Shipley Hall Limited

# Shipley Hall Nursing Home

## Inspection report

The Field
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Heanor
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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| 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

This inspection took place on 24 and 27 May 2016 and the first visit was unannounced. At our last inspection on 8 July 2014 the home was compliant in all areas.

Shipley Hall Nursing Home is in a quiet village in open grounds. It provides accommodation for up to thirty people who require care, including diagnostic and screening procedures and treatment of disease, disorder or injury. The accommodation comprises of eighteen single rooms and six shared rooms. On the day of our inspection twenty two people were living in the home. One additional person had been admitted to hospital.

Shipley Hall Nursing Home is required to have a registered manager, however, there was no registered manager at the service. 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. The provider had recently recruited to the manager position but the post holder had now left.

Staff undertook an induction and training was carried out to support them in their role. However, robust recruitment checks were not undertaken and one member of staff had commenced employment before their Disclosure and Barring Service (DBS) checks were returned to the home. DBS checks are a way of helping to ensure the staff employed to care for people are suitable.

Some parts of the home were not clean and quality assurance systems were not effectively monitoring the quality of cleanliness and hygiene in the home.
There were sufficient numbers of staff on duty most of the time, however, during times of staff sickness people told us they sometimes had to wait for assistance. Medicines were managed and administered safely.

People at the service felt safe. They were supported by staff that understood their responsibilities to identify and report any signs of abuse using the provider's safeguarding procedures. Staff were aware of risks associated with people's care and support and people were supported to make personal choices.

When we spoke with staff and managers they were aware of their responsibilities under the Mental Capacity Act.

People had enough to eat and drink and they were provided with a balanced diet. People were also helped to have access to healthcare services when these were required.

People were supported by caring staff who helped them maintain their dignity and express their views. Also, people were supported to be part of the community inside and outside of the home and undertook

activities that interested them.  The provider had a complaints policy available to people.

Staff at the service were well supported by their line managers and the provider was an active member of staff who was well known in the home.  However, staff did tell us they did not always receive regular supervision.  The provider was aware of their responsibilities and had a strong commitment to ensuring the safety and comfort of the people who were cared for.

We identified one breach of 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 consistently safe.

Some parts of the home were not clean.

Recruitment procedures were not robust and people were put at risk due to recruitments checks not being thoroughly carried out prior to the commencement of employment.

People felt safe in the home and staff were aware of their responsibilities of how to keep people safe and report concerns.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff with the right induction and training to meet their needs.

Staff obtained people's consent before supporting them.

People had sufficient to eat and drink and were supported to eat a nutritionally balanced diet.

People received health care support as they needed it from a range of health care professionals.

### Is the service caring?

**Good**

The service was caring.

Staff developed caring relationships with the people they supported and were familiar with their individual preferences and wishes..

People's privacy and dignity was respected.

### Is the service responsive?

**Good**

The service was responsive.

People preferences and wishes were supported and they were helped to follow interests and maintain relationships.

There was a complaints process available for people to use.

## Is the service well-led?

**Requires Improvement**

The service was not well led.

There was no registered manager in place.

The provider had failed to ensure there were quality assurance systems in place which were effective in guaranteeing there was adequate infection control in the home.

Staff felt valued and enjoyed their work.

# Shipley Hall 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 24 and 27 May 2016. The first visit was unannounced.

The inspection was carried out by one inspector, a specialist professional adviser with experience of nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise was for older people.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for some people who were using the service and also contacted Healthwatch Derbyshire. Healthwatch Derbyshire are an independent organisation that represents people who use health and social care services.

We spoke with five people who used the service and three relatives. We also spoke with the clinical operations director, two registered nurses, two senior carers, two carers and one member of the kitchen staff. After the inspection we spoke with one professional who was involved with the service.

