Bupa Care Homes (CFHCare) Limited

Seabrooke Manor Residential and Nursing Home

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 2 and 8 February 2016 and was unannounced. At the last comprehensive inspection in October 2015 this service was placed into special measures by CQC as it was rated inadequate in the "safe" and "well-led" domains. This inspection found that there was enough improvement to take the service out of special measures. However, we will continue to monitor to ensure that improvements made are sustained as there were still some regulation breaches.

Seabrooke Manor is a 120 bed care home providing residential and nursing care. The service is divided into four units. Norman House and Belgae House provide nursing and residential care. Saxon House provides residential dementia care and Roman House provides nursing dementia care. On the day of our visit there were 90 people living at Seabrooke Manor.

On the days of our inspection there was a registered manager in post. 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 and associated Regulations about how the service is run.

During this inspection we found that improvements had been made. Although continence risk assessments had improved, risk assessments for behaviours that challenged were still not specific enough to enable staff to manage the risks appropriately. Care records we looked at were up to date with the exception of one aspect of care. Future decisions care planning was in progress but was still falling short as most plans were either not completed properly or just said, "not willing to discuss." We recommend further guidance is sought on having difficult conversations.

Staffing levels were reviewed regularly. On the day of our visit call bells were answered in a timely manner. However prior and after our inspection we were told of incidents on Belgae Unit where non- permanent staff were not responding to people in a timely manner. We recommend that action be taken to ensure consistent skills mix is achieved on Belgae unit in order to deliver consistent, safe care delivery.

Improvements had also been made to the activities provided to ensure that people cared for in their rooms and people living with dementia had appropriate activities. Although significant progress had been made with further training for the staff on dementia care, time was needed to ensure all staff had attended the

training, and were confident in effectively managing certain behaviours. Staff also needed further training to use the various resources available within the service to engage with people.

Improvements had been made to ensure equipment such as pressure relieving mattresses, hoists and slings were checked regularly to ensure they were safe to use. Topical medicines were now managed safely and there were completed "as required" medicines protocols on three of the four units. In addition units audited each other's medicine management monthly using a generic audit tool to ensure that safe medicine management guidelines were followed.

People told us they were treated with dignity and respect and that they could receive visitors at any time. They told us most staff listened to their wishes and respected them as individuals by delivering care where possible according to their preferences. Staff had attended equality and diversity training and were able to explain how they applied this in their daily practice by promoting people's individual choice.

Before care was delivered consent was sought. Staff understood how the MCA applied to their practice and were aware of the people with a current deprivation of liberty authorisation.

People were supported to eat sufficient amounts that met their needs. Where required input from other healthcare professionals was sought and acted upon to ensure people's health was maintained.

There were appropriate recruitment checks in place to ensure that only staff who had undergone the necessary identity, occupational health, reference and disclosure and barring checks (checks to see if the applicant has a criminal record) were employed.

Staff attended training regularly and were supported by means of regular supervision and yearly appraisals.

There was a registered manager in place at the time of the visit. Staff were aware of their roles and responsibilities. There were still variable leadership styles on each unit, however staff from two units where we identified concerns at the previous inspection were moving away from task allocation towards person-centred care in order to support people effectively.

Quality assurance was monitored as feedback was sought regularly from people, their relatives and staff and acted upon. We saw action plans with specified timelines in place in order to improve the quality of care delivered.

We found three breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe. Risk assessments were not always completed correctly and monitoring procedures following a fall were not always completed. Staffing levels were reviewed regularly.

We found improvements had been made to ensure safe management of medicines and administration of topical medicines. However on one of the four units "as required medicine protocols" were not always completed in order to ensure to ensure safe medicine administration.

Safer recruitment practices were in place including appropriate checks to ensure staff were suitable to work in a social care environment.

Staff had been trained to use equipment safely. Equipment including slings, sliding sheets, hoists and mattresses were checked regularly and were clean.

Is the service effective?

Requires Improvement

The service was not always effective. Significant improvements had been made to ensure capacity assessments were completed and communication care plans explained how people's communication difficulties were assessed. However this had not been sustained for a long enough period to review the rating of the service in this key area.

