

Wishmoor Limited

Gold Hill Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on the 5 and 7 April 2017 and was unannounced.

Gold Hill provides accommodation, and personal care for a maximum of 40 older people. On the day of our inspection there were 29 people living at the home. Bedrooms, toilets and bathrooms were situated over four floors with stairs and a passenger lift providing access to all floors.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

At our last inspection in April 2016, we found the provider needed to establish quality assurance systems to ensure people received a quality service. At this inspection we found further improvement was necessary.

The provider's systems to avoid preventable accidents for people were not consistently effective. We saw staff practices were inconsistent when identifying preventable accidents.

People told us they felt safe because they felt staff knew them well and were available when they needed them. Staff understood how to recognise potential abuse and where they needed to report any concerns to. People had some risks to their wellbeing identified and staff knew how manage these risks to people's safety. We saw when specialist equipment was needed to support a person's mobility it was available to staff and they had been trained to use it. We saw there were plans in place to guide staff with these risks. People's medicines were stored securely and administered as prescribed. Staff had been trained and observed safe practice when administering medicines.

People enjoyed the food they ate and told us they were consulted about changes with the menu. We saw people were offered visual prompts to support their decisions about their meal choices. Staff adapted how they communicated with people to ensure they understood the choices they were offered.

People were asked before they were supported and their wishes respected. Where people needed support with some decisions the registered manager involved appropriate people who knew had the person's best interests at heart. The registered manager had a plan to increase care staff understanding of how people's rights needed to be upheld and this would support her to monitor people's capacity to make decisions effectively.

People and their relatives were assured that health and social care professionals were involved when they were needed. The nurse practitioner we spoke with told us staff made appropriate referrals to support people's well-being.

People had caring relationships with staff, and they knew each other well. However staffing arrangements and lack of leadership had impacted on how people were supported to spend their day. Opportunities for people to follow their own interests and social activities were limited and often cancelled because of a lack of commitment to meet these needs.

The provider had not ensured everyone living at the home had hot water when they needed it. Some people had to wait for over 20 minutes before the water in their rooms ran hot. The provider was aware of this concern and had made some improvements, however some people continued to be delayed with having their needs met.

People felt they were listened to and the registered manager 'tried hard' to make improvements. Relatives were confident to report concerns and felt they were actioned appropriately. However sometimes the concerns returned and needed to be dealt with again. There were systems in place to manage people's concerns and complaints and we saw these were completed and outcomes shared with staff.

People were regularly asked for their views about how the service could be improved, they told us they were happy at the home and staff tried hard to meet their needs. Relatives said they were listened to however some improvements took time to be completed.

The provider had systems in place to monitor the quality of the care provided which were not always effective and maintained. When improvements were made they were not consistently sustained. Staff worked within a culture of complacency which did not continually drive up standards of care.

The provider had not demonstrated effective leadership to keep up to date with developments across the care community relating to health and safety to ensure people were provided with high quality safe care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

People had not always been helped to avoid the risk of accidents. People were supported to feel safe and secure and staff knew how to recognise signs of potential abuse and how to report them. People were supported with their medicines by trained staff.

Requires Improvement ●

Is the service effective?

The service was effective

People were supported by staff they were confident in. When people needed support with decisions there were systems in place that respected their rights. People were confident staff contacted health care professionals when they needed them.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were kind and knew them well. Staff used different methods of communication to ensure people could understand their choices. People's histories, likes and dislikes were well known by staff and enhanced people's quality of life.

Good ●

Is the service responsive?

The service was not always responsive.

People did not always have facilities which met their needs when they wanted them. The provider did not ensure the resources were available to support people to have interesting things to do regularly. People were supported by staff who listened and were adaptable to their needs. People were regularly asked for their opinions on the care they received. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not consistently ensure the provision of quality care was fully resourced. Systems in place were not effectively monitored to ensure people received consistent quality care. Through quality checks improvements were identified and actioned, however improvements were not regularly sustained. Staff did not maintain best practice and people were not ensured of consistently receiving quality care. Staff did not feel resources were available to support good consistent care.

Gold Hill 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.

We made an unannounced inspection on 5 and 7 April 2017. The inspection team consisted of two inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We spoke with six people who lived at the home and four relatives. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the provider and eight staff. We also spoke with the nurse practitioner who supported people living at the home, and one member of the district nurse team. We spoke with the infection prevention lead nurse for Worcestershire clinical commissioning group. We looked at five records about people's care and one staff file. We also looked at complaint files, minutes from meetings with staff, and people who lived at the home. We also looked at quality assurance audits and action plans to improve the quality of the service provided.

