

Covenant Mission Care Ltd

Spencer House

Inspection report

Spencer Road
Birchington
Kent
CT7 9EZ

Tel: 01843841460

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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

About the service

Spencer House is a residential care home providing accommodation and personal care to up to 25 older people, some of whom were living with dementia. At the time of the inspection there were 21 people using the service.

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

Risks to people's health had not always been consistently assessed, monitored and reduced. The registered manager addressed this shortfall during the inspection.

Some people, who were living at Spencer House for a short while, did not have care plans to support consistent care. Staff followed a list of daily tasks on an electronic handheld device to provide support. Risks, when they had been identified, were noted on the application. Staff knew how people preferred to be supported.

Audits and checks by the management team had not identified the shortfalls found during the inspection. Action was taken straight away to address these.

Some areas of the service needed repair and redecoration. There were plans in place to refurbish the service with the involvement of the people living there.

People received their medicines as prescribed. These were stored and disposed of safely.

People and their relatives told us there were enough staff and they were not rushed. The service was actively recruiting staff. Staff were recruited safely and completed training. Plans were in place to update staff training as the registered manager confirmed some staff were two or three months behind with this.

People told us they enjoyed the meals served at the service. People were encouraged to eat healthily and drink plenty.

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.

People and their relatives told us staff were kind, compassionate and caring. They spoke positively about the management of the service and felt they were listened to. People's privacy and dignity were respected, and their independence was encouraged.

People were supported to maintain relationships to avoid social isolation. Staff provided meaningful activities which people told us they enjoyed. The atmosphere was relaxed, and people enjoyed the company

of each other and staff. Throughout the inspection people and their relatives chatted and laughed with the staff.

People and their relatives had no complaints about Spencer House and felt confident to raise any worries with management or staff.

Staff worked closely with health care professionals to make sure people received the care and support they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 5 May 2021 and this is the first inspection.

Why we inspected

This inspection was completed as part of our inspection programme.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Spencer House

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 one inspector.

Service and service type

Spencer House 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. Spencer House is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. 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 five people living at Spencer House and four people's relatives about their experience of the care and support provided. We spoke with five staff, the administrator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care plans and multiple medication records. We looked at three 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Some risks to people had not been assessed. This was an area for improvement. For example, when a person used a special cushion or mattress to help prevent pressure areas, there was no risk assessment or guidance for staff about how to check this equipment was in good working order.
- During the inspection one person was sitting on an air-flow cushion. There was a red light on the mechanism, indicating the air flow to the cushion was not working correctly. We highlighted this with the registered manager who took immediate action to replace the cushion.
- Following the inspection, the registered manager completed these risk assessments and implemented charts in people's rooms to ensure staff checked cushions and mattresses on a regular basis to ensure they were working correctly and set at the right setting.
- When people used prescribed creams which contained paraffin, there were no risk assessments to ensure staff were aware of the fire risk with these creams. On the second day of the inspection the registered manager had completed the appropriate risk assessment for each person using a paraffin-based cream. We spoke with staff who told us the registered manager had explained the risks to them and they understood how to reduce the risk of fire.
- Other risks, such as the risk of falls, had been identified, assessed and there was guidance for staff about how to reduce these risks. When people were in bed for long periods, staff were prompted, via an electronic handheld application, to make sure the person was regularly turned to help reduce the risk of pressure areas.
- A relative told us, "[Our loved one] feels utterly safe living at Spencer House. Staff make sure people are safe. I know they remind [our loved one] to use their walking frame because sometimes they forget to use it. They are all very good."

Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored, managed and disposed of safely. When medicines required special storage to reduce the risk of them being misappropriated, they were stored securely. Medicines with a short lifespan, such as eye drops, noted the date they had been opened. This meant staff knew when they needed to be disposed of.
- An electronic medicine recording system was used, and this was checked each day to make sure people received their medicines as prescribed. Each person had a medicines administration record with their photograph on. Staff completed medicines management training and their competency was assessed.
- Some people were prescribed 'as and when' medicines, such as pain relief. There were no protocols in place about when these should be given and how often. The registered manager took immediate action to implement these.

