

HC-One Limited

Ashgrove Care Home - London

Inspection report

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Date of inspection visit:
07 March 2023
08 March 2023

Date of publication:
14 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashgrove Care Home provides personal and nursing care to people aged 65 and over. The service can support up to 50 people. Care is provided over two floors. The service is managed by HC-One Limited, a national provider of nursing and care homes. There were 33 people using the service at the time of our inspection.

People's experience of using this service and what we found

There were systems in place to protect people from the risk of infection and staff had received appropriate training in this. However, there were areas of the kitchen which were unclean and required deep cleaning although cleaning schedules indicated these tasks had been carried out.

Risks to people's safety and wellbeing were overall appropriately assessed and mitigated, however, on the day of our inspection, two bathrooms containing tools, stored items and a wet floor had been left unattended and unlocked. This presented a risk to people who used the service.

People's records were not always completed correctly, appropriately and in a person-centred way.

There were systems in place to monitor the quality of the service and these were mostly effective. Although the provider had made improvements, monitoring checks had failed to identify some of the issues we found during the inspection.

People's healthcare and nutritional needs were met. People were supported to access healthcare professionals and to attend appointments as needed.

Medicines were managed safely and people who used the service received these as prescribed.

The provider sought feedback from people. People and staff were confident they could raise any concerns they had with the provider and felt they would be listened to. We received positive feedback from people who used the service. People said staff were caring and treated them with dignity and respect.

There were enough staff to support people and meet their needs. Staff were recruited appropriately, and all checks were in place. Staff received an induction, training and supervision and felt supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team were responsive to and worked in partnership with other agencies to meet people's

needs.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 March 2022) and there were multiples breaches of regulations. We issued the provider Warning Notices for Regulations 12 and 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made. However, we found some areas which required further improvement.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgrove Care Home - London on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance) at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashgrove Care Home - London

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A medicines inspector visited the service on the second day.

Service and service type

Ashgrove care home - London is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashgrove care home - London is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had just resigned from their post and a temporary manager was in place.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 1 relative about their experience of the care provided. 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 12 members of staff including the regional director, area director, manager, nurses, care assistants, the activity coordinator, laundry person and the chef.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at the provider's action plan, audits and checks, care records and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection in February 2022, we found systems were either not in place or not robust enough to demonstrate the safety of people who used the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although improvements had been made, further improvements were required, and the provider remained in breach of regulation 12.

- People were not always protected from avoidable harm. We found some risks during our visit which had not been identified.
- Maintenance work was being undertaken in two of the bathrooms. We found the maintenance person had left both doors unlocked whilst they were not in attendance. There were stored mobility items, tools scattered around and a large amount of water on the floor. These were slip and trip hazards. We informed a senior member of staff who took action to lock the doors.

We found no evidence that people had been harmed, however, failure to keep the environment safe and hazard-free may put people at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate fire checks were in place, including fire extinguishers, fire alarms and emergency lighting. The provider had an up-to-date fire risk assessment. People had personal emergency evacuation plans in place. These detailed important information about the person, their mobility, level of assistance, and what support they needed in the event of a fire.
- The provider undertook safety checks in all areas of the home. These included water, gas and electricity checks, lift and moving and handling equipment.
- People had call bells, and these were within reach. We saw people were attended to promptly when they used these. One person told us, "I hardly use the call bell, I have used it a couple of times, and they do usually come fast."

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We found the kitchen was unclean. For example, there were dried food stains in the fridge and freezer and spillages of food in areas of the kitchen. Floors were unwashed and some areas had an accumulation of dirt. Plugs and sockets were dirty, and tiles were unclean in some areas. The kitchen door's air vent grill was clogged up with dust. Trolleys appeared unclean and dirt had built up around the wheels.
- Kitchen cleaning schedules recorded all tasks as being completed and regular cleaning audits were undertaken, but there had not identified and addressed the issues we found.
- We raised these concerns with the chef who explained they had spoken to the management team and requested a deep cleaning of the kitchen.