Is the service safe?

Our findings

When we last inspected in April 2016 we found the service was safe, at this inspection we found there were shortfalls in the arrangements made to assist in the prevention of people experiencing avoidable accidents. We noted there was a cord hanging by the side of the toilet which potentially could have put people at risk. We spoke with the senior care assistant on duty and they said they were not aware of the risk. They told us some people at the home may have been at risk from this cord because they were unable to always evaluate their own safety. We also saw gloves and aprons were left in communal areas to be available for staff to use. These gloves and aprons were at low levels and easily accessible to people living at the home. This increased the risk people could injure themselves. We spoke with the registered manager and she explained that she had not risk assessed these in relation to the people living at the home. She went on to say she thought some people living at the home potentially could have been at risk of ingesting these. The registered manager assured us steps would immediately be taken to keep people safe and she removed the cord and gloves.

However people we spoke with said they were safe at the home. They told us they felt confident with staff and the registered manager. Staff said there were plans in place to ensure people were supported to reduce their identified risks. For example, one person needed support to mobilise and needed a specialist piece of equipment. One member of staff explained how they had received training with this equipment and were confident with how to use it to support this person. We saw there was an up to date plan which guided staff to support this person to mobilise safely. All the staff we spoke with were aware of people's identified risks and told us they were provided with up to date information at the start of every shift. This information gave them a clear picture of the wellbeing of people living at the home.

Staff told us they had received training in potential abuse and were aware of where they could report concerns to. We saw the provider had a policy in place to guide staff and the registered manager had taken appropriate steps to report concerns when they had arisen.

People we spoke with said there were staff available when they needed them. One person told us, "There is usually enough staff about to help me if I need it." Another person said about staff, "At night if I ring my bell they will come quickly." Relatives we spoke with told us there were sufficient staff on duty to meet their family member's needs. One relative said, "[Family member] is safe; there are enough staff about when I visit." They went on to say they popped in regularly at different times and there were staff about and people's needs were met. Another relative confirmed they felt there were usually enough staff. We saw and staff told us there were sufficient staff on duty to meet the needs of people living at the home. One staff member said, "It can be busy at times, but we work as a team and all help each other to get things done."

People told us they received their medicines when they were needed. One person said about their medicines, "I have my pain killers when I need them." Relatives we spoke with said they were confident about how medicines were administered. One relative explained how staff at the home had arranged for the GP to review their family member's medicines. They went on to say there had been significant improvement to their family member's well-being as a result of this review.

We observed staff supported people to take their medicines. We found people were asked for consent before the medicines were administered.

Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. Some people were unable to say when they needed their as and when medicines. There was clear guidance for staff to know when to administer these medicines.

Staff we spoke with told us they had shadowed an experienced member of staff until they had completed the main part of their induction training. They told us and we saw the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

Is the service effective?

Our findings

When we last inspected in April 2016 we found the service provided effective care, at this inspection we found the service continued to provide effective care. People told us staff were well trained and knew how to support their needs. One person said about staff, "They know how to help me; they know what they are about." Relatives we spoke with told us they were confident staff knew how to meet their family member's needs. The registered manager acknowledged that some staff were not up to date with their training and had a plan in place to ensure all staff would receive the updates they needed within the next three months.

Staff told us new staff received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing a more experienced member of staff. Staff told us they felt supported by the registered manager and had regular one to one time with them. One member of staff explained they understood how busy the registered manager was and understood with the vacancy in administration support their training updates had been delayed.

Staff told us they had attended workshops to improve their knowledge about providing interesting things for people to do at the home. This had improved their understanding of how to support people with complex needs.

The registered manager told us not all the staff had completed training relating to the Mental Capacity Act 2005 (MCA). However staff we spoke with had an understanding of the legislation and how it affected people they supported. This was because workshops had been arranged and completed by an external consultant to improve staff skills and knowledge.

The 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 we spoke with told us staff always checked before they assisted them to ensure they were happy with the support offered. Staff we spoke with said they were aware of a person's right to refuse their support and explained how they managed this to ensure people's rights were respected. Staff told us they always ensured people consented to their care and we saw examples of this throughout our inspection. For example, we saw one member of staff checking with one person to see if they wanted to move into another area of the home. They explained it was because their meal was ready and checked they were happy to go to the dining area to eat.

