Haversham House Limited

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Haversham House Limited is a residential care home providing personal care and accommodation to 34 people aged 65 and over at the time of the inspection, some of which were living with dementia, a physical disability or needing support with their mental health. The service can support up to 55 people in a single adapted building.

People's experience of using this service and what we found
People were exposed to some poor care as systems were not effective at identifying areas that needed improving in a timely manner. People did not always receive personalised care. Risks were not always assessed, planned for and mitigated to keep people safe. Medicines were not always managed safely. There were not always enough staff to respond to people needs and keep them safe. Lessons had not always been learned when things had gone wrong. The premises were not always appropriately maintained, and notifications were not always submitted to us.

Staff were not always effectively trained to support people appropriately; work was ongoing to refresh all staff training. People had their needs assessed but this did not always lead to a personalised plan, but work was being undertaken to remedy this. People were supported to have adequate amounts of food and drink, although the lunch time experience could be more made more positive for people. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice as concerns had not been identified. People had their capacity assessed as required. People had access to other health professionals, but this was not always consistent. The environment needed improving to ensure it was dementia friendly.

People did not always have access to meaningful activity, despite the activity coordinator making effort to attempt this. People felt able to complain and these were responded to, although there was mixed feedback about how effective this was.

People were protected from the risk of cross infection. People were protected from the risk of abuse. People were supported at the end of their life.

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

Rating at last inspection and update
The last rating for this service was good (published 7 March 2017). It is now rated as requires improvement overall and inadequate in well-led, so care and support had deteriorated since our last inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to medicines, risk management, staffing levels and staff training, person-centred care, the premises, governance systems which were not effective at identifying areas that needed improvement and not submitting notifications.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We have met with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Haversham House Limited

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 one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is someone who has experience of using or caring for someone who uses or has used similar types of services.

Service and service type
Haversham House Limited 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 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and we asked Healthwatch for any information they wanted to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had no information of concern to share. We also 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 used all of this information to plan our inspection.

During the inspection
We spoke with 15 service users, of which three were able to discuss their care in more detail, three relatives, three care staff, the registered manager, the compliance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of records. This included four people's care files and multiple medicines records. We looked at six staff files in relation to recruitment and staff supervision. The inspection team also looked at documents relating to the management and administration of the service such as audits, meeting records and surveys.

Requires Improvement

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 good. At this inspection this key question deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always appropriately assessed and planned for. Some people had specific needs that did not have an assessment or care plan in place to give staff guidance about how to keep them safe.
- For example, some people had behaviour of concern, or they could become anxious and there was no detail in their care plan about the triggers for this or how to support people to alleviate their anxiety. Therefore, they may not always be supported appropriately.
- People were not always supported in line with best practice by staff when being supported to move from one area to another. We observed poor examples of moving and handling such as lifting people by their clothing or under their arms, which could put the person and staff at risk of injury.
- Staff did not always follow a person's care plan. One person needed raisers on a chair to make it higher, so they found it easier to stand. Staff offered this person a chair without these on, so they may have later found it more difficult to stand.
- Personal Emergency Evacuation plans (PEEPs) did not always contain sufficient detail. This meant accurate information was not always available for staff or for other organisations, such as the fire service, in the event of an emergency. Plans were already in place to get these updated.

Using medicines safely

- Medicines were not always managed safely.
- A prescription label had been written on which changed the prescription instructions. This was not a valid method for confirmation of a change of prescription. This was not a safe way to inform staff what the correct dose and frequency of a medicine should be, as there was a risk it could have been incorrect.
- Some people had covert medicine which meant their medicine would be hidden in food or drinks if they refused to take it when offered, in order to keep them safe. This was assessed and agreed by some relevant professionals, however a pharmacist had not been consulted for guidance about how this should be done. Certain food, or temperatures, may change the efficacy of a medicine which may leave people at risk of not having the optimum medicine.
- One person had a missed dose of their medicine, however there was no explanation for this, such as the person refusing, for example.
- There was a pain relief medicine that was administered which was out of date based on manufacturer's guidance. This guidance stated it should be disposed of three months after opening, however it was still in use eight months after opening. This put the person at risk as they were receiving ineffective medicine. The provider contacted the pharmacy for advice following our feedback and they stated the medicine would be less effective if it was out of date.

● There were some protocols in place which gave staff guidance about when people may need their 'as and when required' medicines, also known as PRN medicine. However, this was not consistent and was not in place for all PRN medicines which left people at risk of not always receiving their medicines when they needed it.
● Medicines were being stored appropriately and temperature checks were made to ensure this remained the case.

