JK Healthcare Limited

Weald Hall Residential Home

Inspection report

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Essex
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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

The inspection took place on 21 September 2016 2016 and was unannounced. Weald Hall Residential Home is registered to provide accommodation and personal care for up to 39 older people. The service mainly provides care to people living with dementia. There were 35 people using the service at the time of the inspection.

Weald Hall was inspected in January 2015 and was rated inadequate. A further inspection was undertaken in July 2015 and as the service was rated as inadequate, it was placed in special measures. We undertook a responsive inspection in October 2015 to follow up on a number of the requirements that we had made and we continued to have concerns about the governance and the levels of oversight and placed a condition on the provider's registration requiring them to undertake more comprehensive audits and to provide regular updates to the Care Quality Commission (CQC). We undertook a fully comprehensive inspection on 16 March 2016 and we found some improvements, however, there were continued concerns about leadership and a failure to ensure that people were protected from risks.

At this fully comprehensive inspection we found further improvements had been made however, we identified that a number of safeguarding concerns that had not been reported to the Local Authority safeguarding team and subsequently related notifications were not sent to the Commission as required as part of the regulations.

Some people's risk assessments were not reflective of their current risks and did not guide staff on how to keep people safe.

Most people's privacy and dignity was respected and promoted but we saw examples of where this was compromised.

The service's quality assurance system was not robust enough to identify shortfalls. Further improvements were required to ensure the quality of the service continued to improve.

People were supported to maintain good health and had access to appropriate services which ensured they received on going healthcare support. However, measures to monitor people who were at risk of dehydration and malnutrition were not effective.

The service had a manager in post that was in the process of registering with the Care Quality Commission to manage the service. Like registered providers, they are `registered persons`. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Medicines were stored securely and records completed accurately.

Staff were recruited safely and pre-employment checks were in place prior to staff starting employment.

People and their family members were happy with the overall care that they had received.

Staff were supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People told us they received care that met most of their needs. Care plans included people's likes and dislikes, however reviews did not always pick up all changes to people's care and support.

The service employed an activities coordinator so people's social and recreational needs were met.

The service regularly sought feedback from people using the service and their relatives to inform where improvements were required.

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.

Staff were able to outline the actions that they should take to protect people but they did not always recognise some incidents as safeguarding.

Some people's risk assessments were not reflective of their current risks and did not guide staff on how to keep people safe.

Medicines were managed safely, stored securely and records completed accurately.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Is the service effective?

Requires Improvement

The service was not always effective

People were supported to maintain good health and had access to appropriate services which ensured they received on going healthcare support. However, measures to monitor people who were at risk of dehydration and malnutrition were not effective.

Staff were supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

Is the service caring?

Requires Improvement

The service was not always caring.

Most people's privacy and dignity was respected and promoted but we saw examples of where this was compromised.

People gave us positive feedback about their experience of living at the service. They told us they found the home to have an enjoyable atmosphere.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were tailored to meet each person's individual requirements and reviewed regularly but reviews did not always contain relevant details.

People told us they received care that met most of their needs.

The service employed an activities coordinator so people's social and recreational needs were met. .

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff felt supported by the management team.

The registered provider had failed in their duties to ensure to submit statutory notifications as required by regulations.

The service's quality assurance system was not robust enough to identify shortfalls. Further improvements were required to ensure the quality of the service continued to improve.

People were asked for their views about the service.

Weald Hall Residential 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 the 21 September 2016 and it was unannounced. The inspection team consisted of two inspectors, one Specialist Professional Advisor (SPA) 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.

Prior to the inspection we reviewed the information we held about the service.

As a number of people who lived in the service were living with dementia we used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, one relative, and three healthcare professionals. We spoke with nine care staff, the provider and the acting manager. We looked at three staff records; people's care records, staffing rotas and records relating to how the safety and quality of the service was being monitored.

Requires Improvement

Is the service safe?

Our findings

At a previous inspection we reported staff did not always recognise incidents as safeguarding, at this inspection staff we spoke with demonstrated a good understanding of safeguarding, including how to report concerns. They were able to give us examples of various types of abuse and the potential warning signs to look out for. However in one care plan and found that numerous entries had been made on behaviour charts detailing incidents that had occurred towards other people that used the service. Five of these incidents should have been reported as safeguarding concerns. Although the manager had referred the person to the specialist mental health service, they had not reported any of these incidents to the local authority as safeguarding concerns. They had not submitted statutory notifications to the Care Quality Commission (CQC) about these incidents as required by regulations. Following our visit and the visit from the specialist mental health team, all referrals were subsequently made to the local authority.