The registered manager had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. For example, we saw positive practice in supporting one person to understand a specific decision by using pictures to aid their understanding. One relative we spoke with explained they had been included in a best interests decision for their family member and they felt listened to in the process. We also saw staff received guidance which clearly showed how people needed to be

supported with decisions. This supported staff to understand the process.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw the registered manager had completed applications to the local authority when they needed to. The registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager understood least restrictive practice. For example, we saw where people needed to be restricted, other options were considered where appropriate. The registered manager explained how she wanted to work with care staff to improve their knowledge and confidence with the MCA and how that affects their practice. This would support her to be aware of changes with people's capacity effectively.

People we spoke with said they enjoyed the food provided for them at the home. One person told us, "The food is beautiful, I really enjoy my meals." Relatives we spoke with said the food always looked good and their family member enjoyed the food. We saw people were offered choice and had prompts available to guide them with their menu choices. Staff told us they promoted people's independence as much as possible. Staff we spoke with said they encouraged people to make healthy choices to ensure they were maintaining a healthy diet with both food and drink. We saw through-out our inspection people had drinks available.

We spoke with the kitchen staff and they knew people's individual diet requirements and ensured these were met. They were aware which people had special dietary needs and knew the likes and dislikes of people well.

People told us they received support with all their aspects of their health care when they needed it. One person said, "I see the doctor when I need to." Relatives explained how staff were quick to act if their family member was unwell, and they were confident the appropriate action was taken. The nurse practitioner we spoke with told us staff made appropriate referrals to them and staff followed any guidance they offered. Staff had involved other health agencies as they were needed in response to the person's needs. For example, one person told us they saw an optician at the home, when they needed their glasses updating.

Is the service caring?

Our findings

When we last inspected in April 2016 we found the service was caring and at this inspection the service continued to provide care that was compassionate and caring. People who lived at the home and their relatives felt staff were caring. One person told us, "Staff are very caring and kind, I like them." Another person said about staff, "They have a good approach, they will do what I want, and I like living here." One relative told us, "All the staff are lovely, they really understand [family member]."

People did tell us about some positive examples about how their dignity and privacy was respected by staff. One person explained they were supported to remain as independent as possible and this supported their dignity. Another person told us their personal support was always delivered privately and with respect. We saw staff consistently knocked on people's doors before they entered, and closed the door behind them to maintain people's dignity whilst they were offering support. Staff said maintaining people's dignity was important to them. They had a good understanding of people's human rights and specifically for people with more complex needs such as people living with dementia.

People's histories were accessible to staff so they understood people and could provide care that was individual to each person. We saw people chatting with staff throughout the day. Staff had a good knowledge of people's personalities, their lifestyles and interests. We saw information had been gathered about where people had lived, what their occupations had been and their family background. This supported staff to have talking points with people who lived at the home. One member of staff told us how they had played the piano with one person because they knew they used to play. They went onto say how much the person had valued the experience.

We saw caring interactions between staff and the people living at the home. For example we saw one member of staff reassured one person who was confused about where they were. The member of staff reassured the person and they responded positively to the staff member's support. The nurse practitioner we spoke with said there were many people with complex needs living at the home and staff were generally caring and knew people's, "Little ways."

People we spoke with said they were involved in decisions about their care. They told us they were consulted about all aspects of how they were supported. One person said they could have help if they needed it, however they went onto say, "I manage things myself, if I want help I will ask." People told us they knew staff well, and staff knew how they liked to be supported. Staff said they knew people's support needs could change from day to day, and knew people well enough to recognise when they required additional help. People we spoke with said when they needed help staff supported them. Relatives told us staff met the needs of their family member. One relative said, "My [family member] living here has really eased my mind."

Staff we spoke with explained they adapted how they communicated with people according to their needs. We saw staff spent time ensuring people understood their conversation, making eye contact so they could look for visual clues about the person's well-being when they needed to. One member of staff explained how they showed visual prompts to one person to aid their understanding of what support they were offering. We

saw there were visual prompts for meals to support people to make informed choices.

People and their relatives told us they were welcome to visit at any time. One person said, "My friends and family can pop in at any time." Another person said they could call their relatives whenever they wanted to. One relative said, "I am always made welcome." This helped people who lived at the home to maintain important relationships.

We saw there were arrangements in place if people needed independent support with decisions. The registered manager had access to information about advocate services available to support people to speak up on their behalf when they needed them.

Is the service responsive?

Our findings

When we last inspected in April 2016 we found the service was responsive however at this inspection we found improvement was needed to ensure people living at the home received a responsive service.