Staff had attended appropriate training and were still learning how to manage behaviours that challenged. People were supported to eat according to their preferences. The menu ensured that a varied balanced diet was available.

Regular supervision including group supervision and annual appraisals were completed in order to ensure that staff were supported to deliver safe care to people using the service.

Is the service caring?

Requires Improvement

The service was mostly caring. People were treated with dignity and respect. People told us that staff listened and usually answered the call bell promptly. However end of life care planning needed to be improved to ensure people's wishes were respected.

Staff demonstrated knowledge on how they promoted equality and diversity by respecting people's religious, cultural and educational backgrounds.

Is the service responsive?

Requires Improvement

The service was not responsive to people's needs. Although improvements in how care was assessed, planned and reviewed were evident, aspects of care plans such as future decisions and consistent recording of weights were lacking.

Complaints were acknowledged, responded to and resolved where possible. Staff told us that any learning from complaints was discussed during handovers.

People's relatives could visit at any time. Activities were arranged where possible to suit people's preferences.

Is the service well-led?

Requires Improvement

The service was not always well led. Although significant improvements had been made to address shortfalls in record keeping, training, activities and care planning, these improvements were yet to be sustained. Aspects of record keeping including recording and updating dependency scores and future decisions were still to improve.

People thought the leadership was visible and attempted to rectify any of their concerns in a timely manner.

Regular "residents meetings" were held to keep people and their families involved and informed. Monthly quality assurance checks were completed by the regional manager and night checks were completed monthly jointly by the registered manager and their deputy.

Seabrooke Manor Residential and Nursing 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 2 and 8 February 2016 and was unannounced on the first say and announced on the second day. The inspection team comprised of an inspector, a pharmacist inspector and a specialist advisor in dementia on the first day and an inspector on the second day.

Prior to the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority and the local Health watch. We had received information from a whistle blower alleging neglect on one of the units. Two relatives had also contacted us about staff who did not understand people's needs on one of the units. We also spoke to the commissioners who had completed a monitoring visit a day before our inspection.

During the visit, we spoke with 12 people who used the service, four relatives, three nurses, six care staff, a unit lead, a visitor from a local charity, a staff trainer, the deputy manager and the registered manager. We observed how staff interacted with 40 people who used the service in communal areas on the four units. We observed interactions for a further five people who were at the time of observation in their individual rooms.

We looked at 16 people's care records, 20 medicine administration records and seven staff records. We also looked at records related to the management of the service. This included a range of audits, the complaints log, minutes for various meetings, safeguarding records, health and safety, and policies and procedures for the service. After the inspection we also received comments and complaints from two relatives.

Requires Improvement

Our findings

People told us that they were secure and safe at Seabrooke Manor. One person said, "They do a good job." Another said, "I feel safe as help is only a buzzer away." A second person said, "Most staff are helpful and trustworthy." People and their relatives told us they felt reassured knowing there was someone available to help 24 hours a day.

At our previous inspection although risks to people were documented, the interventions to mitigate the risks were not always clear. During this inspection we found that most of these had improved, in particular manual handling risk assessments and continence assessments were in place where required. However a few were not completed correctly. In particular managing behaviours that challenged (behaviours that pose a risk of harm to the person, other people or property) and falls risk assessments. For example within one care plan, for a person on Saxon Unit, falls risk assessments had not been reviewed following falls on the 24th and 27th January 2016. In addition no extra observations had been completed following the fall in order to monitor and watch out for complications of falls. Staff on this residential unit were not aware of the need to monitor people following a fall although there was appropriate guidance in the place. This meant that risk assessments were not always reviewed in a timely manner and the necessary observations required following a fall were not always completed to ensure people were safe on Saxon Unit.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in October 2015 we had concerns about staffing especially during meals and the length of time it took to answer call bells. Although there were several staff on duty their skills and competence to care for people living with dementia and people with communication difficulties were limited. During this inspection we found that improvements had been made and staff were now allocated in such a way that people requiring assistance during meal times received assistance in a timely manner. We observed that people did not wait very long to be attended to. However we noted that none of the units were full and so staff were able to cope with the needs of people.