We found no evidence that people had been harmed, however, failure to keep the environment clean and hygienic may put people at risk of infection and contamination. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the area director informed us they had found out the previous registered manager had already identified the concerns and had organised a deep cleaning of the kitchen. However, they had not handed this information over before they had left. The deep clean had now been carried out shortly after our inspection. The area director also informed us they would be addressing the concerns with the kitchen staff to help prevent this from happening again.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Friends and relatives were able to visit people as they wished, and in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. Their comments included, "Yes, I do feel quite safe in here really", "There's nothing that needs to be improved here, I'm quite happy here with what they do and with the care I get", "The carers do treat me with respect" and "Oh yeah, I feel very safe." A relative agreed and said, "I am happy, most of the carers are good most of the time, they are very good with [family member]...they do keep in contact with us all the time."
- The provider had a safeguarding adults policy and procedure in place and staff received regular training and refreshers in this.
- There had been a number of safeguarding concerns at the service, and we saw the provider had worked with the local authority's safeguarding team to investigate concerns and take appropriate action.
- Staff told us they would report any concerns to the nurse in charge. Senior staff explained it was their role to monitor and oversee the care workers to ensure safe working practices. They told us if they had concerns they would raise this with their supervisor or deputy manager.
- There was safeguarding adults information displayed in the reception area of the home which stated how to recognise and report signs of abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff on duty to meet the needs of the people who used the service. The home was not fully occupied therefore staffing levels exceeded the number of staff required to support people.
- We observed throughout the day the staff responded promptly to people and supported them in a timely manner.
- Recruitment files we viewed indicated all the necessary checks had been carried out. These included obtaining references from previous employers, reviewing the person's eligibility to work in the UK, checking their identity and ensuring a Disclosure and Barring Service (DBS) check was completed. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed. There was a medicines policy and procedure in place. Staff members were competency assessed and received training to handle medicines safely.
- Some people were living with diabetes and prescribed insulin to manage this. Insulin is a hormone that helps to regulate metabolism and lowers blood glucose levels. The staff monitored a person's blood glucose levels to give them this medicine as prescribed. However, the record-keeping of this was not always consistent. The staff made records on the electronic system and on paper-based forms. This meant it was difficult to create a thorough audit trail from the records.
- Following the inspection, the provider reviewed their policy in relation to maintaining appropriate clinical records
- We observed staff give medicines. They were polite, gained consent from people and signed for each medicine administered on the electronic medicines administration record (eMAR) system.
- Medicines including controlled drugs were stored securely. Medicines storage room and refrigerator temperatures were within the required range and recorded daily. There was adequate stock of prescribed medicines. Staff recorded medicines and disposed of them safely.
- Some people were prescribed medicines to be taken on a 'when required' (PRN) basis. Guidance to help staff give these medicines consistently was integrated with the eMAR system.

Learning lessons when things go wrong

- The provider kept a log of all incidents and accidents which occurred at the home. These records contained a description of the incident, who was involved and what actions were taken.
- The provider had been responsive to our feedback following the previous inspection and had made improvements. There was an ongoing action plan in place which was regularly reviewed.
- Feedback on the day of the inspection was taken seriously and prompt action was taken to address

concerns.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded but not always met.
- Some people told us some of the staff did not communicate well with them. One person stated, "They all seem very nice, you get one or two that are off, they speak loudly and they don't sound friendly, it is as if they are angry" and "They speak in their own language and I can't understand them." Another person said, "They don't speak English, they need to learn a bit more English."

We recommend the provider seek appropriate guidance in relation to meeting people's communication needs.

- We raised this with the manager who told us they would address this without delay.
- Care plans specified people's mode of communication and how staff should meet these.
- Where people spoke languages other than English as their first language, the provider aimed to support them by allocating staff who could speak their preferred language.
- The lift had a voice message stating each floor which was helpful for people with a sight impairment.

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

At the last inspection in February 2022, we found the provider had not ensured people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 9. However, further improvements were required.

