

Hewitt-Hill Limited

Fairland House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This comprehensive inspection took place on 8 January 2019 and was unannounced.

Fairland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Fairland House is registered to accommodate up to 34 people. Care is provided over two floors. There are communal areas that people can reside in along with space for dining on the ground floor. At the time of our inspection visit 29 people were living in the home, eight of whom were living with dementia.

The last manager to be registered with CQC at this service de-registered in August 2018. A new manager took up post but then left the service. The current manager started in November 2018. They are not currently registered with CQC but they have made an application to do so. A registered manager is a person who has registered with the CQC 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. Since the last inspection the nominated individual of the provider who has overall responsibility for monitoring the quality of care provided had also changed. They also commenced this new role in November 2018.

At the last inspection of Fairland House, we rated the home overall as requires improvement. This was because people had not always received care that was safe or effective to their needs and systems in place to monitor the quality of care had not been robust. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good.

At this inspection we found that the provider continued to be in breach of two regulations of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the home therefore remains as requires improvement. This is the third consecutive inspection that the home has been rated as requires improvement. This demonstrates a lack of learning and consistent drive for improvement to ensure the quality of care reached an overall rating of good.

Not all risks to people's safety had been assessed and therefore mitigated. Most staff used good and safe practice but some did not. These factors placed people at risk of avoidable harm.

Staff had not completed all the training they needed to although the manager was aware of this and some overdue training had been booked. Activities for people to participate in to stimulate their wellbeing had declined but this was being addressed. People's views were being sought to improve this area.

The premises would benefit from some improvements to help people living with dementia orientate

themselves. We therefore recommend the provider consults appropriate guidance in this area to make the necessary improvements.

The current manager in post demonstrated a passion to learn and people and staff told us improvements had been made since the manager had started working in the home. New systems had recently been put in place to drive this improvement but these were not currently all effective or embedded to ensure that risks to people's safety were consistently managed well. People, relative and staff views about the care provided had been sought and the manager was using this feedback to help improve the quality of care people received.

People were very happy living in the home and they were provided with support by staff who were kind and caring. People were treated with dignity and respect and they had built caring relationships with the staff.

People received enough food and drink to meet their needs and they had been involved in making decisions about the care and support they received. Their needs and preferences were met and their consent was always sought before any care took place. They were given full choice and control over their care.

Systems were in place to protect people from the risk of abuse and staff used good practice to protect people from the risk of the spread of infection. When people became unwell, the staff acted quickly to ensure they received the appropriate medical advice.

There was a system in place to capture and investigate any complaints or concerns that had been made and the manager demonstrated that they learnt from any incidents that occurred. Good links has been and continued to be, developed within the local community for the benefit of people living within the home.

Staff were very happy working at the service. They felt supported, told us their morale was good and could develop and complete qualifications within care.

There was an open culture in the home. People and relatives could approach the staff or manager whenever they wished and were listened to and their opinions respected.

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 consistently safe.

Not all risks had been managed well to protect people from the risk of avoidable harm.

Mixed views were received regarding staffing levels in the home although records showed this had improved since our last inspection.

Systems were in place to protect people from the risk of abuse

People received their medicines when they needed them but the current systems in place to monitor that this had occurred in a timely way were not robust.

Most of the home and equipment that people used was clean and systems were in place to protect people from the risk of infection.

Incidents and accidents that had occurred had been fully investigated and lessons learned.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The completion of staff training required improving to ensure their skills and knowledge was up to date.

The premises could benefit from some re-decoration and adaptation to assist people with their needs.

People received enough food and drink to meet their individual needs. They had access to most appropriate services to help them maintain their health.

People's consent had been sought in line with the relevant legislation.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. They treated people with dignity and respect.

People's views on their care was encouraged and they were offered choice and had control over their care.

Staff encouraged people's independence.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their individual needs and preferences. Access to various activities was being improved to enhance people's wellbeing.

People knew how to raise a concern and were confident they would be listened to. Systems were in place to investigate into complaints and learn from them.

People received support at the end of their life to ensure it was dignified and pain free.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The current governance systems in place had not been effective at mitigating some risks to people's safety and the provider had lacked impetus to drive improvement within some areas of the service.

There was an open and inclusive culture in the home that staff understood and implemented.

People and relatives were involved in improving the quality of care they received.

Fairland 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 8 January 2019 and was unannounced. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed the information we held about the service. This included important events the service must tell us about by law, previous inspection reports and any information we received from the public about the service. We also gathered feedback from a local healthcare professional and the local authority.