As some people were living with dementia, we undertook a Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us. We examined the care records of three people who lived in the home and we examined all the current medication administration records (MAR) to see whether medicines given to people were documented and up to date. We also looked at other records about how the home was managed, including policies and procedures and recruitment records of three staff.

Requires Improvement

# Is the service safe?

## Our findings

We saw areas of the home were not always clean and so people were not fully protected from the risk of infection. For example, in one of the toilets, we saw one toilet seat was stained and there was no soap or hand sanitizer. We also saw a toilet stained with faeces and a smell of urine. A further toilet was leaking and staff told us this had been reported, "A good few weeks," but was still leaking. In one of the toilets the seal around the bottom of the toilet bowl was broken which meant this area could not be cleaned thoroughly which created a hazard to people's physical well being. There was also faeces on the toilet seat and smeared on the wash hand basin.
When we checked one of the toilets smeared with faeces an hour later it had not been cleaned. We drew this to the attention of the provider and they asked someone to clean it immediately. Some people living in the home were independently mobile which meant they could have used toilets which were not hygienically clean. This put people at risk of infection , particularly people who were living with dementia and weren't aware of the risks to themselves regarding cross contamination.

In the sluice room the sink was dirty and there was no soap for handwashing. This meant staff could not clean their hands effectively after handling soiled items which created a risk of cross infection and put people at risk from infection.

This was a breach of Regulation 12 (Safe Care and Treatment). Health and Social Care Act 2008 (regulated activities) Regulations 2014.

One of the bathrooms had been out of order with a leak for ten days. This room was sealed with screws so was not accessible to see. This meant there were fewer bathing facilities available for people who lived in the home than had originally been planned for and could have caused inconvenience to people living in the home although we were not made aware of this by anyone living in the home.

We looked at three recruitment files and could see that application forms, references and identification checks were in place. Two recruitment files contained Disclosure and Barring Services (DBS) checks applied for and responded to. DBS is a way of checking whether there are any reasons why someone should not be employed by the service. However, one recruitment file did not contain the outcome of the DBS check, even though this person had commenced employment. Also, the initial advice from the DBS service was "Please wait for the DBS certificate before making a recruitment decision regarding this applicant". When we discussed this with the provider they told us they would forward the appropriate paperwork to the inspector following the inspection, however, this was never received. This meant recruitment procedures were not fully established and operated effectively to ensure people employed were of good character. When we discussed this with the provider they gave us the evidence to confirm this person had been monitored closely to ensure they carried out their work in a safe way.

We looked at three care plans and could see there were risk assessments in place, including moving and handling and pressure area risk assessments for each person. Where the care plans indicated people were at high risk of developing pressure damage to their skin there were instructions on how to keep them safe.

For example, the instructions in the care plans indicated they should be repositioned every two to four hours to help ensure their skin remained in good condition. However, changes in position had not been recorded. When we spoke with the nurse on duty they said the position changes had happened and staff had been made aware these should be recorded in the appropriate place. We later heard the provider repeat this to the staff on duty.

The care plans did not all contain the necessary information to keep people safe. For example, one care plan stated the person was living with diabetes but there was no indication in the care plan about what their blood sugar levels should be or what carers should do if they were out of range. We drew this to the attention of the nurse who said they would ensure the care plan was updated.

We saw in one care plan a person was at risk of significant weight loss. The recorded weights and the date they were recorded were not clear. When we asked a member of staff to clarify this for us they were able to do so. However, this meant information recorded in care plans was not always accurate which could cause errors of judgement to occur when following them. The home regularly used agency staff and this increased the risk as these staff were not familiar with the needs of people living in the home.

At this inspection we found the home was managing the risks associated with people's independence. For example, one person who spent most of their time in bed told us they would push their buzzer once and someone would assist them to get out of bed. If they pushed their buzzer twice this meant they needed urgent assistance. In this way this person's care needs were supported and measures put in place for an urgent response if this was required. Staff made sure people had nurse call bells within easy reach in their bedrooms. Where these were not appropriate people had sensor mats at the side of the bed so staff were alerted when they got out of bed. In another example of keeping people safe a person who was at a high risk of falls, had their needs assessed and plans put in place if they wished to walk to other parts of the home. On these occasions a member of staff would accompany them to help keep them safe.