- When people were prescribed an adhesive patch for pain relief, staff made sure this was rotated on different areas of the body each week. This was clearly recorded on a body map and helped make sure the person's skin was protected.
- Staff monitored the temperature of the medicine's rooms. However, there had been occasions when staff had not recorded the temperature. This was an area for improvement.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and discrimination. Staff knew how to identify potential signs of abuse and how to report concerns. They felt confident action would be taken if concerns were raised.
- Staff completed regular safeguarding training to keep up to date with best practice.
- One member of staff told us, "I would tell the manager if I noticed bruising or if someone was unusually upset. I think they would talk to the safeguarding team. I know I could talk to the local authority or Care Quality Commission if I felt it was needed."

Staffing and recruitment

- People were supported by enough staff. During the inspection, call bells were answered promptly.
- The registered manager was actively recruiting and had supported staff when there had been a shortage of staff. A member of the management team was available out of hours for staff to obtain advice and support.
- One person told us, "I only have to ring my buzzer and they come straight away. Often [staff] will pop their head through my door when they are passing just to check if I need anything."
- Relatives commented, "There are always staff about. I know they are busy but if [my loved one] needs some help, like moving from his room to the lounge, they are always ready and willing to help him" and, "The night staff are brilliant. [My loved one] is often awake in the night and they always sit with them."
- People were supported by staff who had been recruited safely. Checks were completed to make sure staff were suitable to work with vulnerable people before they started working at the service. For example, two references were obtained and Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- One person told us, "I think [the registered manager] does well selecting new staff. They all have to do training when they start."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

People regularly received visitors throughout the day, in line with Government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager to prevent similar incidents happening again. For example, following a person having a fall whilst moving around the service, a change was made for two staff to provide support in future.
- There were systems and processes to analyse incidents to identify possible trends. This helped to ensure any referrals to health care professionals, such as the falls team, were completed and to make sure opportunities to reduce risks were not missed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the service. However, three people who were living at Spencer House for a period of respite did not have a care plan in place. Staff used the care needs assessment provided by the local authority commissioners and an electronic application which had a list of tasks to complete each day. This highlighted risks to people when they had been identified. One person was at risk of pressure areas. This risk assessment was implemented following the inspection. Staff we spoke to knew how to support people.
- The registered manager told us the standard process was to implement an interim care plan when the person moved into the service, which would be developed and expanded as they learned more about the person. They confirmed this had not been completed. Following the inspection, the registered manager confirmed these three care plans had been written and shared with staff.
- Best practice tools, such as Restore2, were used when needed. Restore2 is a tool used to help health care professionals recognise when a person's physical health may be deteriorating, or at risk of deteriorating.
- Assessments included people's needs in relation to their protected characteristics under the Equality Act 2010. This included things such as disability, sexual orientation, religion and culture.

Adapting service, design, decoration to meet people's needs

- Spencer House was undergoing renovation. Areas of the service were in need of repair and redecoration. The provider had a service improvement plan which included updates to bedrooms, communal areas, the kitchen and garden. There were plans to involve people in the decisions of the internal painting and murals.
- Relatives said, "The décor is the only thing that is wrong here", "The environment is definitely improving. There has been a lot of work being done and I am aware of the plans to update the inside of the home and the garden" and, "[The registered manager] was very supportive is the family moving [our loved one's] photographs and pictures into the room to make them feel at home." One person told us, "I would like to be able to sit in the garden but they are doing work out there at the moment so I can't."
- Checks were made on important aspects of the safety of the environment. For example, gas safety, electrical appliances and specialist equipment were regularly checked and serviced. There were pictures on some doors to help people living with dementia, for example on toilets and bathrooms.

Staff support: induction, training, skills and experience

- Staff completed an induction when they began working at the service and completed mandatory training. Training included topics such as, safeguarding, moving and handling, mental capacity and fire awareness.
- The registered manager told us some staff were behind, by two or three months, with their refresher

training and there were plans in place to provide additional time and support to complete this.

