

The Emilie Galloway Home Of Rest

Emilie Galloway Rest Home

Inspection report

Tweed
8-10 Silverdale Road
Eastbourne
East Sussex
BN20 7AL

Date of inspection visit:
25 May 2017

Date of publication:
30 June 2017

Tel: 01323733223
Website: www.tweedcarehome.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 25 May 2017 and was unannounced.

The Emilie Galloway Rest Home (also known as Tweed) is registered to provide accommodation for up to 21 people who require support with their personal care. The service specialises in supporting older people who require minimal support with their personal care. On the day of our inspection there were 19 older people living at the service one of whom was in hospital. Some people were independent and some were living with early on set dementia. The service is spread over four floors with access provided via passenger lift; stairs and stair lifts, there are communal lounges and a dining room on the ground floor. A range of seating was available in the gardens to the front and rear of the property. The property has a small car park and is within walking distance to a range of shops and other local facilities.

The service 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.

At the last inspection on 21 and 22 October 2014 the service was rated Good. At this inspection we identified improvements were needed in relation to some quality assurance audits and some record keeping.

Recruitment practices were not robust. Due consideration had not been given to following good practice recruitment guidance and legislation. Therefore the provider could not be assured some staff were safe to work with people. This is an area of practice that requires improvement.

The staff recruitment files had not been audited therefore the provider had missed the opportunity to identify shortfalls and take corrective action. Audits of three care plans took place twice a year and shortfalls identified had been addressed. However, other care plans had not been checked to see if they contained the same shortfalls. People's daily records detailed that people who wanted to be; were checked at two hourly intervals throughout the night. Records of two hourly night checks were made at the end of the shift. Therefore the provider could not be assured an accurate contemporaneous record had been maintained. Records of the food people had eaten had not been routinely maintained so would not be available if needed by healthcare professionals. These are areas of practice that we identified for improvement.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. One person commented "We get interviewed all the time to see if there is anything else we want".

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection.

People were supported to maintain good health and had access to health care services. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment. Staff supported people to arrange healthcare appointments and were available to accompany them to appointments when needed. A visiting healthcare professional told us "Communication from the home is good; the manager is good and handles everything. There is a good communication of resident's needs".

A variety of nutritious food and drink was provided and people told us they enjoyed the meals. Lunch was an enjoyable and sociable occasion. People had a choice of meals and a range of alcoholic and soft drinks were available. One person told us "The food is excellent". Another person commented "The food is really good". The chef was aware of people's preferences in relation to food and told us how one person liked to have porridge in the morning but "Not too thick".

People and staff felt the service was safe and there were sufficient numbers of staff on duty to meet people's needs. One person told us "I can use my call bell if I need help". Staff were trained to recognise abuse and knew how to report any concerns. A staff member told us "We do our best to make sure people are safe".

People were encouraged to express their views, attend residents meetings and complete satisfaction surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People enjoyed the activities on offer and were encouraged to remain independent.

People were supported to get their medicine safely when they needed it. Medicines were ordered, stored and disposed of in line with good practice guidelines.

Staff were skilled and experienced. They felt fully supported by management to undertake their roles. They were given training updates, supervision and development opportunities.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed.

People and staff found the management team approachable and professional. One person commented "They are very well organised here. It's like a first class hotel. You couldn't ask for more". Another person stated "Everything is good here. We can ask for anything we want". A staff member told us "I like (registered manager's name), they are very good and they listen. If something's not right they will do things to make it better they are very good at their job".

We found one area where the provider was not meeting legal requirements. You can read what action we have asked the provider to take 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 consistently safe.

Recruitment procedures were not robust. Security checks had not always been completed in line with good practice guidelines and health declarations had not been obtained for staff.

There were sufficient numbers of skilled and experienced staff to meet people's needs and protect people from harm.

Risks associated with people's care needs were assessed and action taken to prevent harm. Safety checks had been carried out on the environment and the equipment used to help people to remain safe.

People's medicines were managed so that they received them safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received appropriate training and supervision to support them to meet the requirements of their role.

People's consent was sought and staff worked in accordance with the Mental Capacity Act.

People were supported to maintain good health. People enjoyed the meals provided and where they had dietary requirements these were met.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were caring and treated people with dignity and respect.

People's independence was promoted and encouraged.

People felt that they mattered and had involvement in the care

Good ●

that they received.

Is the service responsive?

The service was responsive.

People received care that was individual to them and their needs and had contributed to the planning and reviewing of the care that they received.

People were encouraged to engage in activities that were of interest to them and to remain active.

People knew how to make a complaint and their feedback had been sought and action taken as a result.

Good ●

Is the service well-led?