People did not always receive a service that was responsive to their needs. One person told us they needed to wait for at least 20 minutes for the hot water to be available which they said was inconvenient at times when they needed to get ready to go out. We found in some areas of the home there was a delay in people receiving hot water when they turned the tap on in their rooms. We spoke with the maintenance person who managed the water temperature auditing and they told us all the people living on the ground floor experienced a delay of 20 to 30 minutes waiting for the hot water and in some other areas of the home. The hot water system was not suitable to meet people's needs consistently through the home. We spoke with the provider and they were looking at replacing the hot water system in the near future to ensure people did not experience delays with their facilities.

People were not consistently supported with interesting things they chose to do. One person said, "It's alright here, if I get bored I just have a sleep." Another person told us they liked to go to a public house for a meal regularly with staff. However they told us this was regularly cancelled because of lack of staff. They said, "[The provider] is trying to get more staff so we can do more things." The registered manager told us in the PIR submitted January 2016, "The well-being of the residents is paramount and the importance of meaningful occupation will be prioritised in the next 12 months." However we found this commitment had not been fully actioned over the last 12 months and people regularly lacked interesting things to do. One member of staff we spoke with said people did not consistently have enough interesting things to do with their time that were individual to them. The provider told us because of staffing shortages over the two weeks following this inspection they were unable to provide the additional staff member required to prioritise this. They explained they were continuing to recruit in order to improve the sustainability for providing interesting things people living at the home liked to do.

People told us they met with one member of staff to discuss their views on what was happening at the home. We saw a designated member of staff conducted regular meetings with people who lived at the home. One person told us some people attended as part of a group and discussed menu choices and activities. We saw the member of staff spoke individually to those who did not attend to capture their views. For example we saw people were asked what they would like to do to pass the time. People told us staff were not consistently available to facilitate their wishes. One person said, "[The registered manager] tries to sort but sometimes it takes a while to arrange." The provider said they were reviewing how activities were supported by staff at the home and assured us they would improve the support available.

People we spoke with told us they had the support they wanted. One person said, "I like it here because I can do what I want to do." Another person told us, "[Staff] get my paper every day, I like to read it and they know that." All the people we spoke with said staff looked after them well and knew how to meet their needs.

Relatives we spoke with said they were involved with sharing information about their family member, with their agreement, from the start. One relative explained how this additional knowledge helped staff support their family member. Another relative told us how they were involved with their family member's reviews of how they were supported.

People we spoke with said staff recognised any changes to their health and well-being and ensured appropriate action was taken. Relatives told us staff noticed any changes with their family member and were confident staff responded to them. Relatives we spoke with said staff usually kept them up to date with any concerns about their family member.

Staff explained how they gathered information about how people wanted their needs to be met when they arrived at the home. They said this information supported them to provide personalised care about what the person wanted as an individual. We look at five people's care records and saw people's wishes and needs were recorded for staff to be aware of. The registered manager explained she was updating her approach to allocating key workers for each person. These were an allocated member of staff who had a rapport with a person living at the home who was responsible for checking this person was happy and had everything they needed. One person we spoke with knew who their keyworker was and told us the member of staff would get items from the shops if they needed them. The registered manager said she was working with staff to ensure they understood their key worker responsibilities.

People said they were regularly asked if they were happy with everything. All the people we spoke with said they were happy with how they were supported at the home. One person told us they were confident that if they were not happy with something the registered manager and staff would listen and help them resolve the issue.

Relatives said they were confident to speak to staff or the registered manager if they had any concerns. One relative told us they had made complaints when they needed to and improvements had been made. They went on to say the registered manager was always approachable and happy to listen to any concerns. There were clear arrangements in place for recording complaints and any actions taken, including lessons learnt to prevent re occurrences. For example, we saw one relative had raised concerns about their family member's room; the registered manager had instigated regular checks to ensure the improvements were maintained.

Is the service well-led?

Our findings

When we last inspected in April 2016 we found improvement was needed with how the provider demonstrated good management and leadership to ensure people received high quality care. We found at this inspection some areas had not improved and further action was needed. We saw at our last inspection new quality assurance systems had been started but had not had time to show their effectiveness. At this inspection we saw a number of quality checks were being completed. The quality checks had not consistently identified action had been taken in a timely way so improvements were made and tested for their effectiveness. For example, we saw arrangements to assist in preventing avoidable accidents and staff practices had not been identified to make sure people consistently received safe, effective and responsive care.

The provider had not demonstrated good management and effective leadership. We found the provider had not kept up to date with national developments relating to health and safety. For example the provider had not been aware of information on our web site which enabled services to remain up to date with health and safety concerns. For example the potential risk for some people of avoidable accidents. People living at the home were at potential risk of harm because the provider did not have systems in place to continuously update their knowledge about health and safety developments. The provider gave us assurances they would review how they kept up to date with health and safety developments.