One person said, "They [staff] usually respond fairly quickly when I call." Another five people confirmed that staff responded within a reasonable time. However, there were still times cited by relatives and other visitors where people particularly on Belgae unit waited to be assisted with their personal hygiene needs especially during weekends and over the Christmas period. We reviewed staff rotas for December and January and found absences were covered by agency staff that were given an induction to ensure they knew the

environment and people's needs before they worked on the units. However we confirmed with the registered manager that during Christmas particularly on Belgae Unit there had been times where a lot of agency staff had been used and this could have impacted people by having their needs met at a slightly slower pace than when staffed with permanent staff who readily met their needs.

During this inspection we found that equipment used by the service provider for providing care or treatment to people was used in a safe way. We found that pressure relieving mattresses were checked daily to ensure that they were working and set correctly. This practice was consistent on all four units unlike at the previous visits. The provider had ensured they were appropriate systems in place to check and ensure equipment was safe for use.

At our previous inspection medicines were not always handled safely. We found discrepancies on some of the medicine administration records (MAR). Topical medicine prescriptions were not always clear and that administration of topical medicines was not always recorded. We also found inconsistencies in relation to where "as required medicine" was recorded. During this visit we found topical medicine recording had been changed. The nursing staff now took responsibility for making sure the MARS sheets are completed after the cream is applied or the senior care staff on residential unit. We saw that medicines were reviewed regularly by the GP. For one person we found that medicine timings had been changed to suit the person as they had been consistently refusing morning medicines. The timing change had enabled the person to have their medicine more regularly. Care plans for people receiving anticoagulant (blood thinning) medicines included information relating to the care and support required to minimise risks of bruising and bleeding.

Staff were aware of the whistle blowing procedure and told us they would not hesitate to report any poor practices that may put people at risk to their unit manager or the registered manager. Staff had attended safeguarding training and could explain the different types of abuse and how and where they would report any witnessed or allegations of abuse. People were protected from the risk of abuse because appropriate guidance was available and appropriate steps had been taken to ensure staff understood the need to protect people.

Incidents and accidents were monitored and appropriately managed. Staff told us and records showed how they used body maps to record any bruises. They showed us completed incident forms they used to capture data such as falls, pressure sores and any medicine errors. Staff told us that unit leads discussed these with staff at meetings and any learning or changes to the management of people were shared during every handover.

Staff were aware of procedures to handle foreseeable emergencies such as fire and medical emergencies. They had attended basic life support training and could tell us the procedure to follow in both a medical emergency and in the event of a fire. Regular fire drills were completed and staff were aware of where to find the colour coded system in place to evacuate people based on their levels of mobility. People were protected as staff had been trained and could follow the procedures in place to keep them safe.

Robust recruitment procedures were in place. These included appropriate checks to ensure that staff were suitable to work in the social care environment. Two references, proof of identity, qualifications and occupational health clearance was also kept on file. Staff were made aware of recruitment policies including sickness and absence and annual leave. We spoke to the registered manager about the disciplinary process and they told us that they had support from human resources to enable them to carry out disciplinary procedures in order to protect people from poor care delivery practices.

Requires Improvement

Our findings

People told us that staff were able to support them most times. One person said, "They are good. They come when you call and know what I like." Another person said, "The regular ones [staff] know what they are doing. The new ones [staff] ask." Relatives told us that most staff were good and knew the needs of the people. One relative said, "On the whole staff know mum's needs." They thought at times the weekend staff and non-permanent staff needed more prompting to do things like help people put their feet on foot rests and help people eat their food. This resulted in people sometimes waiting or having to ask for help.