The service was not consistently well led

Quality monitoring systems were not robust. Audits and had not always identified shortfalls in records that needed addressing.

The registered manager was approachable and knew people well.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Requires Improvement ●

Emilie Galloway Rest 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 inspection took place on 25 May 2017 and was unannounced. The inspection team consisted of two inspectors.

The last inspection of the service was completed on the 21 & 22 October 2014 and identified no concerns.

The provider 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. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges/dining rooms. We spoke with eight people, four care staff, the chef, an activity co-ordinator, a visiting health care professional, the administrator and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time and the administration of medicines.

We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

People, a visitor and staff told us they felt the service was safe. One person told us, "I think we're safe here. The staff will go with us if we want to go out". Another told us "I can use my call bell if I need help". A staff member told us "We do our best to make sure people are safe".

Staff were not always recruited through an effective recruitment process that ensured they were safe to work with people and undertake their role. This was because the provider had not always followed the guidance issued by the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. The registered manager told us they had accepted DBS checks from two staff members whose DBS checks had been obtained by other care providers. They explained that these staff had both started working for them in the last 8 months and the DBS checks had been issued a month before they started to work at Emily Galloway Rest Home. Guidance issued by the DBS states it's the employer's decision to decide whether to accept a previously issued DBS check. They also state that the employer should consider the applicant's criminal record or other relevant information may have changed since its issue. There was no evidence to show the provider had considered this or taken any action to mitigate against the risk that information may have changed since the checks had been issued. The DBS guidance also states that the provider should ensure the identity details on the certificate match those of the applicant. However, the staff personnel file for one staff member with a previously issued DBS contained no proof of their identity. In addition to this a declaration of staff members' fitness for work had not been obtained for any of the staff whose files we looked at. Health declarations enable staff to declare any health condition or disability which may affect their ability to do their job. They may be used by a provider in order to accommodate any disability or impairment staff have declared and to meet their obligations under the Disability Discrimination Act. The absence of these checks meant the provider could not be assured that any adjustments staff may need to undertake their role safely, without risk to themselves and others, had been made.

The provider had not ensured that robust recruitment practices were always followed and this placed people at risk of being supported by staff who were not safe to undertake their role. This is a breach of regulation 19 (3) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection the staff member for whom they had no proof of identity for was contacted and they brought in the relevant documentation so that it could be checked and verified by the provider. The registered manager wrote to us after the inspection to tell us that DBS checks both of the staff had been applied for and that they would not be working unsupervised until they received confirmation their checks were clear. They also confirmed that they had instigated health declarations to be completed for all staff.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

People felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager staff told us, "Most of the staff have been here a long time and provide cover when we need it. We have three bank staff we can call. We rarely use agency". We saw people had call bells in their rooms and some had pendants which they could use to call for staff assistance. People told us and we saw staff responded quickly when people called for help and one person commented "The night staff come quickly when I press the call bell".

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People received their medicines safely. Staff who administered medicines had received appropriate training. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Risk assessments were in place for people. These considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community independently and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. The provider had also recently purchased two evacuation sledges to aid the evacuation process.

Is the service effective?

Our findings

People were supported by staff who had the skills experience and support to enable them to provide effective care and support with their health and dietary needs. One person told us, "They do everything for you here". Another person commented "You've only got to ask for something and they're there". A third person stated "The staff are very efficient here".

People were supported by staff who received the training and support needed to deliver safe and effective care. When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. New staff were also required by the provider to complete the Care Certificate which is an industry recognised qualification and induction process into care. The training records demonstrated that staff continued to attend essential training and regular updates. Training included moving and handling, safeguarding, fire safety and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. The providers PIR stated that of the 19 care staff employed all held a Diploma in Health and Social Care or an equivalent nationally recognised qualification in care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found that the management and staff still had a good understanding of MCA and continued to seek people's consent before providing care. People's capacity to make day to day decisions had been assessed and documented within their care plans to help ensure they received appropriate support. Staff demonstrated an awareness of these assessments and confirmed they had received training in MCA and DoLS. At the time of the inspection no one living at the service was subject to a DOLS. However following the inspection the registered manager wrote to us to inform us that DOLS applications had been submitted to the local authority for authorisation for two people. This was because they had been reassessed and no longer had the capacity to consent to their care and were subject to constant supervision.

People received consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and district nurses. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. A visiting health care professional told us communication with the staff was good and commented "If a resident needs a visit from the team, the home normally ring up and we explain what the resident will need whilst they are waiting for the GP referral". People and staff told us staff supported people to arrange and attend their appointments. We heard the registered manager confirming with one person that a staff member would be accompanying them to a health care appointment that day and saw records confirming staff had supported people to a range of other healthcare appointments.