Although staff were recording these incidents, the care plan for this person did not contain sufficient guidance for staff on how to protect other people that use the service and reduce risks associated with these behaviours. Incidents were recorded but not analysed or used to update the risk assessment.

This is a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the registered provider had not undertaken a thorough analysis of the incidents and could not evidence they had put in place any additional measures to ensure the safety of the people involved.

Nutritional risk assessments or malnutrition universal screening tools (MUST) were used but not all weight recordings were in place particularly for two people cared for in bed, this had been identified in previous inspections. This meant MUST calculations were not always completed accurately or appropriate risk identified. When we discussed this with the manager we were told that they did not weigh some people as it could cause injury or pain, we discussed with the manager other methods that could be used such as sourcing a hoist weighing scale or calculating MUST scores based upon arm measurements.

This is a continued breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. Risk assessments were not always reflective of their current risks and did not guide staff on how to keep people safe

Risk assessments for falls, moving and handling, skin integrity and nutrition were in place and were reviewed monthly and when a change in a care plan was completed, the care plan was replaced with new instructions.

There was also evidence of responding to risk with referral to appropriate services, for example, District Nursing Service, Dietician, Speech and Language Therapy (SALT), Diabetic Services, Occupational Therapy and Physiotherapy. Waterlow assessments had been undertaken for the individuals we looked at and pressure relieving cushions and mattresses were in use and we observed staff going to get them before assisting an individual into a chair. Checks were documented to demonstrate that the mattresses were

operating effectively and people who were at risk had repositioning charts which showed that they were being turned regularly. The manager told us that no-one living at the service had a pressure sore. One person told us, "I broke my hip, I fell and didn't wait for staff to help me, so it was my fault, I just wanted to spend a penny…they have got me an air bed."

The service was in the process of redecorating all bedrooms and some rooms had been recently redecorated and were extremely clean. The housekeeping team were observed throughout the day cleaning bedrooms and communal areas; however it was noted that bathrooms were used to store a range of equipment, including mattresses, one of which was badly stained and some bathrooms and communal toilets were in need of deep cleaning. We showed the provider a small toilet, with paint coming off the wall and near the sink and the floor dirty. The provider told us they were also intending to upgrade some bathrooms and replace flooring. We also found packs of pads and packs of razors and toiletries in some bathrooms. The manager told us that they had appointed a senior housekeeper who would be addressing the issues of bathrooms immediately.

At our previous inspection in March 2016, we found that the provider was not meeting the requirements of the regulations, as people were not protected from risks associated with the safe use of equipment used to deliver care. At this inspection we observed that staff supported people to walk and move around the building safely, maintaining their independence through prompts and the use of encouraging words whilst they were walking. Where equipment was required to support people's mobility this was used in a safe and appropriate manner. For example, we observed several transfers from wheelchair to chair including by use of the hoist, these were completed to a good standard and people were reassured throughout.

We noted during this inspection that improvements had been made to ensure systems were in place for the safe receipt, storage and administration of medicines. People's medicines were stored securely. When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. There were appropriate facilities to store medicines that required specific storage. Medicines were safely stored and administered from a lockable trolley. Records relating to medicines including the booking in and disposal of medicines were completed accurately. People's individual medicine administration record sheets (MAR) had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. The MAR sheets had no gaps demonstrating that people had received their medicines as prescribed.

Staff competencies were monitored twice yearly and where necessary action was taken to improve staff performance. Medication audits were completed monthly and weekly spot checks were also completed

People and relatives we spoke to told us they felt safe one relative told us, "I feel really safe with him here – they look after him very well, and I can't say enough about the whole staff. I'm always greeted warmly, and I come in every day, at different times, and it's always the same – I think it's great." A person told us, "The carers are really good, they're nice girls and very pleasant. They really help [one person] who is quite blind, but the carers all spend time with [them] and make sure [they're] safe here – it's nice to see."

Records showed that equipment at this service, such as the fire alarm system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency. A certificate was in place to evidence that the risks associated with legionella were being managed.

We checked a sample of windows and noted that there were window restrictors in place but found one bedroom where there was no restrictor in place. The manager told us that a new maintenance person had been appointed and would be taking responsibility for doing the checks and correcting any issues found.