There was an emergency evacuation plan in place if the home required to be evacuated during a serious incident, for example fire. When we talked to staff about this they were familiar with what actions they needed to take to ensure people were kept safe.

People told us they generally felt there were enough staff on duty but there were times when they had to wait for assistance. One person told us on some days the staffing was, "A bit light," and they had to wait for assistance during these times. Two relatives also commented on staffing levels, one said there had been a period recently when staffing had been, "A bit low," the second commented that the home was, "Sometimes short of staff, now and again." They went on to say staff were, "Running around all day," and looked very busy all the time.

When we discussed this with staff they confirmed people sometimes had to wait for help on the days there were insufficient staff. When we spoke with the nurse they told us they believed there were enough staff unless someone was off sick. During sickness, work was covered by agency staff or other staff employed by the home. Both the care staff and nurses working in the home expressed there were insufficient staff to undertake all their responsibilities in the home in a timely way. Information from people we spoke with and different staff in the home supports the fact there were insufficient staff on duty during periods of staff sickness. This put people at increased risk from having to wait for assistance. When we discussed this with the provider they told us they used a recognised tool to help ensure there were sufficient staff on duty.

People told us they felt safe living in Shipley Hall. One person said, "It's very good, I feel safe all the time". One relative told us staff checked on their family member on a regular basis as they spent most of their time

in bed. The same relative said their family member's buzzer and pull cord were always within reach so they could get help when they required it. The relative said, "They (staff) always check the cord's within reach."

People were protected from avoidable harm and staff had received relevant training relating to safeguarding. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting abuse. Staff also told us they knew who to go to with any concerns they may have and were confident any concerns they raised would be acted upon. Staff also told us they understood how to report any concerns using the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

During our inspection of the home we saw there was no member of staff upstairs and we asked the provider how often the staff went to monitor the people who were still in their rooms. They explained staff went upstairs approximately every twenty minutes to ensure people were all safe and records confirmed this.

People told us they believed they were getting the medicine they required. One person said, "Yes as far as I am aware." When we spoke with relatives they said they believed their family members were getting the medicines they needed, when they needed them. We looked at the current cycle of medicine charts for all of the people who lived in the home and they were completed correctly. They had photographs in place so staff could identify accurately who they were giving medicines to and this helped to prevent mistakes in administration. Arrangements were in place for people to receive medicine for pain where this was prescribed. We saw medicines being administered to people in a safe way by ensuring they had swallowed the medicine before staff marked the information on the medicine administration record (MAR). This helped to ensure people were taking their medicines before it was recorded they had done so.

Good

# Is the service effective?

## Our findings

People told us they thought the staff who looked after them were knowledgeable about how to care for them. We talked with staff about whether their induction was sufficient to enable them to meet people's needs and they felt it was. Staff explained how they shadowed a more experienced member of staff for several days before they started to work independently. This happened whether they had experience of the caring role before or whether they were doing it for the first time. During induction staff told us they worked with their team leader who supported them until they had the skills to care for people safely.

Staff told us they received training when they started employment, for example manual handling, health and safety and first aid. One member of staff told us, "[Provider] was very keen for us to do training." When we checked the training records of all staff we could see this was up to date. Another member of staff told us their learning had continued after they had finished their induction and they had learned more about caring for people who were living with dementia. A further member of staff told us how they had asked for some guidance from the provider about what they could study when they were not on duty. They wanted to do this so they could improve their skills. We saw staff had the skills and knowledge to care for people effectively.

