

Churchlake Care Ltd

Moorfields Care Home

Inspection report

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Bury
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Moorfield Care Home is situated in a residential area close to Bury town centre. The home is registered with CQC for up to 20 people and at the time of the inspection was providing care, support and accommodation to 20 people who required personal care without nursing.

Moorfield Care Home had been taken over by a new provider, Churchlake Care Limited, and this was the first inspection under the new provider.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because there were governance systems in place but these were not sufficiently robust to enable the provider to have good oversight.

Sufficient staff were in place to meet people's care and support needs. However, there was no system in place to assess appropriate levels of staffing as people's care needs changed.

The home was clean and tidy but not all actions from the previous infection control audit had been completed. This was addressed following inspection.

There were processes in place for the safe recruitment of staff and we spoke with the registered manager about ensuring records are accurately maintained in this area.

The registered manager had an overview of staff training. Staff were receiving relevant training, competency checks and supervision. However, some training needed refreshing as it had been some time since staff had completed it.

The registered manager was maintaining a record of accident and incidents and analysing this information to reduce the potential for reoccurrences.

People's medicine was securely stored and people were safely supported to take any medicines they might need. This included medicines taken 'as required' for pain relief.

People could choose what they wanted to eat and the cook knew people, their preferences and nutritional needs well.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have choice and control of their lives; the policies and systems in the service supported this practice.

Staff were aware of their responsibilities in protecting people from abuse and could demonstrate their understanding of the procedure to follow so that people were kept safe.

People were supported by caring staff who knew them and their care needs well.

Care records reflected people's current needs, interests and preferences.

People told us they would like to have more to do in relation to daily activities. We recommend the service review the activities on offer for people.

The service had a complaints procedure and a variety of ways for people and relatives to provide feedback on the service. People had confidence that the registered manager and deputy manager would address any concerns they raised.

People spoke positively about the registered manager and deputy manager. Staff told us they were happy coming to work and saw the home as a family.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Environmental and safety checks were completed.

People were supported safely to take their medicine.

Some actions from the last infection control audit had not been completed in a timely manner.

Staff knew how to keep people safe and there were safeguarding and whistleblowing policies in place.

Is the service effective?

Good ●

The service was effective.

People enjoyed meal times, the food was good and people's specific needs were catered for.

Staff were trained and knowledgeable regarding their roles. They understood how to meet people's care and support needs.

The premises had areas which did not meet the needs of people with specific conditions such as dementia.

Is the service caring?

Good ●

The service was caring.

People told us that staff treated them with dignity and respect.

People had choice and individual preferences were respected.

Staff were knowledgeable about individual's care and support needs.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and holistic. These were

regularly reviewed and updated.

People wanted more activities to be available on a daily basis within the home.

People's choices and individuality was promoted.

Is the service well-led?

The service was not always well led.

The provider did not have sufficiently robust governance systems in place to ensure required actions were identified and completed.

People, staff and relatives gave positive feedback about the home and the management team.

Requires Improvement 

Moorfields Care 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.

This was the first inspection of Moorfield Care Home under the registered provider of Churchlake Care Limited. Moorfield Care Home was registered under this provider in September 2017. Prior to this the provider was Moorfield Abby Limited.

This inspection took place on 10 and 11 October 2018 and the first day was unannounced. The inspection team consisted on one Adult Social Care Inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had personal experience of older adults, adults with dementia and adults with physical and sensory impairments.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the registered manager had told us about. Statutory notifications are information that the registered manager is legally required to tell us about and included significant events such as accidents, injuries and safeguarding notifications. We also looked at information provided through the 'share your experience' portal available on the Care Quality Commission (CQC) website and other feedback we had received.

We liaised with the local authorities, other local commissioners of service, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. None of the services we contacted raised any recent concerns about Moorfield Care Home.

The registered manager had completed 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.

During the inspection we examined a number of documents. These included three peoples care records, three staff recruitment files and information relating to supervisions, training and competency checks and file audits. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

Approximately 20 members of staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, deputy manager, two day staff carers, one senior carer, and one cook. We spoke with 12 people using the service and five relatives.

We completed checks of the premises and observed how staff cared for and supported people. We observed one meal time experience.

Is the service safe?

Our findings

This was the first inspection under the new provider Churchlake Care Limited. At this inspection we found the service to be safe.