The above constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Staff were not always effectively deployed to ensure people were supported in a timely manner or kept safe.
● One person said, "Sometimes people fall because they don't remember that they can't walk without their frames and there's no one here to help. You just have to hope that someone [staff] comes by."
● A relative told us, "There's not enough staff at weekends – people are calling out to go to the toilet and they say, 'well I'll just do it here then'. They have the capacity to do it, so they do."
● Staff were not always able to effectively monitor communal areas as well as support people who chose to spend their time elsewhere. There were minimal meaningful interactions between staff and people that were not task-focused.
● On two separate occasions a person had unfortunately urinated on the floor. Another person who would frequently walk unaided around the service approached the area the urine was in and there were no staff to redirect them, which left the person at increased risk of falling. Members of the inspection team had to intervene on both occasions to help keep the person safe.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were not always recruited safely. Records were poorly kept, and evidence of identity checks and criminal record checks were not always available. However, when we raised this with the provider they were later able to provide us with some of this evidence. There was one member of staff who did not have appropriate references checked prior to their employment; other staff did have their references checked.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of intentional abuse.
● Staff all knew the different types of abuse, how to recognise it and were aware of their responsibilities to report this. We saw appropriate referrals were being made to the local safeguarding authority.
● When information of concern had been reported to the service by the CQC, they were responsive in investigating the concerns.

Learning lessons when things go wrong
● Lessons had not always been learned when things had gone wrong. For example, accidents and incidents, such as falls, were reviewed monthly to check if there were any trends. Insufficient action was taken to protect one person who had experienced multiple falls, so they continued to experience falls which put them at continued risk of injury.

Preventing and controlling infection
● People were protected from the risk of cross infection. The home was generally clean and tidy.

● An infection control audit had been carried out by the local health service and they had achieved a positive 'green' rating, with some actions to complete.
● We observed staff wearing aprons and gloves at appropriate times.
● Environmental health had inspected the kitchen and given it the maximum five out of five food hygiene rating in December 2018.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not always effective at ensuring they delivered good care. For example, staff used poor moving and handling on occasion. Staff were not always skilled at engaging with people with dementia and not all staff understood mental capacity.
- Following our feedback, the trainer for the home spent some time with staff to check their competency and that their training was being followed.
- There was not always a staff member present in the home at night who was able to give medicines. This meant there may have been a delay in people having their medicines. Following our feedback this was remedied immediately so a staff member able to give medicines was always in the home.
- The provider had decided to start re-training staff from scratch to ensure all staff received standardised training. As this process had not yet concluded, staff compliance was ongoing and further improvement was needed to ensure staff compliance was as complete as possible.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Lunch time was not well organised. People would be supported into the dining area and be left sitting without the table being prepared and staff were not always present. People sometimes had to wait a long time for their food. For example, one person was offered their choice of lunch at 13:15, but was not given it until 13:50, when other around them had all eaten.
- Despite this, people gave positive feedback about the food and confirmed they had a choice. One person said, "They [staff] come around each day and ask you what you want to eat."
- However, staff were not always consistent in their approach when offering a choice. Some staff would show people the food options, but others would not. Showing people food choices helps them to decide if it was something they struggled to do. There were no written menus or pictures of the lunch time food to support people to make a choice either.
- People were offered drinks and snacks throughout the day. However, the snack choices were variable. Staff commented there were no longer biscuits or chocolates available to accompany tea and coffee and we observed this to be the case. When we questioned this, it was because the kitchen felt they were not healthy snacks. However, the alternatives being offered were crisps, which were not a healthy alternative.

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

● Improvements were needed to the environment and to ensure it was dementia friendly. Décor was could be disorientating and was mismatched in places. One relative said, "The décor isn't very stimulating or thought through."
● People had personalised signs for their bedroom doors which included photos of themselves, to help them identify their room. However, this was not consistent, and some did either not have photos or other forms or personalisation that would have helped orientate people.
● There was also a lack of sensory stimulation for those who walked around the home which may benefit some people, for example, fiddle-boards. Fiddle-boards are installations with tactile items that people could touch.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● People had their needs assessed prior to moving into the home, to ensure they could be met. However, this had not guaranteed all their needs were assessed and planned for to assist staff in giving consistent care.
● Action was in progress to replace all of these plans, however very few had been completed and when we were shown one example of a summary plan for a person, it had missing information. This was rectified following our feedback.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to other health professionals, but this was not always consistent when there were concerns. A person had refused one of their medicines for eight consecutive days, however action was not taken, or other professionals not contacted, to support the service to encourage the person to have the medicine administered to them.
● Despite this, people felt they had access to other health professionals. One person told us, "If necessary they will call a doctor. They are very good like that."
● There was a weekly GP round and people's health needs were discussed, such as weight losses and those with infections. A visiting health professional told us, "In terms of responding to signs and symptoms they are very good."