- Most care records were clear and well written. However, some were not always recorded in a person-centred way and some lacked clarity. For example, in a person's care records, the staff sometimes used the person's first name and other times their last name. When we asked the person's preference, the staff were not clear on this. Another person's care record had misspelt the person's name in four different ways. Language used in some records was not always appropriate, for example using terms like, 'suffering with dementia' or 'aggressive'.
- The staff used Antecedent, Behaviour, Consequence (ABC) forms to record when people displayed anxiety or distress or when there had been altercations or episodes of aggression. We saw some staff recorded these appropriately so triggers could be clear, and any recurrent themes identified. However, others did not always complete the records appropriately, only describing the behaviour, but not the consequences or antecedents. In one ABC form, a staff member had only recorded 'physically aggressive'.
- We discussed this with the manager and area director. They told us they were in the process of auditing all care records and had already identified that some staff required support with completing care records effectively. This was being addressed through individual supervision meetings and the provider was planning to offer additional training to staff.
- Notwithstanding the above, people's care and support needs were recorded in their care plans and met. People's care plans were written from the initial assessment and reviewed over time once the person started using the service. Plans contained people's personal details including their medical history. People felt their needs were being met. One person told us, "They do everything that I need, you get very well looked after." A relative echoed this and said, "The staff do help [family member], they do know what [family member] likes and dislikes."
- Care plans contained the necessary information about a person's needs so staff would know how to meet these. The care plans included details of what the person was able to do for themselves and where they required support, in a range of areas such as personal care, mobility, continence, nutrition and communication.
- People had stress and distress care and support plans. These highlighted how the person communicated any feelings of anxiety or stress, how to recognise this and actions to take to minimise the risk of the person's moods deteriorating.
- People were supported with their oral hygiene. Each person had an oral care plan and risk assessment in place. The staff were expected to check people's mouths and teeth to ensure there were no concerns. The staff were provided with oral health fact sheets with information and guidelines about mouth care and how to ensure people's needs are met in this area.
- Staff we spoke with were knowledgeable about people's support needs and their personal circumstances. They confirmed they read care plans and were told about people's support needs by the nurse in charge.
- Throughout our visit, we saw staff were respectful and kind in their approach to people. They gave people choice and respected their preferences. Staff explained in clear terms what was happening when moving and handling people, providing personal care or supporting them to eat.
- We saw evidence the senior staff were frequently in touch with healthcare professionals to monitor people's health and appropriate treatment was sought. In addition, we saw evidence the staff received training to ensure they had the skills to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities of their choice and their interests were recorded in their care plans. One person told us, "Now and again I get involved in activities when the exercise lady comes." Another person said, "They do help if I need anything, there is usually [activity coordinator] who comes in and has a chat, [they have] all my likes and dislikes written down."
- We observed activities taking place when we visited. These consisted of games, craft work, music with

some singing along. The staff engaged and involved people in finding activities they liked and wanted to take part in.

- There was information about people's preferred activities in their bedroom to inform staff when planning individual activities with them.
- A relatives meeting was planned on the day of our inspection. We observed staff remind people that relatives would be visiting. Staff were aware of people's family make up and chatted with people about their families, showing an interest in their lives.
- People were entertained with music of their choice. We saw staff asking people what they would like to hear. The staff interacted well with people, chatting and laughing with them and giving them choice. We saw staff supporting people and praising them for their effort during a painting activity.

Improving care quality in response to complaints or concerns

At our last inspection in February 2022, we found complaints were not always investigated in a timely manner. This placed people at risk of harm. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 16.

- Complaints were recorded and addressed in a timely manner. People and relatives knew how to complain.
- The provider had a complaints policy and procedures in place and we saw complaints were investigated appropriately in line with these. The provider kept a log of all complaints they received. These contained the date of the complaint, source, main issues, if this was upheld or not and the date of completion.

End of life care and support

- People had end of life care plans in place and these were regularly reviewed. They contained people's individual needs and choices on how they wanted their care when they reached that stage, including their cultural and religious requirements.
- Some people were receiving end of life care at the time of our inspection. Staff receive training in this area so they could appropriately support people with these needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection in February 2022, we found the provider's monitoring systems had not been effective and had failed to identify the issues we found during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made but further improvements were required, and the provider remained in breach of regulation 17.

