Dwell Limited

Long Lea Residential Home

Inspection report

Long Lea Residential Home
113 The Long Shoot
Nuneaton
Warwickshire
CV11 6JG
Tel: 024 7637 0553
Website: www.longlea.co.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 5 and 7 October 2015. The visit was unannounced on 5 October 2015 and we informed the provider we would return on 7 October 2015.

Long Lea Residential Home provides accommodation, personal care and support for up to 35 older people, living with physical frailty due to older age or health conditions. At the time of the inspection 35 people lived at the home.

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post.

Summary of findings

Most people told us they received their medicines when required. Although staff were trained to administer medicines we observed that safe administration practices were not followed which presented a risk to people. We found that people's medicine records were not completed as required and were unclear. This meant that staff did not have the information they needed about the dosages of medicines administered to people.

People told us that they felt safe living at the home and with the staff working there. Staff told us they knew how to keep people safe from the risk of harm or abuse. Risks to people were assessed and care plans were in place. However, we found that care plans were not always up to date with the current information about people's needs. Staff told us they felt they had the training and skills needed to meet people's needs. We found that staff did not always have a clear understanding of the Mental Capacity Act 2005. There were sufficient staff on shift to meet people's needs. People and relatives said they felt staff were kind and caring toward them. We observed this during our visit and saw staff treated people with respect and maintained their dignity.

Staff were supported in their roles and said they felt confident to raise concerns with the registered manager and that they would be listened to. Staff attended regular meetings and felt informed of changes in people's needs. Systems were in place to monitor the quality of service provided but we found that audits did not always identify where actions were needed to make improvement. People's personal information was not kept securely.

We found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

A safe management of medicines was not followed by staff because they did not always record the amount of medicine given to people. People felt safe living at the home with care workers supporting their needs. People were protected against the risk of abuse because staff were safely recruited and the provider had completed the required pre-employment checks on them to ensure they were of good character.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained and had the care skills they needed to meet people's needs. Staff had a basic understanding of the principles of the Mental Capacity Act 2005 and explained to people what they were doing and gained their consent. Staff supported people with their food and drink. People were supported to access healthcare services when needed.

Good

Is the service caring?
The service was caring.

People and their relatives told us that staff were kind and caring toward them / their family member. People were treated with dignity and respect. People were able to make everyday choices and were encouraged to maintain their independence. People had privacy when they wanted it.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed and staff verbally shared information they needed so they could respond to people's needs. Staff were responsive to people's preferences about their daily routine. People took part in various planned activities or followed their individual hobbies. People and their relatives told us that they knew how to make a complaint if needed. A few people / relatives felt verbal concerns were not always responded to.

Good

Is the service well-led?
The service was not consistently well led.

Staff were supported and felt listened to. People and / or their relatives were asked for feedback and actions were planned to make improvement to the service. However, some verbal concerns people / relatives told us about were not always resolved to people's satisfaction. The provider had systems to

Requires improvement

Summary of findings

monitor the quality of the service provided although audits were not always effective in identifying actions needed to improve. People's personal information was not kept secure and was accessible to unauthorised individuals.

Long Lea Residential Home

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.

The inspection took place on 5 and 7 October 2015. The visit was unannounced on 5 October 2015 and we told the provider we would return on 7 October 2015. The inspection team consisted of two inspectors on each day.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR and were able to review the information as part of our evidence when conducting our inspection.

We reviewed the information we held about the service. This included information shared with us by the local authority and notifications received from the provider about, for example, safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke with 15 people about their experiences of using the service. We also spoke with five relatives who told us about their experiences of using the service. We spoke with staff on duty including three senior care workers, four care workers, one activities care worker, one catering assistant, the deputy manager and registered manager. We spoke with two visiting healthcare professionals. We spent time with and observing care workers in communal areas of the home.

We reviewed a range of records, these included care records for seven people and two people's medicine administration records. We reviewed six staff induction, training, support and employment records, quality assurance audits, minutes of staff team meetings and people's feedback that had been sought by the provider about the quality of service provided.