A variety of nutritious food and drink was provided and people told us they enjoyed the meals. We observed lunch and saw that it was an enjoyable and sociable occasion. People told us and we saw people had a choice of meals and a range of alcoholic and soft drinks were available and people could ask for an alternative if they did not want the food on offer. One person told us "The food is excellent". Another person commented "The food is really good". A third person told us "The food comes hot. I get smoked salmon and prawns. The diet is really good. The staff enquire two days in advance about the menu. I get a choice of main and dessert". People's dietary needs continued to be met, for example soft diets were provided for those that needed them. The chef was aware of people's preferences in relation to food and told us how one person liked to have porridge in the morning but "Not too thick" and another person liked to have "Chopped ham with Mary Berry salad dressing".

Is the service caring?

Our findings

The Emily Galloway Rest Home web site states the fundamental aim of the service is "To provide a comfortable and pleasant residential home whilst, at the same time, encouraging all residents to feel at home in every possible sense and, as far as possible, to be free of the day to day cares and worries of life." People felt staff were consistently kind and caring. One person told us, "There's always a great atmosphere". The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. We observed people moving freely around the service and spending time in the communal areas, gardens and in their rooms. Records showed that at one person's review of progress they had stated they felt 'Very happy and fortunate to be looked after well by everybody' and their relative had stated, 'I am extremely happy with my relatives care and am very grateful to have found Tweed and its excellent staff' (Emily Galloway Rest Home is also known as the Tweed).

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. We were told one person liked to sit in the porch and watch the world go by and we saw they did this. A staff member told us "Sometimes it's a bit cold so we ask them if they want a hat and scarf and make sure they're wrapped up but that is what they like to do even on a cold day". Diversity was respected with regard to peoples' religion and people were able to maintain their religion if they wanted to. People's rooms were personalised with their belongings. The registered manager told us and we saw that people had brought their own memorabilia and furniture. The registered manager told us and people confirmed they received a gift on their birthday and a cake of their choice.

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. The registered manager told us they had supported one person to raise a complaint with an external agency. Documentation showed they had obtained the person's permission to act on their behalf before advocating for them.

Peoples' privacy was respected and consistently maintained. People who wished to could have a key to their own room; information held about people was kept confidential; records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. People that could were encouraged to go out

independently for example to visit the local hairdressers and local shops. One person told us "I go out on my scooter to the hairdressers and shops down the road. I was going this morning but I didn't feel like it so I'm going this afternoon instead". People were provided with the equipment they needed to remain independent for example, one person who suffered from vision loss had a big button telephone and radio in their room and other people had walking aids. The PIR stated that 'Every day we offer our residents the opportunity to go out to the local shops. If not we will purchase small items for them from the newsagent or chemist'. Our observations and conversations with people confirmed this happened.

The registered manager told us they provided end of life care for people and had recently purchased a profiling bed to ensure people could be supported safely and comfortably. They stated on the PIR 'We have provided end of life care in 2016 and in the past. We are able to offer support to families and relatives at this difficult time and will seek advice from Macmillan nurses and the local hospice. During an end of life in 2016 we were able to offer three members of the family the opportunity to say overnight and be with their relative at the end of her life. They were also able to care for her after them had died. Members of the deceased family were very grateful to have this opportunity and gave every member of the staff team a champagne tea at a local hotel'.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. People's care and support needs had been assessed before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans gave brief descriptions of people's needs and the support staff should give to meet these. Care plans were reviewed regularly and updated as and when required. People told us they were involved in the initial care plan and on-going involvement with the plans. One person commented "We get interviewed all the time to see if there is anything else we want". Records showed that one person was asked how well their needs were met at a review and had stated '100%'. Care plans contained details of people's likes, dislikes and preferences. For example, one person's care plan stated they did not want to take part in activities but did enjoy one to one time.

Meaningful activities were provided by an activity organiser, care staff, volunteers and external entertainers. Activities on offer included arts and crafts, exercise, games, films, quizzes, and visits from external entertainers. On the day of the inspection, we saw activities taking place for people. We saw people enjoying an exercise class that was provided by an external organisation. People told us this was quite a new activity and commented "They come bounding in full of energy. We like it". Another person told us they enjoyed having one to one time with the activities organiser and commented "She's good company, she comes every Monday. I'm doing a painting of flowers in a pot". We also observed lots of people enjoying socialising in the garden, porch and lounge at different times of the day. The registered manager told us they also had three volunteers who visited the service to play the piano, read poetry and do quizzes. We observed staff responding to one person's request to sit in the garden. They assisted them the person to move from their chair to their wheelchair and prompted them to apply sun cream, wear their sunglasses and take their newspaper and reading glasses. Once in the garden they were assisted to sit on a garden chair under a sun umbrella.