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.

● Not all staff had a good understanding of what mental capacity was and were unable to explain what it meant.
● Despite this the service was assessing people's capacity in relation to their health and care needs. For example, people's ability to consent to bed rails or other restrictions was checked.
● DoLS referrals were being made if there were restrictions on people.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There was mixed feedback about how kind and caring staff were and staff did not always have time to be caring.
- A person told us, "I don't like to ask. There's a bit of 'it's not convenient, see me in a bit'." One relative said, "I think they [staff] do their best. They're not always kind and caring because they have got their job to do. They are busy getting the jobs done especially at weekends."
- There were occasions when staff were not caring. One person was shuffling forwards in their dining room chair, effectively 'walking' forwards along the floor in the chair. Staff entered the dining room but did not notice the person's attempt to move. They had also urinated on the floor and staff had not noticed.
- Another person was sick on the floor. Staff were efficient at cleaning this up, but they did not immediately ask the person how they were or talk to them to reassure them. They began cleaning this up before they interacted with the person.
- Some people had to wait a long time for their food when people around them had already been given their food. The inspector had to request that one person was given their lunch.
- The registered manager and provider had started considering the work needed to ensure the service fully incorporated people's needs in relation to equality and diversity into their care. For example, the registered manager said, "We're hoping to put sexuality into the new care plans. We have a policy in place now."

Respecting and promoting people's privacy, dignity and independence

- Staff did not always treat people with dignity.
- On one occasion a person was trying to stand up from a chair but was struggling. Staff verbally encouraged them to stand, but then when they could not do this they kept leaving the person, who was still clearly trying to stand. The staff did not respond to the person's needs and the inspector had to request senior staff assistance. Whilst the person was waiting they unfortunately urinated on the floor. This was not dignified for the person.
- Staff did not always explain to people what was happening when they were being supported to move, for example in a hoist. For example, staff nearly knocked a person's head whilst they were being hoisted. Staff did not speak to the person, reassure them or apologise for the near miss.
- Despite this, people told us they were supported with dignity during personal care. One person said, "They are respectful when they help you wash."

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

● People were not always involved in decisions about their care. We observed staff did not always offer people the option to put on an apron at lunch time, staff just put it on them.
● People told us they were asked about their needs when they first moved in, but they were not always asked again. The reviews of care plans did not always evidence that people had been asked for their input.

The above constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they were supported to keep in touch with their family. One person said, "When my family come, the staff make them welcome." Another person told us, "My relative phones, they [staff] bring the phone to me so we can have a chat."

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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 had varying opportunity to engage in hobbies and activities. There was an enthusiastic activities coordinator who people were fond of. They interacted well with people and tried to encourage participation.
- However, when the activity coordinator was not present, people did not partake in anything and spent their time sitting in communal areas with minimal stimulation.
- The activity coordinator would run group activities which people who chose to and were more able to, would partake in. However, for those less able to partake or who preferred 1-1 activity, the staff did not have time to spend any meaningful time engaging with them.
- One person said, "If there were more staff, they might play games with us and things, but they don't at the moment because there aren't enough of them." A member of staff told us, "There's not enough of us. We're constantly rushing round to get things done. We don't get time to sit with the residents for social things."
- One relative told us, "I don't feel they have enough enrichment. It's always the same people who answer the quiz questions before anyone else has a chance to. I feel it could be better managed, to enable more people to get involved – simple things like having teams or giving each person a chance to answer. So many people miss out."
- There were sheds in the garden area that had been decorated to look like a pub and sweet shop. However, they were now used for storage. One relative said, "They were shops, but they've been shut for a while, at least a few months. I think they use them as storage." There was a missed opportunity to use them to engage with people and use them when the weather was suitable.
- There was also a room that had been decorated like a pub. However senior staff used this to put the medicines trolleys when they were doing medicine rounds so the times it could be used were restricted. People were not encouraged to use the space.

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

- People did not always have personalised plans in place to ensure they had their preferences met. People's care plans were being re-written to ensure they were up to date and contained individualised details. Some people's needs were not always detailed in their plan so there was a risk they may receive inconsistent care.
- Relative's told us they were not always asked for updated information to update care plans; which was evident as plans did not always contain enough detail. One relative said, "They [staff] asked lots of questions about my relatives needs and wishes [when they moved in], but nothing since then."
- One person told us that they had not been asked about how they could be supported to continue practicing their religion. They said, "A priest doesn't come here. There's [a church locally], it'd be lovely for us

to go there. No one has talked to us about doing that or about our faith." This meant people were not always supported in a personalised way.

