file and it

was not always evident how complaints had been investigated and resolved for people. For example, we had been informed about one complaint prior to the inspection by a member of public. This complaint was not seen in the file. The registered manager told us this was in a separate location but it had been investigated.

- A log of complaints was not kept and there was no recorded evidence that complaints had been analysed to determine trends and patterns in the service. This meant that complaints may not be used to drive improvement in the service.

#### End of life care and support

- The service supported people and their families in relation to end of life care although no one was receiving end of life at the time of our inspection.
- Care plans were in place which detailed people's wishes regarding end of life care.
- End of life champions were in the service who had received comprehensive training from the local hospice, this information was being cascaded to the rest of the team.
- Relatives were positive about the provision of end of life care. One relative told us, "They (staff) are very good at end of life matters, like ensuring that residents return to the home if they are dying in hospital" and, "End of life care is high on the home's agenda".

# Is the service well-led?

## Our findings

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

Aspects of the service were not well-led. During the inspection we found a number of areas needed to improve to maintain the safety and well-being of people; these had not been identified by the provider.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The provider had some quality assurance systems in place to monitor and improve the safety and quality of the service being delivered and the running of the home. These included a range of audits such as care plan, medicine and infection control audits. Representatives for the provider additionally carried out provider visits to monitor the service. When actions for improvement were identified these were mostly carried out and checked for completion. However, we found that these systems had not identified all the concerns and areas for improvement that we found during this inspection. For example, the management of risk and medicines and maintaining accurate and detailed records for people and for the service.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the nominated individual. Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

How the provider understands and acts on duty of candour responsibility

- Providers are required to act in an open and transparent way when people come to harm. We identified examples of where people had received serious injuries following falls, but there were no records to confirm that they or their relatives had been given information, support or an apology about the incident, as required by the regulation. We discussed the requirements of this regulation with the registered manager and although there was a policy in place regarding the duty of candour, they lacked an understanding of what it meant.

The failure to apply duty of candour when people came to harm was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Plan to promote person-centred, high-quality care and good outcomes for people

- Improvements were needed to ensure people consistently received high-quality care and good outcomes.

These have been reported in the safe, effective and responsive domains of the report.

- However, people and relatives told us they received personalised care and were happy with the service. The culture of the home was positive and people lived in a homely and friendly environment. The registered manager promoted a caring service and led by example. We saw them to be accessible to people and staff throughout the inspection and there was an open-door policy for all. Staff said they felt valued and listened to and enjoyed working at Koinonia Christian Care. One member of staff told us, "I am blessed to be able to do what I do, and I help." and another told us, "I love it all, I love the residents and the staff." Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- People, staff and relatives were consistently positive about the registered manager. They were described as approachable, a listener and efficient.
- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection.

Continuous learning and improving care.

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered managers forum, to learn from others and share good practice. However, breaches of regulations were identified at this inspection and we found that best practice guidance was not always utilised. Additionally, the quality assurance systems did not effectively drive improvement and learning was not always identified when accidents and incidents had occurred. This meant the rating of the service has deteriorated from good to requires improvement.
- Whilst we acknowledge the registered manager responded and acted during and after our inspection to rectify some of the shortfalls found, the current arrangements for monitoring the quality of the service needed to be reviewed and embedded. This was to ensure all areas for improvement are identified, and a clear action plan is put in place to address concerns and evidence continuous improvement.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was positive.
- Regular staff meetings took place and staff told us they were able to give feedback about the running of the service. Staff achievements were celebrated and shared across the service and reward schemes were in place for staff to highlight good practice.
- The provider mostly engaged with external health and social care professionals when needed. One healthcare professional told us some areas of care practice required, "polishing up" but felt the deputy manager was open and responsive to suggestions made.
- The provider had established and maintained good links with the local community, in particular, people benefited from the links with local faith groups.
- The provider facilitated workshops for people and relatives with an educational theme. The registered manager told us this raised awareness and helped peoples and relatives understanding regarding issues associated with their care.
- Volunteers from the local faith group attended the service to provide extra support for people and carried out activities such as shopping which benefitted people.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure risks were assessed and effective plans implemented to mitigate these; to ensure staff had the skills, knowledge and competence to manage risks; and a failure to ensure safe management of medicines.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(e)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to have effective systems and processes in place to drive continuous improvements, to assess, monitor and mitigate risks relating to the health and safety of people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA RA Regulations 2014 Duty of candour</p> <p>The failure to act in an open and transparent way when people came to harm.</p>