- Staff were encouraged to undertake additional social care qualifications and discussed these opportunities during one to one supervision with their line manager. Staff said, "I have enrolled to do my National Vocational Qualification level 3" and, "I have had good training and keep it up to date."
- One person told us, "Staff definitely know what they are doing." A relative commented, "I know the staff are trained. They support [my loved one] to move around and it is always done nice and safely. Staff understand about [my loved one's] health and make sure he is not rushed."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat healthily and drink plenty. People were offered a choice of meals. People told us, "The food is very good" and, "I have no complaints about the food. I don't like everything, like today, I don't like fish. It is never a problem, so today I had egg and chips which was super" and, "My lunch was very nice. There is plenty of it."
- Staff knew what foods people liked and disliked and this was noted in their care plans.
- People were encouraged to eat together in the dining room. People chatted with each other over their meals.
- People's weight was monitored when they were at risk of weight loss. Referrals were made to dieticians or speech and language therapists when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals, such as community nurses, GPs and dentists, as needed. An appointment book was completed by staff to ensure people received the support when they needed it.
- The registered manager told us they had a good relationship with the local medical centre and a ward round was conducted weekly by a nurse practitioner. A GP conducted virtual visits with the nurse practitioner being on site. The registered manager said, "They are very good and refer people quickly. I cannot fault the medical centre at all. They have supported us with additional training and if I have any concerns, I can just speak with the practice nurse."
- The service worked closely with community nursing teams and the Primary Care Network to ensure people received support with their health when needed.
- People were supported with their oral health needs. People had access to dental care when required. Staff were reminded, via an electronic handheld application, to support people with their teeth or dentures.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make specific decisions was assessed. When people were not able to make an important decision for themselves, the registered manager involved relatives and health care professionals to make sure decisions were made in the person's best interest.
- The registered manager checked to make sure family members were authorised to make decisions on behalf of their loved one. For example, they made sure a valid power of attorney was in place.
- The registered manager and staff understood their responsibilities under the MCA. Regular training about MCA and DoLS was completed to keep staff knowledge up to date. DoLS applications had been made, when required, in line with guidance.
- A relative told us, "[The registered manager] explained about the DoLS and what it meant. We completely agreed it was appropriate to be in place."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their friends and families were treated respectfully. The atmosphere at Spencer House was warm and welcoming.
- People's equality and diversity needs were considered. Staff completed training about equality and diversity. Staff knew people and their individual preferences well.
- People had positive relationships with the staff team. People told us, "The carers are wonderful, all of them" and, "The carers are very kind to me. [The registered manager] keeps an eye on me to make sure I use my walking frame. I am very settled and very happy here."
- Relatives commented, "Staff have always been really caring and compassionate. Staff always make us welcome, have a laugh and always have a smile" and, A relative commented, "I am happy with the care. [My loved one] is always clean, well dressed and shaven. He always looks well."
- Staff made sure they spent time with people, knew them well and made sure people were included. For example, when a person did not speak English as their first language, staff learned how to wish them 'happy birthday' in their native language. The person's face lit up with smiles when staff did this, and they were presented with a birthday cake.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of their care and support. A relative said, "Staff all know [my loved one] very well. They know what they like and don't like. I have always been involved in [my loved one's] care from the beginning."
- Staff were sensitive to people's needs and knew when people needed some emotional support. Staff were patient and did not rush people. During the inspection, staff responded quickly when people asked for assistance.
- People had support from their loved ones, and we were told the communication was good. When people did not have friends or family to help them the registered manager told us they were able to access an advocacy service. An advocate helps support a person to make their views and opinions known.
- A relative told us, "[Our loved one] is really well taken care of all round. There are absolutely no concerns about the quality of care they receive."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. People were encouraged to do as much for themselves as they were able. One person said, "I do what I can, but the girls help me with the things I can't manage now."
- During the inspection staff knocked on people's doors and waited for an answer before entering. Staff

knew when people wanted to spend time in their room and respected this, discreetly monitoring when appropriate.

- Staff spoke to people and about them in a respectful way.
- People used a red post box, located on the ground floor, to post any letters or cards. This was checked daily and staff took the post to the local post box.
- A relative had noted on social media, 'We have been so very impressed with the loving care and support [our loved one] has received round the clock. It is very reassuring that they are being looked after so well.'

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans centred on their individual needs and preferences. There was information about people's life to enable staff to get to know them and talk about things that were meaningful to them. We have reported in the 'Effective' section of the report concerns regarding care plans for people on respite.
- Care plans included information about people's physical, mental health and emotional needs. When a person's needs changed, care plans were updated to reflect this.
- A relative said, "I am impressed with both the physical care and especially the emotional support. Since being at Spencer House, [my loved one] has made huge strides and improved a lot."