During the inspection we spoke with nine people who lived in the home, two relatives and five staff which included care and kitchen staff. We also spoke with the manager and a representative of the provider.

The records we viewed included three people's care records, people's medicine records, three staff recruitment records, staff training records and other information in relation to how the provider and manager monitored the quality of care people received.

Is the service safe?

Our findings

Following our last inspection of this area in January 2018, we rated safe as requires improvement. At this inspection we have continued to rate safe as requires improvement.

At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some risks to people's safety had not been assessed and therefore, not adequately managed. At this inspection we found that there continued to be some shortfalls regarding the management of risk to people's safety placing people at risk of avoidable harm. Therefore, the provider remains in breach of this regulation.

During our walk around of the home we found several hazardous cleaning substances or items that had not been kept secure. In one communal bathroom there was a cleaning substance that contained bleach. Further along the corridor two cupboards were unlocked that contained many cleaning chemicals. The signs on these cupboard doors clearly stated they should be locked. We noted the key to these doors was hanging up near them and was therefore accessible to people. In two people's rooms we found items such as denture cleaner, razors and toiletries. The manager told us there were people living in the home who were independently mobile and may not understand what these chemicals or items were. Therefore, there was a clear risk that these could have been used inappropriately or ingested, causing harm.

On the first floor we found a door that led to a small enclosed outside area that was above the roof of the ground floor. The door was locked but the key remained in place. Therefore, people could access this area which was not safe as it was outside and the surface was not level. The manager told us that some maintenance work had been carried out in that area recently and that the key had been left in the lock by mistake.

There was exposed pipework in a communal bathroom and the main dining room. The pipes were warm to the touch. We asked the manager if these pipes were safe and would not be a risk of causing burns or scalds if people touched or fell against them. The manager did not know as the risk of hot surfaces within the home had not been assessed.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager took immediate action in relation to these areas to protect people from risks to their safety.

Other risks to people's safety and the premises had been managed well. These included risks in relation to falls, choking, pressure care, fire and Legionella disease. The staff we spoke with demonstrated a good knowledge of how to mitigate these risks and we observed staff taking appropriate action. For example, making sure that people had their walking frame near them where they were at risk of falling or re-positioning people regularly to reduce the risk of them developing a pressure ulcer. Lifting equipment such as hoists and slings had been serviced in line with relevant legislation to ensure they were safe to use and we

saw that people always had access to a call bell so they could alert staff if they required assistance.

At our last inspection of this service in January 2018, we found that improvements to the management of people's medicines was required. At this inspection we found this remained the same. We looked at five people's medicine records (MAR). Three people's MAR indicated they had received their medicines correctly. However, for two people there were gaps in the MAR for some of their medicines. The manager told us they were not aware of these gaps and therefore, no investigation into them had occurred at the time of our inspection visit. After our visit they confirmed these people had received their medicines but the MAR had not been updated as was required. In response to this they had spoken to the staff involved so that learning from the incidents could take place.

Staff had no guidance in place regarding the administration of PRN (as and when prescribed medication) for two people. One person did not have a photograph, allergy information or preferences in relation to how they liked to take their medicine with their MAR. These should be in place in line with best practice to help staff administer medicines to people safely and appropriately. These shortfalls had been identified and the staff member responsible said they were putting this guidance in place for staff.

Staff had received training in how to give people their medicines but not all of them had had their competency to do this safely assessed within the last 12 months. The provider's representative told us that this would be carried out imminently.

People's medicines were stored securely in line with best practice guidance and regulations. The temperature at which they were stored was monitored and appropriate to ensure they were safe to use. Systems were in place to ensure that medicines were ordered in good time so they did not run out.

At our last inspection of this service in January 2018, we found that improvements were required in relation to staffing levels. This was because the provider had not consistently ensured that the number of staff they had calculated as being needed to meet people's needs had been met. At this inspection records for the last two months prior to our visit showed that this had improved. However, we continued to receive mixed feedback from people and relatives regarding this area.

One person told us, "There are always enough staff, they come as soon as I ring the bell." A relative said, "Yes, there are enough staff." However, another person said, "Staff don't have much time to talk." Another person said, "There are not always enough staff so you have to wait which can be uncomfortable." The staff we spoke with said they felt there were usually enough staff and that they could meet people's needs although they explained this was sometimes difficult in the afternoon when the staffing levels dropped from five to four staff. This usually occurred when the senior staff member was giving people their medicines and two other staff were assisting a person with their needs. This they said, left only one staff member to help other people if required.

