

Constantia Healthcare (Middlesbrough) Limited Longlands Care Home

Inspection report

35 Longlands Road
Middlesbrough
Cleveland
TS4 2JS

Date of inspection visit:
11 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Longlands Care Home on 11 January 2017. This was an unannounced inspection, which meant that the staff and registered provider did not know we would be visiting. When we last inspected the service in October 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at and rated the service as good.

The home had a registered manager. 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.

Longlands Care Home provides care and accommodation for up to 43 older people and / or older people living with a dementia. At the time of the inspection there were 38 people who used the service.

The registered provider visited the service and completed an audit to check the service was safe, effective, caring, responsive and well led. However, audits were ineffective as they did not pick up on areas that we identified as needing improvement at this inspection. In their visit in June 2016 they identified that PAT testing was out of date and again in December 2016, however this testing was not completed until after our inspection in January 2017. We noted that there wasn't a system to ensure all areas of the audit were covered. The audit had a section to check on risk assessments for people who used the service yet it was noted that in audits undertaken in June, September and December 2016 risk assessments were not looked at despite us mentioning this at the previous inspection and at an inspection of another home in the organisation.

Risk assessments were insufficiently detailed. They did not contain individual person specific actions to reduce or prevent the highlighted risk. This meant that safety actions to keep people safe were not documented and people could come to harm.

Records of staff supervision did not indicate that it was individual to the person and covered areas such as their performance, training needs or any personal discussions.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff had an understanding of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This meant they were working within the law to support people who may lack capacity to make their own decisions. However, further work was required on some care plans to ensure that decision specific capacity assessments and best interest decisions were completed.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People told us that staff treated them well and they were happy with the care and service they received. Staff were aware of safeguarding

procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People were treated with kindness and respect. The care staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives. People's independence was encouraged. People's needs were assessed and their care needs planned in a person centred way. Activities, outings and social occasions were organised for people who used the service.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

People, staff and relatives spoke highly of the registered manager. They told us the registered manager was supportive and approachable.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this 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.

Risk assessments were insufficiently detailed. They did not contain specific actions to reduce or prevent the highlighted risk.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were enough staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not receive effective supervision.

Some decision specific mental capacity assessments and best interest decisions were available in care records, however these records were inconsistent.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received an annual appraisal.

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement ●

Is the service caring?

This service was caring.

Staff knew people well and respected their privacy and dignity.

Good ●

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

All the people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Effective auditing by the registered provider was not taking place.

People and staff were supported by the registered manager and felt able to have open and transparent discussions with them.

The registered manager had regular meetings with staff. Staff confirmed they were encouraged to share their views.

Longlands 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 checked whether the registered 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 inspected the service on 11 January 2017. This was an unannounced inspection, which meant that the staff and registered provider did not know we would be visiting. The inspection team consisted of one adult social care inspector and an 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 care service.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sat in communal areas and observed how staff interacted with people. We spoke with 12 people who used the service and four relatives. We looked at communal areas of the home and some bedrooms.

We spoke with the registered manager, deputy manager, an acting senior care assistant, two care staff and the activity co-ordinator. We also contacted commissioners of the service to seek their views.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medicine records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

At our last inspection in October 2014, we found that risk assessments were insufficiently detailed. They did not contain individual person specific actions to reduce or prevent the highlighted risk. This meant that safety actions to keep people safe were not documented and people could come to harm. At the inspection in January 2017 we found that risk assessments had been reviewed and updated but they remained generic. For example, two of the care records identified that the person used a wheelchair. From looking at the risk assessment we could not determine what the actual risk was to the person. Both risk assessments detailed measures to keep people safe such as making sure the person used their own wheelchair and using footplates, however they were not individual or specific to the person. In one person's care records we saw that staff needed to cool their drinks as they had a tendency to drink very quickly, however there wasn't a risk assessment for scalding. Staff we spoke with were able to tell us how they ensured the safety of people but records did not reflect this.

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

We asked people who used the service if they felt safe and what made them feel safe. One person said, "Definitely, staff always around and they [staff] do anything for you, even my laundry." Another person said, "Yes, there's plenty of staff and door security." Another person said, "There are too many people not to feel safe. I like it [living at the service] and everyone is friendly."

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised. Staff told us that they had received safeguarding training at induction and on an annual basis. Records were available to confirm that most staff were up to date with their safeguarding training.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and adults.

Through our observations and discussions with people, relatives and staff members, we found there was enough staff to meet the needs of the people who used the service. At the time of the inspection there were 38 people who used the service. The registered manager told us there was six staff on duty during the day of which two were senior care staff. Overnight there was a senior care assistant and three care assistants. In addition the registered manager and deputy manager worked Monday to Friday during the day and were supernumerary. We looked at duty rotas which confirmed this. We asked people who used the service if there were enough staff on duty to meet their needs. One person said, "Ah yes, even at night." Another person said, "So far as I am concerned no problem." A relative said, "If ever we need one [staff] there's one

there." Another relative said, "There's never a problem on that score there is always staff around." From our observations we saw when people needed help that staff were visible and available to provide the help and support."