People told us they felt safe at the home. They told us, "I am way happy here because I feel safer and the carers are friendlier" and, "In here you know if you fall, someone will be there to help and support you." Relatives told us, "It has always been a safe place" and, "I can sleep at night knowing that [relative] is in a safe place."

We completed a tour of the building and found that it was clean and free from malodours. People were happy with the cleanliness of home and told us "Its kept tidy." Exits were kept clear and equipment such as hoists and wheelchairs safely stored so that they did not present a hazard.

Checks of equipment and the environment were completed regularly. This included emergency lighting, bedrooms and mattresses and water temperatures. Fire alarms and equipment were regularly tested and maintained and staff had all received training in fire safety. There was a business continuity plan in place which contained information for staff about what to do in case of an emergency. Evacuation procedures were in place and people's personal emergency evacuation plans (PEEPs) were all up to date with relevant current information.

We saw that gas, electrics, and water were tested and maintained on a regular basis. Specialist equipment such as hoists, call bells and the carrier lift were serviced to ensure they were safe to use. Staff had received training in moving and handling and our observations were that people were supported safely with mobility. This meant that equipment used for people was maintained and safe for use and staff knew how to use this. There were policies in place to underpin this.

We noted that some radiators were not covered and brought this to the attention of the registered manager. The registered manager submitted a request that the maintenance person address this to ensure people are protected from the risks of hot surfaces.

The service had appropriate policies and risk assessments in place to ensure people's safety was promoted. We spoke with the registered manager about ensuring these were reviewed to ensure they reflected the current environment. The registered manager completed this during the inspection.

There was a current infection control policy in place to ensure that risks to people were reduced. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and staff used these when providing personal care and support to people. However, an infection control audit undertaken by Health and Environmental Protection Team in September 2017 had identified a number of issues, but not all of these had been addressed at the time of inspection. We raised this with the registered manager and action was taken to address the outstanding issues following the inspection. This is discussed further in the well led section of the report.

The kitchen had an appropriate cleaning schedule and was clean and tidy. The food standards agency had visited in October 2017 and rated the kitchen 5. This is the top of the scale and means the kitchen hygiene standards were good and fully compliant with the law. Cupboards were well stocked with frozen, tinned and fresh goods which were appropriately stored.

We looked at how people's laundry was managed. We found that this was safely managed and systems were in place to reduce the risk of cross infection between soiled and clean laundry.

We looked at how the service supported people with their medicines and found that people were safely supported to take their medicine. People and relatives were happy with how people were supported to take their medicine and told us "There are no issues with medication." There was a medication policy and procedure in place and medication audits were undertaken internally and through an external pharmacist. Staff received training in administering medicine and competency checks were completed to ensure that these staff members had the knowledge and skills to perform this role. People's medicine was securely stored and room temperatures were consistently being maintained to ensure medicines were being stored at the correct temperature.

We looked at three people's medicines and saw that accurate information about the person was available for each medication administration record (MAR) including details about allergies and a recent photograph. Records of medicines administered were being accurately completed and there were body maps for people who were prescribed creams and lotions. There was information with the MAR to guide staff when administering medicines which were prescribed to be given 'when required' (PRN), this included medicines prescribed for anxiety, pain and constipation. One person told us, "Staff do their best when I am in pain."

The service kept records of accidents and we could see that these were investigated and managed. The registered manager told us they analysed falls for patterns and when people had several falls a referral was made to the falls team for an assessment of mobility and consideration of mobility aids. We spoke with the registered manager and deputy manager to clarify the specifics around this requirement.

The service had safeguarding policies in place and staff received training and understood how to safeguard people. We saw that the service made appropriate referrals to the local authority safeguarding board. There was a whistleblowing policy in place to encourage staff to raise concerns when they saw poor practice and this was displayed with in the home.

We found there was a system of staff recruitment in place and all necessary checks were completed including Disclosure and Barring Service (DBS) checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. We spoke with the registered manager about ensuring they maintain accurate records of recruitment and reference requests so that they can be assured that the staff working at Moorfield Care Home are suitable to work with vulnerable people. There were policies and procedures in place to guide staff. These help staff to know and understand what was expected of them in their roles.