At our inspection in October 2015 we identified shortfalls in how people's capacity to understand and consent to decisions about their care was assessed by the service staff. We asked the provider to send us an action plan outlining how they would make improvements. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During this inspection we found improvements had been made however they had not been sustained for a long enough period to review the rating. Staff demonstrated knowledge about the Mental Capacity Act and how they applied it in practice. Capacity assessments were completed fully. Where people needed advocacy or had communication barriers it was clearly documented how consent was obtained. In all of the care plans we reviewed we found a signed document stating that the person or their nominated person (relative/lasting power of attorney) had read and agreed to the care plans. Copies of the Lasting Power of Attorney and deputyship documents were in the files of those people who had them. Most of these related to finance and property rather than health and welfare. Consent to care and treatment was sought and staff waited for an appropriate verbal or non-verbal response before delivering care in order to ensure people's rights and wished were respected.

Staff were aware of the people on their units who had an authorised Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We reviewed records and saw that applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. There was a system in place to ensure that current authorisations were reapplied for before they expired to ensure that people's rights were protected.

At our previous inspection people were not always supported to eat and drink or offered alternatives if they

did not like the food. During this inspection we observed meal times on all the units and found that people were offered food and drink in a timely manner. For people who refused to eat staff encouraged them to consider an alternative. There was evidence that input from dietitians and speech and language therapists was sought and followed. We observed staff assisting people at an appropriate pace. Staff were aware of people's allergies and dietary requirements. Prior to the inspection we had received a complaint from two separate sources that over the Christmas period people on Belgae unit were not supported to eat and drink and that sometimes food was taken away untouched. We did not observe this on the day of our visit. However we looked at records to check that weights and nutritional assessments were completed and noted that action was taken when weight loss or gain was recognised. In addition regular staff were now working on the unit to ensure consistency and continuity of care.

Staff told us that they attended regular supervision which was either one to one or group supervision. They told us that this was informative and also gave them the opportunity to contribute and make suggestions about how care was delivered. Records showed that group and individual supervision took place with evidence of reflection of practice and learning from current incidents. Appraisals took place yearly with a midyear review to ensure staff developmental needs were identified and addressed so staff could effectively support people.

Training was delivered by an allocated internal trainer and on occasions external trainers. We saw training logs that evidenced that the admiral nurse had recently delivered dementia training. Staff told us they attended annual training and that they could attend any extra courses relevant to their work if they wanted to. On the day of our visit the trainer was training on health and safety and told us that there was a plan in place to ensure that all staff attended mandatory training in a timely manner. There was a system in place to check that nurses were up to date with their nursing registration. There were systems in place to ensure that the registered nurses employed were aware of the revalidation process and that they could access a confirmer to verify practice.

Requires Improvement

Our findings

Ten out of the twelve people we spoke with told us that staff were caring. The other two cited instances where they felt rushed by staff. One person told us, "On the whole staff are very polite and caring." Another person said, "Staff are chatty and do take time to listen and find out what's wrong." A third person said, "Staff are very helpful. They do all I ask. Some are more cheerful than others but can't say anyone has done me any harm." A fourth person said, "They try their best to help me relax as I have been known to panic." Relatives told us that the permanent staff had built a good rapport with people. People and their relatives thought the care provided at Seabrooke Manor was mostly delivered in a caring and sensitive manner.

We found that end of life care planning was inconsistent as eight out of the sixteen end of life care plans were completed with the full involvement of people and their next of kin. For example in one person's care record there was no detail in the plan about end of life wishes. Another end of life care plan was not really relevant to end of life as there was nothing about choices or preferences and nothing relating to the persons religious needs. It stated in the pre-admission assessment that this person was Hindu. There were no religion specific traditions acknowledged or identified within the end of life plan. Furthermore eight out of sixteen care plans stated that the person or their relative were not ready to discuss the subject. We recommend that further guidance is sought on how to enable staff to have difficult conversations so that more discussions are facilitated to ensure people's end of life choices and wishes were known and respected.

At our previous inspection in October 2015 we found that people's dignity was not always maintained. There was little acknowledgment of people's emotional and psychological needs. There were facilities and resources available but these were not always utilised in order to engage with people living with dementia. During this visit there was more interaction between people and staff on all units. People were treated with dignity and respect and supported with their personal care and toileting needs on demand. Staff responded when people called for assistance and addressed people by their preferred names. We observed meaningful conversations in all units and an attempt made to engage one on one with people at times of distress. Reassurance was offered in an empathetic manner.