● People had been encouraged to complete their life histories. However, it was not always possible to see how this information was used to personalise the care they received. All staff told us they did not have time to read people's care plans, so it would be more difficult to get to know people and understand their preferences.

The above constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

● We had mixed feedback about how listened to people and relatives felt. One person said, "If I don't like it, I tell them, and they do listen." However, a relative said, "I do give them my concerns, but don't always feel listened to. I feel confident about talking to [the registered manager or senior carer] but do not always feel confident that things are acted on."

● Despite this, we saw that when complaints were received, these were investigated and responded to.

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.

● Care plans detailed people's communication needs; the registered manager also gave us an example whereby a person who sometimes struggled to communicate had a white board for staff to be able to write messages to them to provide them with information. They were also able to provide care plans and documentation in large print for those who needed it.

End of life care and support

● No one was receiving end of life support at the time of our inspection, but consideration had been given to ensure people had a pain-free and comfortable death.

● A local palliative care service had supported the service in putting plans in place to help people to plan for their death.

Inadequate

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 good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The monitoring of the service was not effective at identifying areas for improvement and regulatory requirements were not all being met.
- Concerns we identified had not all been identified by the registered manager or provider and people were experiencing poor care. Audits had failed to identify that medicines were not always managed safely, risks were not always assessed and planned for, staffing levels were not always sufficient and people were not always supporting in a caring way which catered for their needs and preferences.
- Staff recruitment files did not always contain the necessary information to confirm that staff were suitable to work with vulnerable people. For example, evidence of DBS checks and references were not always present. When we fed this back to the provider, they were able to source copies of these. However, systems in place had failed to ensure they were available when needed. A full review of recruitment files was then carried out.
- A new staff dependency tool was also being developed, however, there were no timescales for when this would be in place, so we could not be sure this would ensure staffing in the home would improve.
- The provider was attempting to implement across all of their homes a new quality assurance and governance system. However, this had been ongoing and had not yet taken effect, so we could not be sure these new systems would be effective in ensuring the quality of people's care was monitored and improved.

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

- The provider had failed to adequately maintain the building to an acceptable level. Whilst we saw many checks were carried out to ensure equipment and fire systems, such as alarms and emergency lights, we found repairs were not always made in a timely manner.
- Recommendations from a fire risk assessment had not fully been considered or acted upon. Whilst people could be evacuated in an emergency, the professional fire risk assessment had identified multiple actions that could improve fire safety and evacuation safety and they had not all been completed. Following our feedback, action commenced to consider and complete these actions.
- In another example, part of the roof had been identified as needing repair and this had not been done in over 10 months. Following our feedback, action was taken to seek contractor to survey and carry out the repair work.
- There were two baths out of order, with only one working bath and one shower for all people in the home.

We saw people had complained that they were not always offered a bath regularly enough. One bath had been out of order for over three months, with the other being out of order for over ten months. Attempts had been made to remedy but this had not yet ensured they were fixed.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had failed to notify us of certain events, such as safeguarding referrals, that they are required to notify us of by law. Whilst action had been taken to keep people safe and the local authority was informed, notifications had not always been submitted.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● The provider and registered manager were open to feedback from our inspection and took steps to implement improvements following the concerns we raised.

Continuous learning and improving care

● The service was not always learning and improving care.

● Competency checks on staff were being carried out. However, these checks, along with other audits had failed to identify areas for improvement.

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

● There was not always a positive culture in the service. When we asked staff about what they felt was the best thing about the service, some of their responses were not always caring.

● Some interactions between people and staff were often task-focussed and not overly personalised, despite them being appropriate and in a kind tone. The registered manager and provider had recognised that the culture of the service could be improved.

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

● People, relatives and staff were asked for their opinion about the service, however it was not clear how this was used to improve and develop the service. People did not always feel their protected characteristics were considered.

● Despite this, some staff felt positively about the registered manager. One staff member said, "I've not had much to do with [registered manager] but I can check with them, they are available to me and approachable."

Working in partnership with others

● The service worked in partnership with other organisations, such as the local authority and other visiting health professionals. There were regular visits from the GP surgery and a local palliative care organisation worked with the service to support 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not always supported in a caring and timely way that met their needs. There was not always personalised opportunities to engage in personalised activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from avoidable harm. Risks were not always assessed and planned for to keep people safe. Medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The building and facilities were not always repaired in a timely manner and action had not always been taken in response to recommendations from a fire risk assessment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effective at identifying concerns and at rectifying them in a timely manner; they had failed to ensure people's experience of their care was monitoring and improved.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff to keep people safe and to support them in a timely manner. Staff training had not been effective as we saw poor quality care.