Accidents and incidents were recorded and escalated to the manager. Care plans contained falls diaries that detailed each fall and people were monitored for the next five days. The manager was able to tell us about additional equipment provided to reduce risks and used information from the falls diaries to identify any potential trends or risks.

Staff were available and accessible. There were sufficient staff on duty to respond to people's needs. We observed that staff had time to sit and talk to people. In the afternoon and staff based themselves in one of the lounges and spent one to one time with people which was positive and promoted people's wellbeing.

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for three members of staff showed that they had completed an application form, provided a full employment history and photographic proof of identity. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services.

Requires Improvement

Is the service effective?

Our findings

All care files included nutrition assessments and associated nutrition care plans and there was evidence of the use of dietary supplements and liquid thickeners. We observed staff offering choices of drinks to people throughout our visit. People that were of risk of dehydration had their fluids recorded daily; however, no targets or daily totals were recorded which meant that it was difficult to identify a daily level of fluid intake and that lack of a target made it difficult to ascertain if the required amounts were being achieved. The absence of targets and daily totals did not give assurance that the individuals' intake was routinely monitored. We discussed this with the home manager who told us she would address this issue.

One person was prescribed thickener for their fluid intake and the thickener was on a table next to the bed, the glass beside contained fluid without thickener added, the manager told us this person required support to drink and the thickener would be added when the person was supported to drink. We informed the manager about the risk associated with this thickener and it should be kept secured. The manager removed this immediately.

People and their relatives were positive about the food; one person told us they had enjoyed breakfast. Another person told us, "I had a banana and a boiled egg this morning."

We observed the lunch service. There was a large menu board outside the lounge showing todays date and menu – Steak pie, Cottage pie, Mash and vegetables. Lunch was served mainly in the conservatory providing people eating lunch with great views of the garden and local airfield. Some people also ate in the quiet lounge, main lounge and some in their rooms. Staff were attentive to people's needs and offered verbal choices.

The lunch service was positive and staff asked people what they would like and most people were able to make their views known. Staff asked people, "Did you enjoy that" and "would you like some more." Staff also encouraged people to eat, people who needed support received it, and staff sat alongside people and helped them to eat. The pureed meal was separately pureed and looked reasonably appetising.

Some people chose to have their lunch in the lounge and housekeeping staff were vacuuming around people, which may affect how people enjoyed lunch. The cook prepares the evening meal for staff to serve and saw that they had prepared tomato soup and sandwiches. The fridge and freezers were well stocked with fruit, vegetables, bread, milk and meats.

Staff made positive comments about the training they received to carry out their roles. One member of staff told us, "I found the recent Parkinson's training very interesting and felt it could have been a bit longer." Training included moving and assisting, safeguarding, equality and diversity, fire safety, health and safety, medication, diet and nutrition, diabetes awareness and dementia. It was also noted that additional training was provided in response to specific need, such as Parkinson's disease and catheter care training.

New staff were completing the Care Certificate, which is a set of standards for health and social care staff to

follow. These standards were developed by Skills for Care and Health Education England as the minimum standards that should be covered during induction training for new care staff. One staff member told us, "Induction was good and told me where everything was." This staff member also told us that they was given a handbook and was working through the care certificate, with a senior staff supporting them.

Staff told us that they were well supported and we saw that there was a spread sheet listing what staff received supervision when. One staff member told us, "I like everything here and I enjoy my work." Another staff member told us, "We have supervisions and staff meetings; the manager also observes us working and listens to what we have to say."

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.

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 checked whether the service was working within the principles of the MCA. Staff understood the processes in place to assess people's capacity to make decisions. Staff had received training in MCA and DoLS and were able to demonstrate an understanding of people who had the capacity to make specific day-to-day decisions and the processes in place for people who did not have the capacity to make a certain decision to have a decision made in their best interests.

Staff were able to tell us how they supported people to make choices on a day-to-day basis such as choosing what they would like to eat and drink. A staff member told us, "Even if people have dementia they still should be given choices."

We saw evidence from people's records that appropriate referrals had been made to health care professionals such as GP, district nurse and the dementia frailty team. The chiropodist was visiting the home on the day of the inspection. A visiting district nurse told us that staff were pro-active in seeking advice and did follow the advice given.