However, one member of staff told us they hadn't received one to one supervision for five months though they told us they should receive supervision every three months. They said one to one support was usually triggered when they had, "Done something wrong," however, they did say they felt supported by their line managers and could approach them for advice at any time. One to one supervision meetings with line managers are meant to support staff in their learning and development and help with any questions or queries they have about their job role. Two other members of staff told us they had not had one to one supervision, "In a long time." This meant staff did not always receive the support they needed to develop their role and evaluate their performance.

The provider was working within the legal requirements of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider and staff understood their responsibilities and the principles of the legislation in relation to the MCA and DoLS and we saw that consent to care was sought before it was given. Staff understood the need for people to make their own decisions. They were aware that people could still make day to day choices even if they were unable to make important decisions about their life

without support.

All the people we spoke with told us the food was good. One person said, "Very nice food," and, "The cook comes every day to ask what I want, [cook] knows what I like." A relative told us their family member, "Liked the puddings." During the meal time we saw people being shown both desserts on offer that day so they could choose what they wanted. This meant, where people were unable to remember what a particular dessert looked like, they could make a choice immediately before they ate it. Staff confirmed people were offered a choice of food daily and could have whatever they requested. They gave the example of someone requesting a fish finger sandwich the day before, which was provided.

Where people required support to eat their meals this was done in an unhurried and dignified way. One member of staff explained how they supported people who required assistance with meals. They did this by giving the person plenty of time and letting them have a rest and then coming back to make sure they had enough to eat. We saw this happen during the inspection. Staff in the kitchen were aware of the dietary needs of people living in the home and could tell us who required a soft diet. Drinks were available on the table at lunch time and people told us there was always plenty to drink and that staff knew how they liked their hot drinks prepared. This helped to ensure people had adequate nutrition and drinks throughout the day.

People told us staff knew what to do if they were unwell. Relatives told us their family members were supported to maintain good health and referrals were made to health professionals when this was required. One relative told us staff were good at identifying health issues and staff had telephoned them at home to let them know they had called for the local GP to visit their family member. When we spoke with one member of staff they explained how they would notice if someone did not eat their breakfast or were sleepy, they would then share their concerns with the nurse on duty or a senior member of staff. This was so that an assessment could be undertaken to see if the person required a visit from the doctor. This level of monitoring helped to maintain the health of people living in the home.

People told us the GP called every Tuesday if anyone wanted to see them. One resident told us they only had to, "Ask one of the staff," if they wanted to see the GP and they were confident it would be arranged. We saw from care plans that people had been supported to access the dentist and one relative told us their family member had been seen by an optician and provided with new glasses. One person told us they had been visited by the chiropodist when they required this. This meant people were supported with their health needs when this was needed.

Good

# Is the service caring?

## Our findings

People and relatives told us they were happy with the care that was delivered. One person said, "Staff are very nice," another person said, "It's very good, I've got no complaints." One relative explained how staff, "Made a fuss," of their family member which they really enjoyed and another relative told us the staff were all good and they liked the care their family member received.

Staff told us they had a good rapport with people who lived in the home and we could see they were familiar with individual people. They explained how they got to know people when they first came to live in the home by spending time and talking with them and their families. As a way of welcoming new people coming to live in the home the provider told us they always gave new people a small welcome gift. People also received birthday gifts every year. One member of staff explained how they felt it was important to communicate with people so they were aware of what was happening in the home. Another member of staff explained how they used different techniques to help to bring happiness into the home by dancing and singing, when this was appropriate. We could see there were good conversations between people and the staff who supported them.

Staff also explained how they supported people when they felt unwell or upset by talking to them and giving them space and time. One relative told us their family member had been upset and the handyman noticed and sat with them during their tea break and chatted to them until they cheered up. The relative said this was a nice act of kindness. One member of staff said, "These people in this home are my family." They also said how important it was to allow people to, "Take their time," when expressing themselves. By relating to people in these ways the staff were showing caring and kindness to people and helping and supporting them to express their views and support them to make personal decisions.