We spoke with the manager about staffing levels. They told us they regularly reviewed the number of staff required in line with people's needs. The number of staff working at night was about to be increased from two to three as they had recognised this was required. They agreed to discuss with people and staff the feedback we had received to see if a further staff member was required to work for some period during the afternoon shift. On the day of the inspection visit, we observed people's needs being met in a timely manner.

Most areas of the home were clean. This included communal areas, the people's rooms we looked at and the equipment they used. However, one communal bathroom on the ground floor had cobwebs on the ceiling and the grouting of the bath was mouldy. The side panel of another bath was cracked which would

make it difficult to clean effectively. The manager agreed to immediately rectify these areas. The staff were observed to use good infection control practice such as wearing gloves and aprons when required.

All the people and relatives we spoke with said they felt they or their family member was safe living in the home. One person told us, "I am safe here." Systems were in place to protect people from the risk of abuse. Staff could tell us the types of abuse they would look out for and said they would report these to the manager or provider. Records showed that any safeguarding incidents that had occurred at the service had been fully investigated and reported to the relevant organisation. Robust recruitment practices were in place to ensure that the staff recruited to the home were safe to work within care.

Staff understood they needed to record most incidents and all accidents that occurred. Where reported, the manager had thoroughly investigated these and put measures in place to reduce the risk of reoccurrence. However, not all medicines errors such as gaps in the medicine records had been recorded as incidents. This would help the manager identify if any patterns in relation to the errors were occurring. The manager agreed to put this in place.

Is the service effective?

Our findings

Following our last inspection of this area in January 2018, we rated effective as requires improvement. At this inspection we have continued to rate effective as requires improvement.

At the last inspection we noted there was no shower available in the home and therefore, people did not have a choice of whether to take a bath or a shower. At that time, we were advised that plans were in place to fit a wet room in the home. However, this had not happened. The manager said there were still plans in place to do this so that people could have a choice of bathing facilities.

Most areas of the premises were in good order and there was a pleasant garden area that people could access if they wished to. Some areas required redecorating as they were scratched and scuffed such as walls and skirting boards. The manager told us they had recognised areas that required re-decoration and that this was ongoing. However, there remained a lack of adequate signage to help people navigate themselves around the home and to communal areas. There was no use of memory boxes or other items which may benefit people living with dementia to orientate themselves to their own rooms. As over a quarter of the people in the home were living with dementia, we recommend the provider and manager consult best practice in relation to the design of the premises for people living with dementia.

At the last inspection we told the provider they needed to make improvements in relation to the training and supervision of staff. At this inspection we observed that in the main, staff used safe practice. However, there were some incidents where staff had not considered their actions in relation to protecting people from certain risks.

Training records showed that not all the training the provider had deemed as required was up to date. For example, some staff had training that was overdue in subjects such as health and safety, Mental Capacity Act 2005, food safety or dementia. The manager told us that since taking up their post they had strived to improve the completion of staff training and supervision and that plans were in place to bring this in line with the provider's requirements. Several training sessions had been booked within the next few months.

New staff received induction training and they were only able to support people once they had been assessed as being competent to do so safely. They completed the care certificate as part of their training which is an industry recognised qualification. Existing staff were also encouraged to complete qualifications to help increase their knowledge and skills.

People told us they received enough food and drink to meet their needs. One person told us, "The cook makes pastry like an angel." Another said, "I get a choice of food and drink during the day." However, some people said that the portions were too big for their individual preference.

Staff were knowledgeable about people's individual dietary requirements as was the chef and these were catered for. Where people were at risk of not eating or drinking enough this was monitored and actions taken to reduce this risk such as fortifying their foods with extra calories or frequently supporting them to

drink. People had access to a choice of drinks and food/snacks throughout the day.

The manager told us that some people living in the home lacked capacity to make some decisions for themselves. Therefore, staff had to work within the principles of the Mental Capacity Act 2005 when supporting these people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the importance of helping people to make their own choices regarding the care and support they received. We observed staff obtaining people's consent before providing support to them and working within the principles of the MCA. For example, we heard a member of staff ask a person where they would like to have their lunch, to which the person replied that they would like to go to the main dining room. Another person was shown a choice of two different meals to help them decide what they wanted to eat. The care records we looked at showed that in most cases where a person's mental capacity was in question, capacity assessments had been recorded but it was not always apparent who had been involved in making best interest decisions for people. The manager told us they were aware this needed to improve and that they were working on this area.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. The manager told us that applications had been made to the local authority where they felt they were depriving people of their liberty. They were waiting for these to be assessed. In the meantime, they told us they utilised the least restrictive practice and kept these people's needs under regular review.