Bedrooms at the home had recently been decorated and the home manager was in the process of accessorising each room, with new curtains, and bed covers. The manager had involved and empowered the staff in the whole process, and it was positive to see the staff so enthusiastic about working with people to arrange what to buy and what colours they would like. Staff told us that two sets of bed linen had been ordered, one for the bed, and one to be kept in the room, so that when one set was washed, the other could be used, which meant that people always had the same arrangement in their rooms.

The provider told us that other areas of the home would also be decorated including bathrooms and toilets. Outside, the gardens were well kept with freshly cut lawns, paved seating areas and raised flowerbeds. Access to the garden was very easy from either the dining room or the main lounge and people did use the gardens, in particular one person who told us they spent a lot of time in the garden.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in March 2016, we found that people were not always consistently well cared for. At this inspection we found improvements but still found situations where people's dignity was not respected. People told us they had good relationships with staff. We observed people who spoke very little smiling when they saw a member of staff. There was good eye contact and one member of staff got down on their knees to talk to a person. We overheard a staff member telling a person who liked things organised that they would get everything ready for them later when they were ready for bed, such as their sweets and water.

We found most staff were respectful and treated people in a caring way. However, we observed two situations where staff demonstrated a lack of awareness in supporting and protecting a person's privacy and dignity. We observed a member of staff speaking loudly when discussing a person that had been incontinent; they then asked another member of staff still quite loudly to support them to assist this person to change. We also observed a member of staff applying cream to a person's legs in the communal lounge. This was brought to the attention of the manager who told us they would address these issues with the staff team.

There was appropriate use of touch, a comforting hand on a person's shoulder or arm. One member of staff was walking down the corridor with an individual using a frame and they stroked their back warmly and chatted as they went along. During lunch a person asked a staff member to scratch an itch they were unable to reach, the staff member did this with humour yet discretely. One person told us, "I must admit the staff have been pretty good. They do their best with what they have." A relative said, "They seem quite nice and cheery when we came. They have a lot to do. They are all quite nice, they have a laugh. "Another person told us, "The carers are good – we have a laugh together which is nice – and they know what they're doing". The visiting chiropodist said that they had been coming to the service for many years and staff were, "Loyal and caring who went above and beyond what was expected."

Staff were positive about the care at the service and comments included, "The care is brilliant here" and "the best thing about my job is making people's lives easier."

As staff went from room to room, we heard them to knock on doors and wait for a response or call out "Hello." There was lots of laughter with people and staff as they went about their work including the housekeeping team.

Observations and discussions with staff showed that they understood the importance of promoting people's independence where possible and they gave clear examples of how they would encourage people to be independent, For example the manager told us about a person who recently came in for respite that was unable to walk, the physiotherapist visited twice weekly and staff supported the person to mobilise and walk, this person was able to return home able to walk.

People were supported to express their views, for example they are being consulted about their bedrooms. One person spoke about the redecoration and told me, "We have all had our bedrooms painted and we are

going to have matching cushions and bedcovers." A staff member described how they would assist people in the morning to make choices and described opening the wardrobe and showing different items. The staff member told us this was to, "See what they would like… …we have people here who love clothes…it is important ." They went on to talk about brushing individual's hair and ensuring that the parting was correct and their preference.

Requires Improvement

Is the service responsive?

Our findings

At the comprehensive inspection in March 2016 we found the provider was not meeting the requirements of the law. Care plans were insufficiently detailed to guide staff in actions they should take to mitigate risks and meet people's care and treatment needs. This placed people at risk of unsafe care. At this inspection we found that improvements had been made and people's needs were assessed prior to their admission to the home, and these assessments were used to develop their care plans. Care plans we checked covered all aspects of people's health and social care needs and how they preferred to have those needs met. Staff were able to tell us about people's individual preferences as well as what support staff were to provide. There were brief descriptions of care needs within the "Me at a Glance" form, enabling staff to understand key aspects of care needs.

Care plans had good personal background history of the person and recorded what was important for the individual, for example in one person's care plan, it stated they liked to walk and watch the birds. We looked at 10 care plans that showed evidence of routine monthly reviews, each section of the care plan was reviewed on a monthly basis and while reviews did identify some specific changes, many of the entries simply stated "No change". When we spoke to the manager, they told us that they carried out all the monthly reviews and would change and update the care plan if required. It was noted that on some reviews that they were not picking up some changes such as refusal of chiropody or bathing. One person was down as wearing glasses but was not wearing them and the care plan did not identify why.