Requires improvement

Is the service safe?

Our findings

Most people told us they had their medicines when needed. On day one of our inspection, we observed that the 9.00am medicines round was running late and some people received their prescribed 09.00am medicines at 11.30am. One person told us, "Usually staff give me my medicines on time, only once or twice they've been late." Another person told us, "I haven't had my medicines yet today and I am in pain." We discussed this with a senior care worker. They told us, "It is not usually this late for people. It's a bit busier this morning, we've had one person move in to the home and one person leave." We asked them whether priority was given to people that required pain relief and they told us, "We always try to ensure we do that first, but it hasn't happened like that today."

One person told us, "I'm meant to have gel put on me, but the carer forgot this morning." We asked the care worker about this and they told us, "I think I did forget to do that this morning. I'll do it now." We looked at the person's medicine administration record (MAR) and found that no signatures had been entered at all to record the administration of their prescribed topical medicine. We discussed this with the senior care worker and they told us, "If people have creams or gels, it is usually the carer that helps them get up that applies that to them, that's why the MAR sheet does not get signed."

We discussed the lateness of people receiving their prescribed medicines with the registered manager and they said, "Everything has happened at once today, with the new person and another person leaving as well. Plus, with a local authority and CQC visit, it's meant it's been very busy." On day two of our inspection people told us that they had their prescribed medicines at the correct time.

Staff involved in administering people's medicines told us they were trained and assessed as competent before they undertook the task. We observed two medicine rounds and saw that safe administration practices were not followed. We saw the senior care worker took people's prescribed medicines from the medicine trolley but did not administer the medicines to people, nor did they visually observe the administration of people's medicines. They gave the medicines to another care worker to administer. This meant the senior care worker that signed people's MAR could not be certain the correct medicine had been given to the person it was prescribed for. We asked a senior care worker how they could be certain the correct medicine was given to people. They said, "I can't be totally certain." We discussed this with care staff and they told us that this was the accepted practice in the home. This practice meant there was a risk of medicines not been administered as prescribed to the correct person. We discussed this with the registered manager and they said, "This is how we administer people's medicines and the senior care worker is responsible." We asked how the senior care worker was responsible if they did not witness who the medicine was given to and were told that care staff could be trusted because they had been trained.

We looked at two people's MAR and saw a tablet strength printed next to one person's prescribed medicine had been scribbled out. A senior care worker confirmed that staff had done that because 'the dose changed.' We saw the dosage was variable and information from the hospital stated the dosage to be given but this had not been added to the person's MAR. This meant that staff administering the medicine were not checking the strength dosage of the tablets against a MAR dosage instruction to ensure the person received the correct dose.

Some people had prescribed medicines to take 'when required.' We expected to see 'when required' guidance for staff to follow when administering these medicines but we were told it was not in place. We saw that people's 'when required' medicines had variable prescribed dosages, such as '2.5mls or 5mls when needed'. We found no pain management plan in place. We discussed this with staff and one senior care worker told us, "We ask people if they are in a lot or a little pain and then give them the dosage we think is right, within the variable dosage prescribed." We found that no record was made on the person's MAR to record what dosage had been administered and this was not in line with the home's medication policy. This meant that staff had no record to look at to determine how much of a 'when required' medicine a person had been given and when a further dose would be safe to administer. We discussed this with the registered manager and they told us, "Staff should record the dosages of 'when required' medicines administered."

On day one of our inspection we found one person had been administered the last of some of their prescribed medicines and did not have any left for the next day. We discussed this with a senior care worker who had administered the medicines and asked what action they

Requires improvement

Is the service safe?

had taken. They told us, "I had not realised they had run out of those two items. But now you have made me aware of it, I'll phone for a new prescription." On day two of our inspection we checked and saw this person had their medicines available to them. We were unable to check why they had run out because appropriate records of people's medicines had not been made. We were also unable to complete an effective audit on people's medicines because appropriate records were not maintained by staff. We discussed this with the deputy manager and they said they did a visual check when medicines were received by the home. They agreed that a more detailed check would show if enough medicine had been received for the month and written records would enable them to complete audits effectively.