At the time of inspection, the service did not have a dependency tool in place to ensure they had sufficient staff on duty to meet people's needs. We recommend the provider look at developing a tool to ensure there are sufficient staff on rota to meet people's needs. Some people told us that there was sufficient staff and said, "Whenever you need staff for anything, you just shout and they come" and, "They are always here". However other people felt that there was not enough staff, one person told us, "Staff are always hard working, always on the go, just wish there was more to chat with" and a relative said, "We found that two

staff members at night was not enough, they don't just have to care for 20 residents, they had other things to do such as cleaning, peeling vegetables and washing, it seemed excessive workload." Our observations on the day noted that people did not have to wait long to receive support or personal care but that the staffing levels meant that staff were task orientated and always busy.

Is the service effective?

Our findings

At this inspection we rated the service as being good in the effective domain.

We checked to see if the registered manager was working within the principles of the Mental Capacity Act. 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 so that they can 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).

Care records showed that consideration was given to people's mental capacity and whether they could consent to their care and support. This included specific information about different decision areas and what people could make decisions about. Applications for DoLS had been submitted to the relevant local authorities where appropriate and a record of this was kept. We saw people and other relevant individuals had been involved in best interest meetings to make decisions about care and support. This meant that where restrictions were in place for a person these were the least restrictive, necessary and lawfully authorised.

We observed that people were always asked for their consent before care and support was given and staff respected and understood those who could not communicate verbally. People confirmed that consent was requested. They told us, "I can do anything I like" and, "Staff let me do as I wish." Relatives confirmed choice was promoted and told us, "People are free to do as much as they can."

We looked at how people were supported with eating and drinking and found people were effectively supported with their nutrition and hydration needs. People were happy with the quality and variety of meals and snacks. They told us, "We get given good food", "The food is the best" and, "The desert was delicious." Relatives confirmed they felt the meals were good and told us, "[Family member] has always been fussy with food, [family member] tells me they enjoy the food." People were able to request an alternative to the meal on the menu and told us, "Staff always ask us to choose what we want to eat."

We observed people were supported with their meals in an unrushed manner and adapted utensils and cutlery was available to support people's independence. This included equipment to support people with dementia. We observed that the food looked appetising and was well presented for people on a normal diet as well as people who required a soft diet. Drinks and snacks were offered to people throughout the day.

We spoke with the cook who had a good understanding of how to meet people's dietary needs including those who required a soft diet or to have their food fortified to increase the calorie content. The cook knew

people's food likes and dislikes well, and would provide alternatives on request and for those where it was known they did not like the meal on the menu.

People's care records had information about their dietary needs that was detailed and considered risks and needs. People were regularly weighed and the Malnutrition Universal Screening Tool (MUST) was in place to identify people at risk of poor food and fluid intake. The MUST is an assessment tool used to calculate whether people are at risk of malnutrition. Staff were able to tell us about the ways in which they would encourage and support people with limited appetite to improve their nutritional intake. This included consideration to portion sizes, encouragement and offering alternatives. People all had risk assessments in relation to nutrition. This meant that staff had a good understanding of the needs and risks for people in order to promote good nutrition.

We saw that referrals would be made to Dietician and Speech and Language Therapy (SALT) services when concerns in relation to eating and drinking were identified. This information was available in people's records, included within care plans and we observed this was followed by staff at the meal time we observed.

We saw records that indicated the service worked closely with other services including district nurse and the local authority. A hairdresser and chiropodist visited the home regularly and there were close working relationships with the local optician and doctors' surgery. Records of visits from professionals and any advice and actions were recorded within people's care records and within handover information. One person told us, "If I need a GP, they let me see one" and a relative said, "They let us know whenever my [relative] needs to be seen by the GP."

We looked at the training staff received to ensure they had the knowledge to safely perform their roles. We found that all staff had completed or begun to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Competency checks were completed with staff. However, the training matrix indicated that some areas of training such as dementia awareness, diabetes and the Mental Capacity Act had not been completed by all staff or had not been completed for a number of years. This is discussed further in the well led section of the report.

People told us, "The staff are always informative and seem well trained" and staff told us they felt they had the training they needed to undertake their roles. Staff were invited to complete pre-supervision forms to help them identify any concerns and supervision and support was available for staff on a continual basis. We spoke with the registered manager and deputy manager about how they recorded support and supervision so that they could be assured that staff had the knowledge, skills and appropriate support to undertake their roles and meet people's needs.

The service had communication books to handover information at the beginning of shift and this told staff about people's current care needs and any other issues or concerns from the previous shift that needed to be followed up.