- The provider's systems for monitoring the quality and safety of the service had not always been effective because current management had failed to identify and address the issues we found during our inspection in relation to the safety and cleanliness of the kitchen.
- The provider's monitoring systems had not identified that the completed kitchen cleaning checks did not reflect the cleanliness standards we found during our inspection.
- The provider's monitoring system had failed to identify and address that two bathrooms containing tools, stored items and wet flooring had been left unattended and unlocked, posing a slip and trip hazard to people.
- Although the senior staff undertook audits of people's care records and monitoring charts, and some issues had already been identified, these had not been addressed in a timely manner. For example, a person's repositioning chart was inconsistently recorded, because the staff also recorded this in the person's 'Close observation record'. There were also gaps in recording. This meant we could not be sure the person was being repositioned as needed.
- The provider's monitoring systems had not identified and addressed that people's records were not always completed correctly, written in a person-centred way and the language staff used was not always respectful.
- Monitoring systems had not identified that some of the ABC forms were inappropriately completed or were incomplete. This meant an analysis of people's episodes of anxiety, distress or aggression was not always possible to identify ways to support them at these times.

Failure to have effective arrangements to assess, monitor and improve the quality of the service may pose a

risk to people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the manager and area director confirmed they were working with the relevant staff members to offer further training and supervision to enable them to make the necessary improvements.
- The management team carried out regular checks of the service, looking at areas such as security and safety, communal areas, the kitchen, staff and people who used the service, and cleanliness. Monthly audits also included checks of the garden, home furnishing, health and safety and checks of heating and water. They also undertook checks of their policies and procedures, staff training, first aid boxes, window restrictors and lighting.

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

- The culture at the service had improved since our last visit and the atmosphere was relaxed and homely.
- Most people and relatives were complimentary about the staff team. Their comments included, "[Family member] is really happy [they are] here, [they are] very well looked after and always have someone to speak to", "The carers have got a lot of respect for [family member]" and "They always say hello to us, they are always happy and friendly, they are very nice."
- Staff told us they felt supported and listened to by the manager. One staff member stated, "[Manager] is good. [They] are around and talk to us. [They] support us."
- Staff told us they received regular supervision from their line manager, and records we viewed confirmed this.
- The registered manager had recently left. A manager was in place whilst the provider recruited a new manager. They were supported by a deputy manager, a team of qualified nurses and care workers. They told us they were well supported by the regional and area directors.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and area director were transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised as necessary when things went wrong. Documents we viewed confirmed this.

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

- There were regular staff meetings organised so staff could discuss any areas of concerns or share information.
- People who used the service and relatives were supported to give their opinion of the service via yearly questionnaires and regular meetings. We saw evidence they were generally happy with the service and had no complaints. Relatives thought the staff were good and caring.
- All staff we spoke with including ancillary and agency staff said they felt well supported and enjoyed working at the home. Staff told us there were good lines of communication and senior staff attended daily meetings.

Continuous learning and improving care

- Following the last inspection, the provider had created an action plan which was regularly reviewed and updated. This had been beneficial and had resulted in an improvement of the service.

- The manager was in the process of undertaking checks and audits of the service, care plans and records to see where improvements were required. They told us they were planning additional training for staff where shortfalls had been identified, such as poor record keeping.
- The provider had adopted a 'High risk' based approach to clinical care, in response to the concerns identified at the last inspection. Weekly clinical meetings took place with the nurses to empower them to run their units appropriately, manage staff and ensure people received the best care possible.
- Examples of good care were celebrated and praised. Where it was identified that some staff were underperforming or required further support, this was carried out through supervision, improvement plans and the provider's disciplinary process.
- The provider told us that this increased oversight had improved the overall quality of care for people who used the service. There had been fewer incidents and accidents and safeguarding concerns in the last 3 months.

Working in partnership with others

- The managers liaised with other local care services managers and attended regular meetings where they shared important information in relation to developments within the social care sector. Relevant information was cascaded to the staff team to keep them informed of important changes within the social care sector.
- The provider had developed good working relationships with healthcare and social care professionals involved in the service. The GP visited regularly and provided advice and support.
- The manager was supported by their line manager and they worked together to review the action plan and make improvements to the service.
- The care home was working closely with the Hounslow Care and Support Team to improve nurse and staff knowledge and skills around health-related concerns

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not ensure care and treatment was provided in a safe way for service users. Regulation 12 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1)(2)