We saw people's eye drops and antibiotic tablets were stored in the designated medicine refrigerator. We looked at the temperature records and found the temperature monitoring was not effective. We saw the thermometer in use displayed both Fahrenheit and Celsius readings and staff told us they were unclear of how to effectively monitor the temperatures. One senior care worker said they looked to see if the reading was in the 'freezing' display but felt unsure if they should look at the Fahrenheit or Celsius reading. Where medicines are not stored at the correct temperature they may not have the desired effect when taken.

The provider did not protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 (1) and 12 (2) (g) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

People spoken with told us they felt safe living at the home. One person told us, "I feel safe here, I know the staff are always here for me." Another person told us, "The staff make me feel safe." Relatives told us they felt their family member was safe living there.

Care staff understood what constituted abuse and their responsibilities to report this to the senior person on shift and the registered manager. One care worker told us, "If I have any concerns I would report it to the senior care worker on shift. They would tell the manager. If I needed to I'd phone the manager myself. She'd listen to any concerns I had." Another care worker told us, "I would record any concerns I had on a reporting form we have. I'd tell the senior carer in charge." Staff knew who to go to outside of the organisation if they thought the concerns raised had not been acted on.

Staff knew about risks associated with peoples' care. We saw that risk assessments had been undertaken, though found they lacked detail about what actions staff should take to reduce the risk of harm or injury to people. However, staff told us they felt they knew people's needs and what support they needed to keep them safe. One care worker told us, "We get to know people and what help they need to keep them safe." We saw care workers used a 'stand-aid' hoist to transfer people from their arm-chair to their wheelchair, which was in line with their care plan so that the risk of harm was reduced.

The registered manager showed us around the home and we saw, overall, most communal areas and corridors were clutter-free, reducing the risk of people tripping on objects. We found that we could open a communal bathroom window and one bedroom first floor window to arm's length. This meant that there was a risk of falling if people leant to look out of the window. We discussed this with the registered manager and they showed us that 'opening-restrictors' were in place but had not been re-attached to restrict how far the window could open. We saw the registered manager addressed this immediately and reminded staff to check restrictors were in place.

One person told us, "Staff test the fire alarm each week." We saw arrangements were in place to deal with emergencies. Evacuation mats were located at the top of stairs so they could be used to assist people out of the building in an emergency such as a fire. Staff understood their roles as an identified fire marshal or first aider. One senior care worker told us, "I'd start first aid if needed but also ask someone to call 999 and get professional help on the way."

One care worker told us they had commenced their employment at the home this year. They said, "I gave details about references so the manager could do checks." We looked at six staff recruitment records, which confirmed to us that staff had disclosure and barring service (DBS) certificates and reference checks completed before they started working with there. The provider's recruitment

Requires improvement

Is the service safe?

system ensured checks were made to employ staff of good character to care for people at the home. Our observations showed us staff demonstrated a patient and caring attitude toward people living there.

Most people and relatives we spoke with told us there were enough staff available to meet people's needs. Two people told us there were specific times such as staff handover time in the mornings when they found they had to wait. One person told us, "Generally staff are always there to help when needed. But, it's a bit of a wait for support to the toilet at staff handover time in the mornings." One care worker told us, "I feel there is enough staff on each shift. We don't have to rush. Also, we help each other out if needed." One visiting ambulance transport worker told us, "I've visited this home a few times and always find staff respond to the doorbell promptly so people are not kept waiting." We saw a staff member was always present in the communal lounge of the home to make sure people were safe. When one person asked if they could be supported to the toilet, we saw the staff member ensure another care worker remained in the lounge. There were sufficient numbers of suitable staff to keep people safe.

Good

Is the service effective?