Meetings were held with people to gather their ideas, personal choices and preferences on how to spend their leisure time. The registered manager told us as a result of feedback they had received from satisfaction surveys they identified that people wanted more activities to be provided and more outings. They told us as a result of this they had employed a part time activity organiser who was researching events in the area and planning more outings. One person told us "I'm going out for a walk next week. We're going to sit in the shade somewhere out of the sun".

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us they had talked about how to raise a complaint in a residents meeting and that they had been given information about how to make a complaint when they moved in. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and

addressed in line with the policy with a detailed response.

Is the service well-led?

Our findings

People and staff all told us that they were happy with the leadership of the service and the management team were approachable and professional. They spoke positively about the personalised nature of the service, and the continuity of staff and how this positively impacted on the consistency in the quality of care. One person commented "They are very well organised here. It's like a first class hotel. You couldn't ask for more". Another person stated "Everything is good here. We can ask for anything we want". A visiting health care professional told us "Communication from the home is good; the manager is good and handles everything. There is a good communication of resident's needs". A staff member told us "I like (registered manager's name), they are very good and they listen. If something's not right they will do things to make it better they are very good at their job". Feedback provided as part of a quality assurance questionnaire and seen in the form of compliments was also very positive about the management of the service and the services provided. Despite this positive feedback we identified some areas for improvement.

The provider had a range of quality assurance audits including medication and care plan audits. These were used to identify shortfalls and ensure corrective action was taken. The care plan audits were completed twice a year as part of which three care plans were spot checked. We saw that the last audit completed in December 2016 identified shortfalls in each care plan checked and that the actions needed to correct the shortfalls had been completed. However, there was no evidence to show that any learning had been taken from this and other people's care plans had been checked for their completeness. The provider had no systems in place for the auditing of staff recruitment files. Therefore they had missed the opportunity to identify the shortfalls that we identified. No harm had occurred from these shortfalls, however these are areas of practice we identified for improvement.

We identified shortfalls in some of the records we saw. The registered manager told us, unless there was a specific reason for doing so, they did not routinely maintain records of the food people had eaten. Therefore the provider would not be able to present this information should it be requested for example by a healthcare professional. People's daily records detailed that people who wanted to be; were checked at two hourly intervals throughout the night. It was evident that the entries in the records had been made at the end of the shift and not at the actual time of the check; therefore the provider could not be assured the entries were accurate and contemporaneous. Although we did not identify any harm had occurred to people as a result of these shortfalls these are areas of practice we identified for improvement.

The local authority had commissioned an infection control audit of the service which was completed in February 2017. This audit identified a wide range of issues that needed to be addressed through an action plan. The registered manager wrote to us following the inspection and explained they had not been given any specific timescales for the completion of the action plan by the auditors but had been completing the actions in order of priority. They provided us with a list of the actions they had completed stating some had been actioned immediately they also told us some of the more costly actions needed clearance from the Trustees before work could commence.

The registered manager had managed the service for over eight years and was supported by a deputy

manager who had worked at the service for 13 years. Both the registered manager and the deputy manager held nationally recognised qualifications in care and care management. The registered manager showed passion for the service and knew people extremely well. It was evident that people found the registered manager approachable and felt comfortable speaking with them. We saw their office door was open and people came and spoke with the registered manager about a number of issues throughout the day such as arranging for staff support for appointments. Other people came to pass the time of day and have a chat. The registered manager told us that Emily Galloway Rest Home was 'Investors In People' accredited. The PIR stated 'We have achieved The Investors in people award in 2016. This has made a huge difference to our staff team. They are more responsible and committed to the job. They feel valued and have less time off sick.' They had also implemented a 'Staff Charter' which had been shared with staff and laid out what the management promised staff and what they expected from staff in return. They explained they had also agreed with another care home provider to start completing audits of each other's services in order to share good practice and learn from each other.

The registered manager told us in 2016 they had received a lottery grant to obtain computer equipment for people to use. They explained they had used the money to buy a computer tablet, an internet TV with the ability to download films, two lap tops and three new computers. They told us they had supported some people to use this equipment to keep in touch with relatives who live abroad.

The registered manager was aware of their legal responsibilities and had informed the Care Quality Commission, (the CQC), of important events that happen in the service in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed 19 (3) (a) The provider's recruitment practices were not robust. The provider had not ensured that all the information required in respect of persons employed or appointed for the purposes of a regulated activity, as specified in Schedule 3 had been obtained.