Care plans also contained information about mental health and any associated behaviours, but this information lacked detail and specific guidance for staff, the guidance contained information such as "Use good communication skills…show that you are listening …build a trusting relationship". There was no information about what might trigger this behaviour or how staff should respond to different individuals.

We spoke to staff who were able to tell us about individuals and clearly knew them and their preferences well one staff member told us, "When new residents come in I always make sure I know some of their background so that we can have a chat together and get to know each other."

The home had a dedicated activities coordinator, and a programme of activities, which incorporated activities within the home every day. These included pamper sessions, gardening, bingo, afternoon tea, pyjama day, entertainment from a drag artist and a McDonald's burger evening. We looked at an album that included photographs of all previous activities. On the day following our visit a trip out to a local community wild life park had been arranged in conjunction with the service's new Sparkle programme, this was where people could request a special event or trip out. The provider gave us examples of what individuals from other homes in the group had done such as one person attending a local football match and another person wanting to watch an Arsenal match.

We asked people using the service about the activities available. One said: "There's lots going on, but you do have to join in and be part of it. It's no good just keeping yourself to yourself, I tell everyone that, it's important to join in." Another person told us they enjoyed chatting with staff and said they liked watching

the "comings and goings" of the home. A third person told us, "I'm looking forward to the Southend trip – lovely to go up the pier… and fish and chips." The service produced a newsletter within the home which held information about forthcoming events as well as photographs and stories about recent activities.

One person we spoke with told us they had enjoyed a recent visit to the tea dance, and said that by supporting them to participate in such activities staff enabled them to remain active and independent. The service also used a shared social media so relatives and friends could see planned activities, and photographs of activities that had taken place.

The service had animals such as chickens, guinea pigs and rabbits in the garden, the activity organiser told us that one person had lived on a farm and used to keep chickens, the person shared their knowledge with staff about how to care for the chickens and gets involved by collecting eggs.

Information about the complaints procedure was available to people, no formal complaints had been received. When we discussed informal complaints and the manager told us that there were things that went wrong or items lost and apologies were given and they tried to address these issues immediately, for example purchasing replacements for lost items. However, these informal issues were not logged.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post that was in the process of registering with the Care Quality Commission to manage the service. Like registered providers, they are `registered persons`. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. We asked people using the service about management within the home. They praised both the manager and the provider. One person said to us, "Oh, very good, we see [named manager] a lot around the home – she's very responsive and interested to talk with us."

The provider completed a monthly quality assurance audit. This included checking care plans, staffing levels, the meal experience and the condition of the premises. However, it had failed to identify some areas that needed to be addressed. For example, we identified safeguarding incidents within a care plan that had not been reported to the local authority or CQC. The incidents recorded had not been analysed or used to update the risk assessment and did not guide staff on how to keep people safe. Risk assessments were not always reflective of people's current risks.

Further improvements were required to ensure the quality of the service continued to improve. The systems used failed to identify or address effectively the risks, breaches and areas for improvement identified at our inspection which was a breach of Regulation 17 of the Health and Social Care Act (regulated Activities) 2014.

Staff attended regular team meetings. We looked at the records of recent team meetings and saw that they were used to communicate developments within the home, and plan events and improve practice. Regular staff supervision also took place and each staff member had an annual appraisal. Staff we spoke with told us they felt supported by the manager and the provider, and felt they could speak up if they had any concerns, and make suggestions for improvements or changes. A staff member told us, "[manager] is so nice to work for – she's very supportive and easy to talk with, but she's very strict on getting things right, which I like actually." Another member of staff told us, [manager] listens to staff and things are changed when they need to be. An example is the problem we had with yellow boxes – the pedals didn't work, so we told her and these were changed." A third member of staff said, "Staff here have a lot of respect for the manager. She is very professional and calm and gets involved in the care directly."

Staff spoke positively about the teamwork and morale at the service and comments included, "Teamwork is great here" and "It's so much better here now – we're a team. Morale is so much better and we really do work as a team, supporting each other."

A recent relative feedback questionnaire had been conducted and the findings and responses were displayed. These outcomes included a request to relatives to bring in toiletries, and a comment that someone said the building was tired but had character.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some people's risk assessments were not reflective of their current risks and did not guide staff on how to keep people safe

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had not undertaken a thorough analysis of the incidents and could not evidence they had put in place any additional measures to ensure the safety of the people involved

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Further improvements were required to ensure the quality of the service continued to improve. The systems used failed to identify or address effectively the risks, breaches and areas for improvement