Our findings

One person told us, "The carers are wonderful, they never complain and just support me with anything I need." Another person told us, "I wouldn't swap it for anything." Relatives' comments to us included being 'happy with the care given,' and 'everything is okay'.

Staff told us they completed an induction when they started working at the home. One care worker said, "I'd done care work before, but still did an induction and worked with another carer for a while to get to know people and what help they needed." Another care worker said, "As well as the induction when we first start we have on-going training as well. It's a mixture of some taught sessions which are good and also some booklet learning courses." Staff told us they felt they had the skills they needed for their job role. A few care staff told us they felt they would benefit from 'record keeping' training. We discussed this with the registered manager and they said, "There is nothing currently planned but we can look into this for staff."

The activities worker told us, "I'm being supported to do my diploma in care home activities. I feel that this will make more effective in my role at the home providing suitable planned activities for people." Staff said they felt supported by the registered manager in developing their skills further through various courses.

Care staff had some understanding of the principles of the Mental Capacity Act (MCA) 2005 and how this impacted on their practice. Most staff could not recall having completed training on this, although training records showed most had completed MCA as part of their 'safeguarding people' training. Some staff associated 'mental capacity' as mental health rather than the mental capacity to make specific decisions. Care workers would benefit from MCA training so they were aware that the Act protects anyone who lacks capacity to make certain decisions because of illness or disability. We discussed this with the deputy and registered manager and they told us staff would be reminded through the staff newsletter. However, care workers knew they could only provide care and support to people who had given their consent. One care worker told us, "I always explain what I am going to do." Throughout our observations of staff we heard them ask people if they could assist them to move, for example, to the dining area. The registered manager told us people living at the home had mental capacity and no one had a Deprivation of Liberty (DoLS) in place to restrict their freedom. The registered manager said, "If I thought a person lacked the mental capacity to make a decision I would seek guidance from the local authority for a 'best interest' meeting."

People told us they enjoyed their meals. One person told us, "Meals are good, we get a choice and there are always lots of coffee and biscuits." Another person said, "If I want a particular food, they get it for me." The catering staff member told us, "We've had a contract with a catering company that deliver prepared frozen meals for some time now. Before we started to use them, we had 'taster' sessions where people and carers got to taste different meals to make sure they liked them. The catering company meet different needs as well, such as the diabetic diets we order. Also, we could order meals around preferences such as vegetarian or cultural or religious needs for people if required."

We saw staff asked people what choice of main meal they would like for the following day. A few people said they did not always recall what choice they had made and would prefer to select what they wanted on the day. Staff told us that if people changed their mind, there was enough food to accommodate this. We saw staff paid attention to the presentation of people's meals and lunchtime was well organised with people receiving the support they needed. A few people told us they felt they had to wait a long time for their meal. We observed the maximum length of wait was twenty minutes. We discussed this with staff and they told us people tended to sit at the same dining table so they rotated which table was served first which meant the same people would not wait to be served on consecutive days.

The catering staff member told us, "We use full fat milk and have cream we can add to meals if needed, such as if a person has lost weight." We saw such products were available but found no information was available about who needed extra calories adding to their meals and care staff were unsure who might need additional calories. We discussed this with the deputy manager and they showed us that risks around malnutrition and dehydration had been completed in care records. However, we saw where one people had lost weight no actions were recorded for them to have increased calories in their meals. On day two

Good

Is the service effective?

of our inspection we saw the deputy manager had implemented information for staff to refer to, so they knew who to offer high calorie snacks to so people's health was maintained.

One person told us, "If I'm not well, the manager is there straight away." Another person said, "If I need to see the doctor they will arrange it, the dentist and the optician come here to see me." One senior care worker said, "I've asked the GP to call out later because two people need a home visit." We saw that the GP attended that afternoon and asked them whether they felt staff called them appropriately. They told us, "I always feel that this home requests a home visit for people when needed. They have the right approach to requesting visits." One person told us, "I used to have physiotherapy visits here but no longer need them. The care staff were very good in helping me with exercises that I have improved so no longer need the physiotherapy." The deputy manager explained to us when they would make referrals to speech and language therapists or dieticians when needed for further guidance or treatment."