We observed nursing and care staff treating people with respect and dignity throughout the inspection. They spoke in appropriate tones at the appropriate pace and knelt down to people's eye level in order to effectively communicate with them. We observed people and staff interactions in the morning and at lunch and found that there was activity going on all the units. Although on Norman Unit not many people were engaged. People sat down in the communal lounges on all four units but were able to move around or go

back to their room if they chose. There was more interaction during lunch and people were attended to and served and supported to eat their meals in a timely manner.

People's diversity was respected. Staff told us how they took into account people's individual preferences including their religious or cultural preferences during personal care and meal times. They gave examples of how people sometimes chose culture specific food. People told us that they chose where they wanted to be and could choose whether they wanted to participate in activities or not. Staff said people were encouraged to choose what they wore and what they ate.

People were encouraged to be independent as they could be. Some people's food was cut up and they were encouraged to eat by them self at a pace that was favourable to them. We saw people mobilise independently moving within different areas of their unit with one person gong out into the garden. We saw people using mobility aids being assisted to get up and encouraged to take a few steps at a time and they were able to rest at rest stations places in several places on each unit.

Requires Improvement

Our findings

At our previous inspection in October 2015 we identified shortfalls in the assessment, planning and reviewing of care given as some care plans were incomplete or not up to date. Care plans were not always person centred and did not include details of how to effectively respond to needs identified. The only evidence of collaborative working with people and family was when care had become challenging. There was limited evidence within care plans of end of life wishes which were fairly generic suggesting a need for further development to build the confidence and skills around end of life care planning. There was no evidence of the person's voice in the care plan.

During this visit we found a lot of improvements had been made to include the person's voice in care plans but these needed to be sustained. For example attempts to involve people's relatives in care planning had been recorded but this still was described as a process of agreeing to the care plan rather than being actively involved as some relatives were far away. In addition documented life histories and activity preferences were not always utilised to keep people meaningfully occupied. For example, a person enjoyed sport in the past but their activity record had no mention of any sport related activities. Another person enjoyed talking about their country of origin and reverted to their native dialect at times. However, there were no pictorial resources or any mention of any aids to enable staff to help encourage those conversations. This meant that although some people's needs were assessed their current care plans did not always outline how to use this information in practice to meet their social and emotional needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The monthly evaluations now indicated when reassessment was required for pain and continence. For people with catheters care plans were more specific about care and fluid requirements. However, we were concerned that most of the updates and improvements had been completed by senior management. Staff now needed to sustain care plan updates and ensure they reflected people's needs and preferences. On this visit we found dependency levels were completed pre admission and reviewed correctly to reflect people's current needs so as to ensure there were enough staff to meet people's needs.

At our previous inspection in October 2015 we recommended that best practice guidance be sought on how to effectively engage with people living with dementia. During this inspection we found that improvements had been made Activities were arranged daily by two activities coordinators who covered two units each. We found that activities were based on people's preferences to some extent. People chose what film they

wanted to watch with some watching them in the in-house cinema and others watching films in the lounge. On Saxon unit people were engaged in various activities at the same time, some were colouring, whilst others were building blocks and others chatting whilst others had one to one with staff. There was now an up to date orientation board on Saxon unit in use to keep people oriented of time date and place.

We found that there were more activities for people in their rooms and within communal areas. All activities were now recorded consistently in people care records on the day they took place. In addition the registered manager had purchased more games and were waiting for staff to be properly trained on how to use them. An old bus had been set up on the gardens and plans were in place to be turned it into a café for people to use. These meant new ideas were being sought in order to keep people stimulated and engaged. More engagement was in use on the dementia unit.

People told us that they could express their concerns to the registered manager or any member of staff. They were confident that their relatives would do that on their behalf if needed. Staff were aware of the complaints system and told us that they would report any complaints to their line manager. There were systems in place to acknowledge, respond to, resolve and learn from complaints. We reviewed the complaints that the service had received and found that they were acknowledged and responded to in line with the provider's policy.