The provider had initiated a revised system for the use of the kitchenette. They told us they wanted to people to be more independent with the support of staff to make their own breakfasts. However we found the new system was not adequately monitored to review the effectiveness of the system to improve people's independence. Safe practice systems had been started to be put in place but these had not been monitored for effectiveness. The provider had not ensured people were not at risk from poor staff practice with food preparation and there were adequate staffing levels to facilitate people's autonomy to choose when they had their breakfasts. The provider gave assurances they would review the effectiveness of this provision.

In the PIR the registered manager told us, "Gold Hill aims to ensure all service users are cared for with kindness and compassion. This relies heavily on well trained and correctly recruited staff, who are regularly monitored." We found the registered manager had no up to date overview of the training needs for staff, both the provider and the registered manager were not aware of what training needs staff had at the time of our inspection. The provider had not ensured staff had remained up to date with their knowledge and skills to consistently provide quality care for people living at the home. The provider told us they were aware they had no overview and we saw in their plan for improvement they had tasked the new administrator to update the record and arrange the training to ensure staff updated their skills.

We found staff worked within a culture of complacency which did not continually drive up standards of care. We looked at audits that the registered manager completed and found concerns were actioned then recurred regularly. For example we saw records completed by care staff were audited, concerns raised and feedback provided to staff. The following month improvements were made by staff, however the concerns would then reoccur in subsequent months which the registered manager would then take action again. Staff

did not consistently promote good practice therefore people were not receiving a consistent quality service. We discussed with the registered manager she was raising the concerns with staff, however she told us she wanted to work more closely with staff to lead more effectively and consistently improve staff practice.

We spoke with a health care professional who supported people living at the home. They said they found they raised concerns with the registered manager and they actioned them, however they found they needed to revisit concerns on a regular basis. For example, not all staff reported concerns about sore skin straight away. They addressed this with the registered manager and reporting improved, however there were further instances after this had been addressed by the registered manager. People's welfare could be affected by delays in referrals to the district nurse team.

Staff we spoke with said they were sometimes frustrated with the delays in improvements, for example with the additional staff to consistently provide interesting things for people to do. We spoke with the registered manager and she agreed she did not have the resources to promote good practice with staff. This was because she had commitments to complete other roles and responsibilities. The provider assured us this would be prioritised to ensure improvements made would be sustained.

The provider told us they visited regularly to support the registered manager with the quality of care and the environment for people living at the home. Although the provider had identified some of the concerns we found, they did not effectively monitor the quality of the service provided. For example, they had not identified that staff were not following their training when preparing food in the kitchenette which put people's well-being at risk.

The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. This was a breach in Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we had identified the cleanliness of the environment required further action. For example the provider had agreed that hallway carpets would be replaced as soon as possible. However because of on going building work to improve other aspects of the home this had not been completed at the time of this inspection. We spoke with the infection control lead and they had identified improvements were needed in one bathroom. We spoke with the provider and they agreed these improvements were needed and were planned for the near future.

People and relatives told us the registered manager was approachable and listened to their concerns. One person said, "The manager does her best to help us." We saw the registered manager demonstrated good practice when supporting people and was patient and kind. They had a good knowledge of all the people living at the home. Another person told us about the registered manager, "She is really caring about us all." People said they felt the service was managed well. One relative explained they were confident to raise any concerns, however they also said, "There are improvements, but sometimes I have to raise issues more than once." The example they gave was about the laundry provision. We saw people were relaxed and confident when speaking with the registered manager throughout the inspection. We saw she was reactive to ensuring people were safe, for example we saw when the emergency bell rang she immediately attended.

Staff we spoke with said they liked the registered manager and found the provider approachable. However all staff we spoke with felt there were improvements to be made. For example, with the provision of interesting things for people to do. One member said they had raised issues at team meetings and did feel the provider and the registered manager were listening and would take action when they were able to. Staff we spoke with were aware of how to use the provider's whistle blowing policy to raise concerns.

The registered manager showed us how they analysed incidents and accidents. They used this to put plans in place to improve people's safety. For example, one person had a fall; the registered manager had investigated and arranged a medicine review with their GP. We saw plans in place had reduced the number of falls at the home. However we saw through this monitoring system the registered manager had to revisit with staff to ensure they took appropriate action. For example the correct implementation of alarmed mats which would alert staff when people were mobilising.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service.</p>