People told us they felt they were always treated with dignity and respect. When we spoke with relatives they agreed with this. People told us their privacy was respected and staff always knocked on the door before entering their rooms. Staff confirmed they always closed doors when supporting people with their personal care and covered up the parts of their body while doing this. This was to help people maintain their dignity while personal care was being delivered. When we spoke with a senior carer they told us they always ensured the staff followed this through. Staff also told us they talked to people while they were supporting them with personal care to check they understood what was happening and what they were going to help them with next. We saw one person being hoisted to assist them to change position and this was done with good communication between the person and the member of staff.

On the day of our inspection we saw the provider remind a visitor to talk with a person in private when they saw the person was distressed. We saw the provider quickly draw their attention to this to ensure the person experienced as little distress as possible. This showed staff were given a good lead by the management in the home with relation to maintain people's dignity.

Good

# Is the service responsive?

## Our findings

People told us staff helped with whatever they asked for and were treated as individuals. One person told us they said they would prefer to receive personal care from a member of staff of the same gender and this was arranged.

We talked with staff about how they understood what people wanted when they were not able to voice their wants and needs. They told us they watched people's body language and facial expressions to understand what they were feeling. We saw one person with a sensory impairment being supported by a member of staff to use a simple piece of equipment to communicate. This showed that staff were aware of the differing needs of individuals and the different ways people communicated when they could not speak. Staff also told us how they supported people with their wishes, for example there was one person who always wanted to wear their make-up and staff supported them to do this daily. We spoke with a social care professional following our inspection who said they believed staff had a good understanding and knowledge of the people they cared for.

We saw there were various activity events for people to take part in. On the day of our visit we saw some people join in with a musical activity and people told us there were days out. A Christmas meal, a trip to a garden centre and a visit to a local attraction had all been arranged. They also told us they were supported to celebrate events such as Valentine's Day and the Queens 90th birthday. One person told us they were very enthusiastic about the activities they took part in and said, "We're all friends," and this was the reason they enjoyed living in the home.

Where people preferred to spend time in their rooms alone this was respected However, people told us staff asked them whether they wanted to sit in the lounge for any activities or events that were taking place and they valued this opportunity to change their minds. This showed the home was being responsive to people's changing wants and needs. One member of staff explained how when people expressed a wish to go to bed in the day time they supported them. They said, "This is their home," and they should be able to make their own choices. However, at the time of our inspection people were not able to choose to have a bath as there were no hoists available to support them, this meant they could only access a shower.

The provider told us they always asked people who they would like as key workers. This was to ensure there was a good relationship between the member of staff delivering care and the person who was receiving it. They also told us they asked all people if they preferred a male or female carer and did their best to accommodate this. We discussed what would happen if their staff team changed and they were unable to provide this. They said they would talk to the people and come to some short term arrangement until they could put a more permanent one in place. When we spoke to people and staff they confirmed this was the case.

There were restrictions on the hours visitors were permitted to visit the home and these were displayed on the front door, for example visitors were not allowed after 7.30 in the evening. These visiting restrictions

meant people were not being supported fully to maintain relationships with relatives and others outside of the home. When we drew this to the attention of the provider they agreed this was not appropriate and took the sign from the front door.

People told us they knew how to make a complaint if they were unhappy about something. They told us they would talk to the carer on duty or the provider. The provider was an active presence in the home on a regular basis and people were aware of who they were. We also saw people approach the provider several times during the day to talk to them. There was information about how to make a complaint easily available for people. We looked at complaints received about the provision of the service at Shipley Hall and could see these had been investigated and responded to appropriately.

Requires Improvement

# Is the service well-led?

## Our findings

There was no registered manager in post. One of the conditions for CQC registration requires there is a registered manager in post at this service. The manager's post had been recruited to recently however the manager had now left. The provider was now in the process of undertaking recruitment again for the post of registered manager.