People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination. Technology was being used to improve the quality of care people received and to help staff deliver effective care. This included the recent introduction of a new care planning system where staff used hand held devices to record what care and support people had received. This guided staff when people needed to receive certain types of support and care. For example, when a person required support with re-positioning or assistance to have a drink. The staff told us this was positive and helped them to provide people with the care they required when they needed it.

All the staff said they worked well as team. They were knowledgeable about people's healthcare needs and told us about the healthcare professionals they worked with to meet these needs. People told us that they could see the doctor or that medical assistance was received when they required this. Records showed that people's health care needs had been assessed and were being met. On the day of the inspection visit staff reported some concerns about a person's health to the relevant healthcare professional for advice and guidance.

Is the service caring?

Our findings

Following our last inspection of this area in January 2018, we rated caring as good. At this inspection we have continued to rate caring as good.

All the people and relatives we spoke with told us that staff were kind and caring and treated them or their family member with dignity and respect. One person told us, "I appreciate everything the staff do." Another person said, "They are wonderful staff, I have made lots of friends here." A relative told us, "The staff are efficient and friendly."

The staff we spoke with knew the people they supported well. They spoke about them in a caring and respectful way. We observed staff regularly interacting with people and asking them how they were feeling with genuine warmth and kindness. The staff were polite, attentive and respectful to people's needs. Whenever they assisted people they explained to them what they were doing, gave gentle reassurance and praise and encouragement where appropriate.

People's communication needs had been assessed and staff had a good awareness of how to support people in this area. The manager told us that documentation was available to people in different formats should it be required to help them understand the care that could be offered.

People told us they could personalise their room with their own belongings such as bedding and pictures to provide them with comfort and we saw that many people had chosen to do this.

The staff encouraged people to express their views about the care and support they received and actively involved them in making decisions. People were always given choice to make day to day decisions such as where to reside in the home, what to eat or drink or whether they wanted to participate in any group activities.

We observed staff encouraging people to be independent. For example, one staff member encouraged a person to walk a few steps to help them improve their mobility. One person told us how they made their own bed and were encouraged to do their own washing. The manager demonstrated they were passionate about helping people remain as independent as possible.

Is the service responsive?

Our findings

Following our last inspection of this area in January 2018, we rated responsive as good. At this inspection we have continued to rate responsive as good.

All the people we spoke with told us the care received met their individual needs and preferences. The relatives we spoke to agreed with this. Two people told us how when they had moved into the home they had been underweight and that with the help of staff, they were now a healthy weight. They said they had been encouraged to eat regularly and now felt much better. A relative said, "The staff regularly come and ask if [family member] is okay and needs anything."

An assessment of people's needs and preferences had taken place before they started using the service to ensure the provider could meet these. Where they were able, people had contributed to the planning of their own care. If required, relatives had also been involved.

Records were in place to give staff guidance on how to provide care to people in the way they wanted to receive it. Information from paper records were currently being transferred onto an electronic system.

Staff were observed to be responsive to people's needs. They regularly checked that people were comfortable, had everything they needed and responded to their requests for support.

We received mixed feedback from people in relation to activities to provide them with stimulation to enhance their wellbeing. Some people were very happy with this. One person told us, "A carer got me some material to make these." They pointed to a handkerchief they had embroidered for one of their friends. Another person said, "They have various games we can join in with and a singer comes in." However, some people said there were not as many activities as there had been in the past.

On the day of the inspection we observed staff regularly singing with people and a dog visited which people enjoyed making a fuss of. The chef said they had recently started doing regular baking with a group of people. The manager said that a new activities coordinator had been recruited to the service who was responsible for activity provision. The manager was aware that activity provision needed to be improved following the receipt of feedback from people. They told us the activities coordinator was currently in the process of gathering people's views in this area and putting in place a programme of activities to meet people's individual needs and preferences.

On the day of our inspection visit, many relatives came to visit their family member living in the home. Relatives told us they were encouraged to visit regularly and could visit the home at any time. They added that they were always made to feel welcome. This helped to reduce social isolation and encourage feelings of wellbeing.

People and relatives told us they did not have any complaints but felt comfortable raising concerns and were confident these would be dealt with. Records showed that no complaints had been received at the service but the manager told us these would be fully investigated and responded to should they occur.

People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals had been sought where required with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.

Staff had not received training in end of life care but the manager told us they were applying to complete some certified training in this area later in the year and that staff would also receive training in this subject. Some people's advanced wishes had been discussed and the provider's representative said this was on-going and that people were approached about this subject where appropriate.