Requires Improvement

Our findings

Prior to this inspection we had received information from a whistle blower (an employee who reports poor practice within an organisation) alleging neglect on one of the units. In addition local commissioners had confirmed in a visit dated 24 December 2015 that it was taking a long time to meet people's continence needs on one of the nursing units. The registered manager and deputy confirmed that there had been a lot of agency nurse usage on this unit which had resulted in delays in care. However they were trying to use consistent agency to cover absence until all vacancies were filled. In addition on our visit on 2 February 2016 and by the commissioners on 3 February 2016 people were attended to in a timely manner. We recommend that action be taken to ensure consistent skills mix in achieved on Belgae unit in order to achieve consistent safe care delivery.

At our previous inspection in October 2015 we found that there were ineffective systems in place to monitor aspects of the quality of care delivered. People's records did not reflect their current health conditions. For example, one care record documented that a person was mobile although staff told us that this person was now using a hoist. Similarly we saw inconsistency in recording weights on one unit where weights were transferred to care records did not always correspond. Similarly upon inspection of care records we found that records about activities people had participated in were not always recorded.

During this visit all of the above had improved as the management and the staff had updated most records. Activities were now recorded consistently. Continence, capacity and pain assessments were now up to date. However, we noted that the method of updating records needed to be sustained and embedded within the units over a period of time without relying on senior management updating the records. In addition future decisions care records were still not completed fully. For example some consistently said "people were not willing to discuss" whilst others had nothing documented in the care plan although a sometimes it was noted that funeral arrangements had been made.

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

At our previous inspection in October 2015 we found that some staff did not respond appropriately to repetitive requests from people living with dementia. During this visit we noted that staff understanding had improved as they engaged with people who were wandering or being repetitive. There had been recent training and an audit completed by an admiral nurse (a nurse specialising in assisting people living with dementia and their families). The audit identified areas for improvement and a service improvement plan

was in place to implement all recommendations by March 2016. In addition night checks were more robust and completed jointly by the deputy and the registered manager to ensure the necessary health and safety checks were completed.

There was a registered manager in place who was supported by a deputy manager, a clinical lead a trainer and a regional manager. The registered manager had informed the Care Quality Commission (CQC) of important events that happen in the service in a timely way. This meant we could check that appropriate action had been taken. However, after the inspection we were informed that the registered manager was leaving and were waiting to be informed of the recruitment progress in recruiting a new manager as this would directly have an impact on monitoring and sustaining any improvements made.

At our last inspection relatives and people had expressed some concerns about not being listened to, a closed culture on one of the units and staff shouting at each other. During this visit people confirmed that they no longer observed staff shouting or communicating in an inappropriate manner. There were still variable leadership styles on each unit, however staff from two units where we identified concerns at the previous inspection were moving away from task allocation towards person centred care in order to support people effectively. People told us that they could approach the management and there was evidence that a recent "residents meeting "dated 18 December had been held in order to engage with relatives and discuss issues related to people using the service. These meetings were held quarterly. In addition relatives told us they could call to find out how people were doing. Unlike at our last visit there was more documented involvement of relatives in relation to agreeing to care plans.

Community links were maintained by means of students coming for work experience from the local college. In addition a bus had been acquired for use as a café and a local arts college was going to come and decorate it after people had agreed on a theme for the decor. We were told and saw evidence in people's records that a priest visited regularly to engage with people.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people did not always meet reflect their preferences. The registered person did not always ensure that care and treatment was designed with a view to achieve peoples' preferences and ensuring their needs are met. Regulation 9 1 (c) 2(1) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. Although the risks to the health and safety of service users of receiving the care or treatment were assessed it was not evident that action that was reasonably practicable to mitigate any such risks was completed particularly for falls. Regulation 12 , 1, 2 (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were established but not always operated effectively to enable the registered person, to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity People's records were not always complete and contemporaneous record in respect of each person including a record of the care and treatment provided. Regulation 17 1. 2 (c)