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 care plans included information about any communication needs. When people were hard of hearing, staff made sure they faced them, made eye contact and spoke loudly and clearly.
- Staff knew people well and understood how best to communicate with them. For example, using pictures, providing written information or using a translator. When people wore glasses or hearing aids, staff were prompted to make sure they were clean, working and being worn.

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 spoke positively about the activities offered in the service. An activities co-ordinator spoke with people about the things they would like to do. When people were unable to leave their room, they received one to one time doing activities of their choice.
- People told us activities included, guitar playing and singing, reminiscing and going out for walks. People were encouraged to continue following their interests. One person showed us the knitting they had been doing. They said, "I have always enjoyed knitting. I sit here and watch the world go by while I knit." The registered manager had brought in fresh flowers from their garden and told us, "[Person] loves to do flower arranging." The flower arrangement was displayed in the dining room.
- Staff told us, "Just watching the change in a ladies face when she was going out was amazing" and, "Listening to people when they are reminiscing is lovely."

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints about Spencer House but felt confident to raise any concerns with the registered manager or staff.
- One person said, "I am very happy. I have no complaints here." A relative commented, "Without a doubt, I would talk to [the registered manager]. I do not have any complaints."
- The provider had a clear complaints process which was shared with people when they began using the service. The registered manager recorded any complaints to ensure they were investigated and responded to and satisfactorily resolved. There had been two complaints in the previous 12 months.
- When compliments were received, these were shared with the staff team.

End of life care and support

- People were supported by compassionate staff who had completed training about supporting people when they were on palliative care.
- People had the opportunity to discuss end of life support to make sure these could be respected. This included talking about any spiritual and cultural wishes they may have.
- Staff worked with health care professionals to provide people's support and followed any advice given. Some people had a treatment escalation plan in place, which helped to make sure people's wishes for emergency care and treatment if their health deteriorated.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and administrator completed checks and audits on the quality and safety of the service. However, during the inspection shortfalls were identified regarding some risks not being assessed and interim care plans for three people not being in place. These shortfalls had not been identified. Immediate action was taken during and following the inspection to address this.
- Some checks were assigned to senior carers to complete. For example, ensuring medicines room temperatures were completed each day. The registered manager had not consistently checked to ensure these had been done. The registered manager told us some of their checks had not been completed as regularly as usual as they had been supporting staff whilst they were low in staff levels.

Systems and processes to monitor the quality and safety of the service were not operated effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other checks and audits, including those completed by the nominated individual, had identified areas for improvement and plans were made to address these. The registered manager spoke with people daily to make sure they were happy with their care and support.
- Staff competency was assessed to ensure moving and handling and medicines administration were carried out safely. Staff were knowledgeable about the people they supported.

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

- There was a positive, open culture at Spencer House and the registered manager spent time with people each day. People told us they felt comfortable speaking with the registered manager and staff. Relatives felt the communication was good.
- A relative said, "[The registered manager] is excellent. Communication is exceptional. I always know when [my loved one] needs any medical attention and they are very good at making sure things are followed up with the GP."
- Staff were happy in their roles and greeted people and relatives with a smile. Staff said, "We all work closely and know our residents very well" and, "I think we are a good team. The residents' happiness is our priority."

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 registered manager understood their responsibility under duty of candour. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The management team understood when they needed to inform the Care Quality Commission (CQC) or local authority safeguarding team of incidents or concerns. Notifications had been submitted to CQC in line with guidance.

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

- Regular residents' meetings were held to obtain feedback from people about the day to day running of Spencer House. When needed, an action plan was implemented to ensure people's comments were satisfactorily addressed.
- The registered manager sent quality surveys to people and their relatives each year. Responses were analysed to celebrate successes and to identify areas for improvement.
- Staff met with their line manager for regular one to one supervision. Staff told us they felt supported by the registered manager. There were regular staff meetings where staff were able to speak openly and make suggestions about the service. Staff told us they felt listened to and valued.
- One person told us, "The manager is so infinitely caring. She knows me and my style. She goes out of her way to help."

Continuous learning and improving care; Working in partnership with others

- The management team and staff worked closely with health care professionals, such as continence teams and community nurses. People and their relatives told us medical advice was sought when needed.
- Service improvement plans, and action plans were used to help drive and monitor improvements. These included time frames for completion.

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 Systems and processes to monitor the quality and safety of the service were not operated effectively.