We looked at records to confirm that checks of the building and equipment were carried out to ensure health and safety. We saw that the portable appliance testing (PAT) had had not been checked since April 2015. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. We asked why this testing had not been carried out as required. The registered manager told us the handy man had been on PAT training in September 2016 and they then sent the testing equipment off for calibration and this didn't come back until December 2016. The registered manager told us they had undertaken a visual check of all appliances to make sure they were safe until testing had been completed. We spoke with the registered manager after our inspection who told us that immediately after our visit the handyman had carried out PAT testing of all appliances and equipment.

Records were available to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. We did note there wasn't a cyclical routine for the testing of call points, which meant some call points, had not been tested as much as others. We pointed this out to the registered manager who told us they would take immediate action to address this.

Personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incident in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the service by the pharmacy usually about five days before their current supply of medicines ran out. Medicines were checked in by senior care staff to make sure they were correct. Staff told us by having the medicines delivered early this ensured continuity of supply and enabled them to rectify any incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

Is the service effective?

Our findings

Staff told us they felt well supported and received supervision with senior staff on a regular basis. We saw records to confirm this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Examination of records informed that supervision notes for all staff were generally the same and supervision was being used as a way in which to communicate information to staff for example the results of a care plan audit. Records did not indicate that supervision was individual to the person and covered areas such as their performance, training needs or any personal discussions. We pointed this out to the registered manager who told us they had discussion with all staff on topics such as how they were feeling, work load and training but this wasn't always formally recorded. The registered manager told us they would ensure the content and recording of supervision was changed.

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

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "Some young girls here but they bring brightness." Another person said, "The staff are great and will go out of their way to do anything for you. They [staff] are a lovely bunch." A relative said, "He's in the best place he can be whilst getting the best care and attention."

The registered manager had an annual planner in place for staff appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. Staff we spoke with confirmed they had received an annual appraisal. One staff member said, "I have just had my appraisal. I found it very informative."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, first aid, moving and handling, infection control, fire, health and safety and food hygiene.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection three people were subject to DoLS authorisations with a further four awaiting authorisation. People subject to

DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were to expire.

We saw that MCA assessments were available in care records, however these records were inconsistent. We saw that MCA assessments had been carried out for areas such as dental intervention, personal care and pressure area care, however it became evident that MCA assessments and best interest decisions for people had not been made in other areas such as wearing a lap strap when in a wheelchair, the administration of medicines, toileting regimes and seeing the chiropodist and other health care professionals. The registered manager and deputy manager were aware of the need to review all people who lacked capacity. They told us they were to review people's health, care and support needs and routine activities they carried out daily. They told us they would work on decision specific capacity assessments and best interest decisions as a matter of importance.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff told us they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We observed the lunch time of people who used the service. We saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. Some people were provided with clothes protectors which enabled people to eat independently without staining their clothes. Some people needed help to cut up their food and this help was provided. Some people needed help to eat from staff and this support was unrushed and at a pace acceptable to the person. We asked people if they liked the food provided. One person said, "Ooh it's always lovely with plenty of fresh vegetables." Another person said, "There's always a choice and we also get snacks." A relative said, "She's on a diet to improve well-being and they [staff] ensure the right portions and bring fruit to her room if she needs it." Another relative said, "The food looks smashing and it's always varied. If he doesn't feel like eating at lunchtime they will keep it for him until teatime."

The registered manager told us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people are weighed at regular intervals. This assessment of people involves scoring people if they have lost weight or are unwell. The score then provides guidance to staff on the action they should take. From examination of records staff had on occasions incorrectly scored people's risk of malnutrition. This was pointed out to the registered manager who told us they would take immediate action to rectify this.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to accompany them. Relatives told us staff acted quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits. On the day of the inspection one person told us they felt unwell and staff had called the doctor. They told us the doctor usually visited at lunchtime or in the afternoon. A relative we spoke with said, "They acted on our wishes to get a physio out via the doctor to assess her mobility."

Is the service caring?

Our findings

All people who used the service and relatives praised the care and staff at the service. They said, "Staff very caring, they can't do enough for you, drinks trolley, do your laundry – everything." Another person said, "Very caring. We have a laugh, they do all sorts of things, it's relaxed, it's my home." A relative said, "This is more like a family as all the staff are so friendly and welcoming."

Staff were very welcoming and the atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Staff were able to understand the needs of those people who had limited communication. For example one person was feeling unwell and staff were able to communicate with this person and determine that they wanted to go to bed.

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On other occasions we staff members reassuringly touched people's hands in a show of support and reassurance.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of people receiving their visitors in private if they wanted to and when their doctor visited for people to go to their room so that they could be seen in private. People and relatives told us that staff always showed respect. On another occasion we saw two care staff assisting one person to move from a chair using the hoist. The staff spoke reassuringly to the person throughout the process. They explained carefully what they were doing making sure the person remained as relaxed as possible all the time. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

We observed the interaction between the staff and the people who used the service. We saw light hearted banter between staff and the people they supported but throughout the day staff were always polite and courteous. Staff treated people with respect and made sure their privacy was maintained at all times. We saw staff knocking on people's doors before entering the room.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted.