Good

Is the service caring?

Our findings

People told us they felt staff were caring towards them. Comments to us included, "I think they are kind, I've not experienced anything other than that," and "Carers are lovely." Relatives spoken with told us they felt their family member was treated with kindness and compassion. One relative said, "I think the care is good here."

One staff member told us, "We get to work with everyone here, rather than having set people to support. It's better then because we know everyone and what they like and need." We observed staff had positive caring relationships with people. We saw one person was anxious about their surroundings and saw staff used touch in a comforting way to reassure the person. We saw staff explain to people what was happening and took time with people to support them with a task which showed us a caring approach was taken with people.

One person told us, "I didn't come to visit here before moving in, but my daughter did and felt it was good." Another person told us, "I came here for two weeks to see what is was like before deciding to live here." People and / or their relatives told us they were involved in their initial assessment of care and support. Some people told us that they happily left further discussions about their care to their relatives. Most people were able to tell us about 'resident of the week' and staff explained that this also involved a review of the person's care and support as well as people having the opportunity to ask for something extra special, such as a trip out somewhere or meal. People told us that they liked the 'resident of the week'.

People told us that they always felt their privacy and dignity was maintained and respected by care workers as far as possible. One person told us, "The carer has to shower me as I can't manage on my own. They help wash me and then wrap me in a towel. They were respectful to me." One staff member said, "If people can manage to do some things for themselves, I'll encourage their independence. For example, if they can wash part of themselves I'll give them the space and privacy to do this and ask them to call me when needed."

Care workers told us how they ensured people's privacy and dignity. One care worker told us, "I give people privacy to use the toilet or commode and ask them to ring the call bell when they need me." We observed care workers knocked on people's bedroom doors before entering which showed they respected people's privacy.

People told us that their family members could visit them whenever they wished and relatives confirmed this. The registered manager showed us a small lounge and explained that if a person was ill and their family lived some distance away, for example, they could stay and use the small lounge. The registered manager added that relatives were welcome to use the small lounge kitchenette to make drinks if they wished. Some relatives told us they were not aware of this but felt they may make use of the small lounge in future.

Good

Is the service responsive?

Our findings

People we spoke with felt the care they received was personalised to their individual needs. One person told us, "Staff help with things I need help with." People and / or their relatives felt that staff had a good understanding of their needs.

Care workers told us they attended shift handovers where any changes to people's needs were communicated to them. Care workers told us they relied on this verbal handover of information and knowing the person more than referring to people's written care plans. One staff member said, "We always attend a handover from the previous shift. They tell us how the person has been and any changes to their support needs. This makes sure we are up to date and able to respond to people's needs."

We looked at seven people's care records. We saw that care plans provided care workers with some information about the person's needs. However, we found some details were not up to date which meant that staff did not have the current information available to them if they needed to refer to the person's care plan. Although the deputy manager told us that care plans were reviewed and updated regularly we found some information had not been updated. For example, one person's written mobility care plan need did not reflect their current mobility need because of changes in their ability. However, staff spoken with could tell us about the person's current mobility needs.

Most people told us they felt they could continue with hobbies they enjoyed doing. One person told us, "We have lots of fun and laughter, we get entertainment such as a piano player and singers come." Another person said, "People can go out whenever they want to, I like the local garden centre and the garden here is beautiful to sit out in." We saw that consideration had been given to the design of the garden so that people could enjoy it and be involved in gardening activities. We observed people took part in various planned activities including quizzes, sensory room activities and a 'zumba' exercise session. We also saw people could pursue their own hobbies such as knitting, reading newspapers and playing chess as they wished to do so. One person told us, "We've got pets here, which makes it homely. There's the fish and a budgie in the lounge, outdoor budgies and also the manager brings her little dog. The pets are well looked after, I like to fuss the dog. She makes me happy."