We looked at what adaptations had been made to the premises in order to meet people's needs. We found that the home made good use of space and the dining area, accessible bathrooms and outside areas were safe and met people's needs. We found that the lounge was the main communal area used by people, with the television being the main focal point in the absence of other activities. However, the television was not positioned in a way in which people could easily view it. One person told us, "I like watching telly, if I can find a space to watch it" and another person said, "Just wish my seating area was somewhere where I can see

the telly, I can only hear the telly." The registered manager and deputy manager looked into alternative positioning for the television following inspection.

We found the décor of some areas of the home was not dementia friendly and recommend that the provider review best practice guidance to ensure the home is suitable for older adults and people with dementia and consideration is given to the layout of communal areas.

Is the service caring?

Our findings

At this inspection we found that the service was caring.

People we spoke with were positive about the care staff and told us "They are all very caring" and "Staff are very good." Relatives told us, "[Staff] understand the residents very well", "When someone needs their [staff] attention, they stop to help" and, "Everyone is considerate...if my [family member] is distressed, [staff name] always manages to calm her down, they are very kind." Feedback obtained from resident and relative surveys was positive and complimentary of the care staff. Comments included, "The staff all go the extra mile, sometimes in difficult circumstances" and, "We are extremely happy with the care given." One healthcare professional feedback that, "Staff are highly professional and motivated to provide excellent care... [Staff] retain excellent knowledge of the wellbeing of residents."

We observed that there were positive interactions between people and staff which were respectful and caring. All staff spoke positively about the people they supported and enjoyed working with people. They told us they saw the home as being, "One happy family". The staff we spoke with demonstrated that they had a good understanding of the people they were supporting and how to meet their individual care needs.

Throughout the day we observed that people's privacy and dignity was respected and staff would always knock before entering a person's bedroom. The bedrooms we were shown demonstrated that people could personalise their rooms and bring in personal possessions.

Visitors were welcomed and visits encouraged throughout the day, with the exception of meal times. This included family members and visitors from the faith communities. We observed that staff knew people's visitors well and welcomed them throughout the day. One relative told us, "Staff are quick to offer you snacks and cups of tea." At the time of inspection nobody was accessing support from advocacy services but the registered manager told us about how advocacy support had been used for people when needed.

We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. The service had policies and training in place to promote equality and diversity. Our observations of care, review of records and discussion demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs and personal preferences. The deputy manager was able to give us a number of examples of how people's cultural, physical and mental health needs had been identified and responded to in a sensitive manner by staff. There was a good understanding of how these characteristics and people's life story impacted on people's behaviour and how this could be safely supported.

We saw that communication was considered in people's care records and alternative approaches identified for people who were not able to communicate verbally. This included using body language and gestures and flashcards. Staff had a good understanding of strategies to improve communication with people who had hearing difficulties and did this in a respectful and caring manner.

Our observation of a meal time experience indicated that choice was promoted and people could sit where they wished but would often choose their preferred seat within the dining area. People could choose to have their meals elsewhere if they wished. Staff supported people with meal time in a calm and unrushed manner and people had adaptations to support them to be as independent as possible within their daily lives. The promotion of independence and choice was also evident within people's care records.

Records were securely stored and people's confidentiality was maintained. Staff could access records as required.

Is the service responsive?

Our findings

At this inspection we rated the service as being good in the responsive domain.

People told us they had choice, and their preferences were respected. They said, "I do what I want as though I am in my own place" and, "I was told that this is my home now and I can do anything I like."

Relatives we spoke with told us they were involved in matter of care and told us, "I'm happily involved in [persons] care," and "Staff tell you what you need to know, they keep us up to date."

We looked at people's care records and found that these were detailed and considered people's history, preferences, risks and care needs. People's care records had information on their social history and life stories. There was evidence that care plans were reviewed regularly to ensure that they were up to date and reflected people's current needs and this involved people and relevant others. People were not always able to recall how they had been involved in these processes.

The care records gave staff specific guidance in meeting needs in all areas including personal care needs, physical health, and night time routines. This demonstrated that people were provided with a tailored package of care which supported staff to understand how to best meet people's care needs. Care records evidenced that independence was promoted and privacy and dignity considered.

Records were specific and detailed about people's capacity and provided staff with guidance about what decisions people could and could not make.

We spoke with the registered manager and deputy manager about how they were using this information to meet people's needs, particularly in relation to meeting the accessible information standards. The accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The registered manager was able to give a number of examples of how people with communication needs had been supported including through the use of non-verbal communication and flash cards. The registered manager told us that information could be provided in different formats and that staff would support people to access information based on individual preferences.