The quality monitoring systems the provider had put in place were not effectively monitoring the safety of service provision with regard to cleanliness. The concerns relating to the environment in the toilets and bathrooms had not been identified by audits that had been undertaken. Areas relating to the cleanliness of these parts of the home were a risk to people. We saw the cleaning rota for night staff and they had indicated with a tick that cleaning had been undertaken but there were areas of the home that had dirt was ingrained. However, there were other quality monitoring systems in place which were effective in ensuring that mattresses were clean and that wheelchairs were safe for use. Care plan audits were undertaken on a monthly basis and the action points identified were undertaken.

Records of position changes which indicated people should be repositioned to help skin remained in good condition had not been recorded in all instances. Also, recorded weights in people's care plans were not clearly written and so it was difficult to identify when people were at risk from insufficient nutrition. This put people at risk from inconsistent pressure area care and nutrition and weight management not being undertaken safely.

Information available to people about the staff who worked in the home was not up to date. Photographs were displayed on a board in one of the communal areas but some of the staff were no longer working for the home. This meant it was difficult for people and their relatives to identify who was working in the home if they wanted to approach them.

One of the bathrooms had been out of order with a leak for ten days. This room was sealed with screws so was not accessible to see. This meant there were fewer bathing facilities available for people who lived in the home than had originally been planned for. Also, at the time of our inspection people were not able to choose to have a bath as there were no hoists available to support them, this meant they could only access a shower.

We saw from records that staff meetings to support people working in the home had been undertaken three times in the last six months. We also saw a record of the resident's social group meeting on 2 September 2015 which is a positive way of encouraging people to be involved in what was happening in the home. However, there had been no resident's social group since that date. This meant people who lived in the home had not recently been invited to make comments in a group setting about what they liked and didn't like in the home.

People and their families told us they were happy with the service provided in the home and felt it was well managed. They were aware who the provider was and felt they could approach them with any concerns.

One person told us if they wanted to discuss anything in confidence with the provider in the home they felt comfortable to do this. Staff told us if there were any issues or problems the "[Provider] acts on it quickly," and that, "They were very good on that." One member of staff said the provider was, "Very good with residents and their needs," and put the people they cared for at the centre of what they did.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about their belief that the provider valued the well-being of the people living in the home very highly. They were confident if they raised any issues of concern about people this would be listened to and acted upon by the provider. One member of staff said, "It's all team work here," and that the culture was fair. They also said they had clear direction from their line managers about the expectations for the delivery of good quality care and that, "Residents get a good quality of care." One member of staff told us they felt respected by the management in the home and, "When there's praise to be given [provider] gives it."

The provider was open to suggestions for change if these were to improve the quality of life of the people who lived there. Recently a change for the better had been introduced into the home following a suggestion from a member of staff and now a nutrition book was kept in people's rooms. This included what they ate, what they refused to eat and if they were at risk of malnutrition. This document is also contained more detailed information about what people had eaten than previous records had done.

One member of staff told us that, "Everyone is happy," and there was a, "Good team of carers." They went on to tell us if there were any issues around the home regarding maintenance and things not working that these were dealt with quickly. The provider told us they encouraged staff to identify when repairs needed doing in the home and bring them to their attention. They said that when this happened they actioned things very quickly. One member of staff said, "This home is run for the residents".

The provider had a vision for the home which included the building of a hydrotherapy and sensory therapy unit. Planning permission had recently been given for this. Also, the provider had just had internet installed over the building so all people who lived there could have smart telephones and computers in their rooms. This showed the provider was looking at ways to improve the quality of life of people living in the home and putting those plans into action. Also, the provider explained how they had involved people living in the home regarding the design for the new garden. Two questionnaires had been sent to people in the previous year that asked for suggestions and ideas on how they would like the garden redesigned. This meant people were involved in decisions which affected their quality of life.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Cleanliness and hygiene in the home did not keep people safe from the risk of harm of infection. |