We spent time in all parts of the service during our visit and saw that the staff offered people assistance but

respected their independence. One person told us, "Following my stroke, I used a frame but they did exercises with me and now I don't need one."

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. A relative told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed.

Is the service responsive?

Our findings

People and relatives confirmed that staff were responsive to their needs. One person said, "They come and sort things out, I've never had any problems." Another person said, "The staff do a really good job in supporting us [people who used the service]. I am really appreciative of all the help and support I get." A relative said, "The staff are great and always ready to help anyone who needs it. I really can't fault this place."

We saw people's needs had been individually assessed by both professionals such as a social worker and by senior staff at the service. Following assessment care plans had been drawn up. The care plans included people's personal preferences, likes and dislikes. For example, the care plan for one person described how when they were going to sleep they preferred two blankets on their bed instead of a quilt. Care plans also described the non-verbal communication people displayed when they had limited communication. For example, the personal hygiene care plan for one person informed staff to ask the person if they wanted to have a bath. If the person smiled then this meant yes but if the person shook their head then this meant no. The care plan also informed that the person liked bubble bath and preferred to go in the bath later afternoon. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support and developing the care plans.

We saw that care plans were reviewed monthly along with the necessary risk assessments. We saw that staff had updated care plans as people's needs changed.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. One staff member said, "This is a lovely place to work. It's like a family and all the staff know everything about them [people] and their needs."

The service employed two activity co-ordinators to arrange activities and outings for people who used the service six days a week. We were told that activities such as arts and crafts, quizzes, singing, and bingo took place on a daily basis. We were told that the service celebrated each person's birthday and there were social events and activities organised at different times during the year such as Easter, Halloween and Christmas. One person said, "We had bingo the other day, won some chocolates." Another person said, "The hairdresser comes on a Thursday it is excellent you don't have to go out in the cold and wait for buses." One relative told us staff had taken some people to the pub for a Christmas dinner and that there had been a Christmas party at the service which everyone had enjoyed.

The registered manager and staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact. We looked at the complaints log and saw that the registered manager and staff recorded all concerns and complaints made by people and relatives. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation. One person said, "I've never had anything to complain about." A relative said, "[Name of registered manager is

very approachable and her door is always open. I wouldn't hesitate in telling her if I had something to complain about."

Is the service well-led?

Our findings

At our last inspection in October 2014, we found that risk assessments were generic and insufficiently detailed. They did not contain specific actions to reduce or prevent the highlighted risk. At the inspection we found that risk assessments had been reviewed and updated but they remained generic. This had also been identified as needing improvement at another of registered providers homes in the organisation yet they had not taken action to review this at Longlands Care Home.

The inspection of the service identified that supervision with staff was not effective and was being used as a way in which to communicate information to staff. Records did not indicate that supervision was individual to the person and covered areas such as their performance, training needs or any personal discussions. This had also been previously identified.

A director of the service visited on a regular basis to monitor the quality of the service provided. They completed an audit of the service on a three monthly basis to check to make sure the service was safe, effective, caring, responsive and well led. In their visit in June 2016 they identified that PAT testing was out of date and again in December 2016, however this testing was not completed until after our inspection in January 2017. We noted that there wasn't a system to ensure all areas of the audit were covered. The audit had a section to check on risk assessments for people who used the service yet it was noted that in audits undertaken in June, September and December 2016 risk assessments were not looked at despite us mentioning this at the previous inspection and at an inspection of another home in the organisation.

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

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks which were carried out on a regular basis to ensure that the service was run in the best interest of people. These included audits on health and safety, infection control, medicines, dignity and the kitchen.

The home had a registered manager who had worked at the service for 6 years. Staff, people and relatives told us the culture in the home was good and the registered manager was approachable. One person described the registered manager as, "Very approachable." A relative said, "[Name of registered manager] is lovely but then so are the other staff. I also speak to the seniors." We asked people and relatives if they thought the service was well run. One person said, "Yes, I do think they [staff] interact well with each other, residents and relatives, very welcome at the home."

Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. One staff member said, "This is a good place to work and [name of registered manager] is very supportive and helpful."

The registered manager told us they had an open door policy in which people who used the service, relatives and staff could approach them at any time.

We saw records to confirm that staff meetings with all grades had taken place on a regular basis. Ancillary staff, care staff and senior staff had separate meetings on a three monthly basis. Staff told us these meetings were well attended and that they were encouraged to share their views and speak up.

The registered manager told us meetings took place with people who used the service and relatives to keep people informed and to encourage people to share their views and ideas. We looked at the last meeting notes of October 2016. We saw discussion had taken place about the cleanliness in the service, Christmas and up and coming events.

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work. During the inspection we saw that the registered manager spent time with people who used the service. The registered manager effectively engaged with people to make sure their needs were met.

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 The registered provider did not follow effective auditing systems and processes. Risk assessments for people who used the service were not individual to the person. They were insufficiently detailed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Supervision with staff was not effective.