People were supported to communicate with families through online face to face contact and email and a computer tablet was available within the home and used for music sing along and other activities if people wished.

Our observations throughout the inspection demonstrated that there were some opportunities for people to be engaged in activities within the home on a day to day basis. We saw that some people were engaged in activities such as reading and knitting and there were arts and crafts materials available. People told us they wished that there were more things to do and said, "I like to watch people singing, even though it doesn't happen often, it keeps us entertained," "There is not much for us to do" and, "We hardly ever go out." Relatives told us, "Things have dwindled over time." Activities had been identified as an area for

improvement from feedback surveys from the last year. We recommend the provider reviews opportunity for activities in line with good practice guidance.

There was an activity notice board within the home which had some upcoming events on display. Staff told us that this was mainly for, "Family attention. ...we can't take any residents out to these event as we do not have a bus or transport." We saw that the activities offered included an entertainer who visited the home monthly and there were joint events organised with another home owned by the provider. These were enjoyed by the people living at Moorfield Care Home.

The service had a complaints procedure in place which was displayed within the main reception area. People were given a copy of this within the service user handbook. People we spoke with told us they knew how to make a complaint and said, "The carers are doing a great job, I can't complain." One relative told us, "[Deputy Manager] is always here if we need to talk about anything we are not happy about, [deputy manager] is always asking us if we are happy." The service was maintaining a record of complaints and compliments. At the time of the inspection there had been no recent complaints but we saw there were several compliments received.

We saw that the service undertook surveys to gain people's feedback. The feedback received within the last 12 months had been positive with comments such as, "Staff work beyond what is expected of them" and, "I was impressed by the kindness of all staff members."

Meetings were held for people and relatives to attend and these provided updates regarding the service. Not many people we spoke with were able to recall being involved in meetings, although records indicated people had attended. Relatives were aware of meetings and said, "There's been one meeting we attended and it was very informative" and, "We are always informed about meetings."

At the time of the inspection nobody living at the home was in receipt of end of life care. We saw that care plans in relation to the end of life were in place and these 'looking ahead' care plans were completed with people who wished to have these discussions. There was clear information in relation to people's wishes regarding resuscitation and for people who had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) this information was readily available for staff in an emergency.

Is the service well-led?

Our findings

At this inspection we found that the service was not always well led. This was because we found the governance systems in place were not sufficiently robust to identify actions and ensure actions were completed when issues were identified. For example, we found that not all actions from a previous infection control audit had been completed at the time of inspection; systems were not in place to ensure risk assessments were reviewed regularly; recruitment, training and support of staff was not sufficiently robust to allow good oversight; and there were no processes in place to ensure that there were sufficient staff to meet people's needs.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We spoke with the registered manager and deputy manager to clarify events which the CQC should be notified of during inspection.

People were positive about the registered manager, deputy manager and staff. They told us, "The carers make it our home", "Everyone is friendly and you can talk to them about anything" and, "Everyone is good, they make you feel like a person." Relatives were also positive and said, "I've nothing negative to say about the place or the managers or the staff." Staff told us, "The managers are really approachable...we get everything we need" and, "I wouldn't change anything."

People, relatives and staff all told us they had confidence in the registered manager and deputy manager to address any concerns effectively. One person told us, "If something is wrong, I will tell someone and it will be dealt with", and a relative told us, "If you are not happy about something, [deputy manager] will fix it." During the inspection we saw that the registered manager and deputy manager were quick to address any issues we identified.

People told us they were happy living at the home and we observed that the home was a homely and calm environment. People told us, "Its lovely and homely" and, "I love the home, people are nice and relaxed." Relatives told us, "Its homely, everyone is caring" and, "It is the best home for my [relative]."

There were systems in place for quality assurance which included surveys and feedback forms and resident and relative meetings. However, many people we spoke with were unclear about how they had been involved in any quality and improvement discussions. Relatives were aware of meetings and had received surveys to complete and other requests for feedback.

The registered manager and deputy manager had a number of plans to improve the service including greater integration between the two provider homes to share resources, knowledge and learning. In

addition, the registered manager told us of plans to develop a newsletter and identify other activities for people such as identifying a suitable 'dementia café'. We will review this at the next inspection.

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 17 HSCA RA Regulations 2014 Good governance There were not sufficiently robust processes in place to ensure that good oversight was maintained.