Is the service well-led?

Our findings

Following our last inspection of this area in January 2018, we rated well led as requiring improvement. At this inspection we have continued to rate well led as requiring improvement.

At our last inspection in January 2018, we found that the provider's governance systems had not been robust in monitoring and improving the quality of care people received. This had resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although new systems and processes had been put in place by the new manager and provider representative since November 2018 which were having some effect, there had been a lack of drive for improvement and learning since our last inspection. Only limited progress had been made in some areas and therefore, the provider remains in breach of this Regulation.

There had been a failure to assess, monitor and mitigate risks to people's safety and to improve the quality of care they received in all areas. Staff training was not fully up to date as we found at the last inspection. Most staff had not completed training in health and safety. We found some issues with staff practice in this area during the inspection where they had not taken all reasonable actions to protect people from risks to their safety.

As at the last inspection, we found a lack of risk assessments in place and action taken regarding potentially hazardous substances such as toiletries and denture cleaning tablets being unsecure in people's rooms. This was repeated at this inspection.

The manager was unsure whether the risk of hot surfaces including exposed pipes had been assessed throughout the home. Following the inspection visit they said they would speak to the provider about this but no risk assessment was forthcoming. An audit had been conducted by the provider's representative in December 2018 and this had identified that not all environmental risk assessments were in place or were robust. However, we found the same issue at our last inspection of the home in January 2018.

We were told at the last inspection that a shower was to be fitted in the home to allow people to have a bathing choice but this had not happened. Improvements requested to the premises regarding helping people living with dementia orientate themselves around the home had not been completed.

The provider's current system for monitoring medicine administration had not been fully effective. The manager told us that senior staff checked should check each day whether the administration record had been completed correctly and report any concerns but this had not happened.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager for copies of audits conducted by the provider prior to December 2018. They told us they could not locate any following the move of the office to a new location within the home. We were

therefore unable to establish what steps the provider had taken immediately after our last inspection to monitor the quality of care being provided.

The manager told us they had worked hard to improve some areas of care and had re-developed several systems to monitor the quality of care people received since they became manager. They were already aware of some of the issues we found during this inspection such as the completion of staff training and were working to correct this. We found the manager keen to learn, willing to listen to our suggestions for improvement and passionate to drive improvement within the home.

The manager had recently conducted a survey of people living in the home, their relatives and the staff to gain their views on the quality of care received. The comments received had in the main been very positive and where there had been suggestions for improvement, these were being implemented. For example, increasing activity provision for people and advising staff to encourage people to be as independent as they could be.

There was an open and inclusive culture within the home. People told us that since the new manager had started working in the home that the care they received had improved. They said they were aware that some staff had left and had felt unsettled as there had been three managers at the service within the last 12 months. However, they said this had very much improved since the new manager had started working at the service. They were very complimentary about the manager and told us they found them easy to talk to, approachable and that they listened to them.

One person told us, "It is absolutely superb here, it feels just like having a holiday." Another person said, "It is wonderful here, everyone is so helpful." A further person told us, "Since [manager] has been here, the entire atmosphere has changed for the better." All the relatives we spoke with agreed with this. They told us that communication with them was good and that this had improved greatly since the arrival of the new manager.

All the staff we spoke told us they felt that the quality of care people received and communication with them about people's needs had improved under the new manager's leadership. They said they now worked better as a team and that their suggestions for improvement were listened to. For example, one staff member told us how they had suggested staff took turns to work on both the ground and the first floor rather than just one floor so they could get to know all the people living in the home. This had been implemented and staff said this had helped them understand people's needs better. Staff also told us they felt valued and supported and that everyone pulled together to work as a team. They understood their individual roles and responsibilities and said that since the appointment of the new manager that they felt the quality of care had improved.

Links with the local community and with external professionals had been developed for the benefit of people living in the home. For example, a representative from the local church visited the home regularly to provide people with a religious service to meet their individual needs. A link with the local library had been made that enabled some people to go into the community to participate in a 'Knit and stitches' session. Plans were in place for some people to visit the local church coffee mornings. The local primary school and nursery had been contacted to see if visits could be arranged. These links were being further developed since the recruitment of the new activities co-ordinator in the home.

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>Care and treatment was not provided in a safe way. Not all risks to people's safety had been assessed or practical action taken to mitigate such risks. Regulation 12 (1), (2) (a) and (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Not all systems in place to assess, monitor and improve the quality of care were effective at doing so nor were they effective at mitigating risks relating to the health, safety and welfare of service users. Regulation 17 (1), (2) (a) and (b).</p>