People who practised their faith told us that they felt supported to do so by staff. One person told us, "The home arrange for a church service to take place here. I like to attend that and have Holy Communion."

People told us that they could ask staff if they needed support or wanted something. One person told us, "If I need anything I could ring the call bell." However, a few people said they were sometimes reluctant to ring the call bell to ask either for help or for something. An example given to us by two people was they thought the evening hot drink was 'a bit early' and although they would have liked another hot drink later told us, they did not ask for one. One person said, "I could ask for one but the reason I don't push the bell is because the night workers have got their job to do." This showed us that a few people were reluctant to request something they needed or would like but staff were available to respond to them if a request was made.

People and their relatives told us they were asked for their feedback about the services provided. One person told us, "Staff ask me if I'm okay and I think I filled in a form before." They said they had the information they needed to raise a concern or make a complaint if needed. Most people / relatives said they had no complaints and were complimentary about the home. One person told us they had made a complaint and it had been satisfactorily resolved.

Requires improvement

Is the service well-led?

Our findings

People told us they thought the home was 'well run.' One person said, "Everything is A1." One relative told us, "You could not get much better." Care workers told us they felt well supported by both the deputy and registered manager. The deputy manager told us, "Although the registered manager splits their time between this home and another service, they are always available whenever needed." Staff told us they enjoyed their work and the registered manager provided a positive culture where they felt valued and able to voice their opinions.

Staff told us they had regular team meetings and one to one supervision meetings to discuss their work performance. Care workers said they were able to share their views and opinions in such meetings. One care worker told us, "Some staff recently suggested a change to the shift times and the manager listened to us. We had a staff vote about this and the shift times were changed by one hour." Another staff member said, "If we make suggestions to improve the home, the manager always listens to us."

We looked at the action plan that the registered manager had agreed, in July 2015, with the local authority following a complaint made about the management of medicines. We saw actions included new stock checks methods and documentation, recording the exact dose on medicine administration records at each administration of medication and the increase in medicine audits. We found that these actions had not been effectively implemented.

Quality assurance processes were in place. The registered manager showed us the most recent medicine audit completed in April 2015. We saw that actions were identified for improvement but the audit had not identified actions that we found were needed. The registered manager explained to us that in addition to the twice yearly full medication audits, the deputy manager completed individual person audits. We found that these had not been effective in identifying actions we found required improvement.

Staff told us that they knew how to record any accidents or incidents that occurred and we saw examples of these. We saw that systems were in place for such recording and analysis. Although the analysis action plan did not always record all the actions taken, the registered manager told us about other actions they had taken such as putting a 'mattress sensor' in place to alert staff when a person got up from their bed. Staff confirmed to us and we saw such actions had been implemented. We saw that an effective 'falls audit checklist' had been implemented on an individual basis level so that actions could be taken if needed. This showed actions were implemented following accidents so the risk of reoccurrence of accidents was reduced.

We saw that feedback from people and their relatives was analysed for any common themes so actions could be taken, if needed, to improve the service provided. The feedback analysis that we looked at had recently been completed and any issues identified were planned to be discussed further in a meeting with people and their relatives during October 2015. However, a few people / relatives told us when they had verbally raised a concern they felt they were given excuses rather than their concern being acknowledged. This showed us a few people felt their concerns were not resolved to their satisfaction.

We saw that people's personal information was not stored securely at the home. The registered manager told us that the cabinet used to store people's care plans was lockable but we saw that this was not locked. We saw other confidential information about people was stored on a shelf. We observed that when the room was not in use it was unlocked and at times the door was propped open with a chair. We discussed this with the registered manager and reminded them of their responsibilities under the Data Protection Act. They told us they would take immediate action and arranged for a key-coded lock to be fitted on the door the following week.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users; by ensuring the proper and safe management of medicines. Regulation 12 (1) and 12 (2) (g) HSCA (RA) Regulations 2014. The provider is requested to send us an action plan telling us both how improvement will made and when it will be made.