

Ilkley Care Associates Ltd

# Riverview Nursing Home

## Inspection report

Stourton Road  
Ilkley  
West Yorkshire  
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Date of inspection visit:  
05 September 2018  
12 September 2018

Date of publication:  
13 November 2018

### 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?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 5 and 12 September 2018 and was unannounced on both days.

Riverview is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Riverview accommodates up to 60 people in one adapted building. Accommodation is over four floors. At the time of our inspection there were 33 people living at the home.

There was a registered manager in place. 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 last inspection took place in December 2017 and January 2018. The report was published in March 2018. At that time the service was rated inadequate and placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

People told us they felt the service was safe. The registered manager understood their safeguarding responsibilities and staff knew how to recognise and report concerns about people's safety and welfare. All the required checks were done before new staff started work. This helped to protect people from the risk of being cared for by staff unsuitable to work in a care setting.

There were enough staff on duty to keep people safe. Staff were trained and supported to carry out their roles.

Risks to people's safety and welfare were assessed but the records did not always show who had carried out these assessments. Therefore, we could verify they had been done by a suitably trained person.

The home was clean. Inside it was well maintained and safe and improvements had been made to create a more dementia friendly living space for people. The outside patio area had uneven flags which potentially created a trip hazard.

People's medicines were managed safely.

The service was working in line with the requirements of the Mental Capacity Act (2005) and acting in people's best interests. However, this was not always clearly recorded.

People were offered a variety of food and drink which took account of their cultural and religious dietary needs and preferences. We recommended the service look at the timings of meals with the aim of supporting people to have their meals at regular intervals.

The service worked with other agencies to support people to meet their health care needs.

People told us staff were kind and caring and most of the interactions we observed were good. However, people's dignity was not always respected. Improvements were needed to the way meal times were managed.

People's care needs were assessed and care plans were in place to guide staff. People were supported to plan for their end of life care.

People had the opportunity to take part in a range of social activities. Doll and pet therapy was used to support people to engage with their environment and others.

Complaints were dealt with. The provider had systems and processes in place to assess and monitor the quality and safety of the services provided. They need to show they can sustain these improvements and continue to develop the service before we can be assured people will consistently experience safe and effective care which is responsive to their needs.

We found the provider remained in breach of one regulation. This related to their quality assurance and governance systems. 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?

The service was not consistently safe.

There were enough staff to keep people safe.

People told us they felt the service was safe. Staff knew how to recognise and report concerns about people's safety and welfare.

Records did not always show risks to people's safety had been assessed by a suitably trained person.

The home was clean. More needed to be done to make sure the grounds were safe for people to use unsupervised.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The service was acting in people's best interests but this was not always reflected in care records.

People were supported to have a varied diet which took account of their needs and preferences. We asked the service to review the timings of meals with the aim of achieving more regular intervals between meals.

Staff were trained and supported to meet people's needs.

People were supported to meet their health care needs.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

People told us the staff were caring and kind.

Improvements had been made since the last inspection and we saw good interactions between staff and people who lived at the home. However, we also saw some practices which showed a lack of respect for people.

**Requires Improvement** ●

People's relatives were involved in decisions about care and treatment.

### **Is the service responsive?**

The service was responsive.

Improvements had been made since our last inspection. Daily routines were more flexible and took account of people's needs and preferences.

People's care plans contained information about their care and support needs.

People were offered the opportunity to take part in a range of activities.

Complaints were dealt with appropriately.

**Good** ●

### **Is the service well-led?**

The service was not consistently well-led.

Improvements had been made since the last inspection. The provider needed to demonstrate they could sustain and develop these improvements to ensure people consistently experienced safe and effective care.

There were systems in place to monitor and assess the quality and safety of the services provided.

People were given the opportunity to share their views of the service.

**Requires Improvement** ●

# Riverview 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.

The inspection was carried out on 5 and 12 September 2018 and was unannounced on both days. On 5 September 2018 two adult social care inspectors and an expert by experience visited the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case our expert's area of expertise was in the care of older people living with dementia. On 12 September 2018 two adult social care inspectors visited the home.

During the inspection we spoke with two people who lived at the home, five relatives, two health care professionals, six care staff, the clinical lead nurse, the cook, the maintenance man, the registered manager, the provider and a quality assurance consultant who had been engaged by provider. We observed people being supported in the communal rooms and observed meal service. We reviewed five people's care records which included their medication records, three staff recruitment files and other documents such as training and maintenance records, meeting notes and audits. We looked around the home.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

At the last inspection we found the service was not safe. The provider was in breach of Regulation 18 (Staffing), Regulation 12 (Safe care and treatment), Regulation 15 (Premises and equipment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made. However, more needed to be done to make sure people consistently experienced safe care.

Relatives told us they felt the service was safe. Staff said that they felt people were safe from abuse whilst using the service. Staff had received training in safeguarding vulnerable adults and were aware of the correct procedures to follow to keep people safe. Where safeguarding incidents had occurred, we saw the correct procedures had been followed and prompt action had been taken to keep people safe. Disciplinary procedures had been followed where appropriate.

We observed care and support and found there were enough staff deployed to ensure people received prompt care and support. Staff were situated throughout the communal areas and able to respond to people's requests for assistance in a timely manner. At busy times, such as meal times, catering and housekeeping staff helped with serving meals and supporting people to eat.

Staff told us staffing levels were consistently maintained at a safe level. The registered manager told us they monitored the numbers and the skill mix of staff on duty to make sure people were safe. The home had some vacancies for nursing staff and used agency staff where necessary. The registered manager told us they used the same agency whenever possible to help with continuity of care.

Some people we spoke with expressed concerns about how the home would ensure there were enough nursing staff to provide continuity of care when occupancy increased. This was discussed with the registered manager who told us they were actively trying to recruit permanent nursing staff.

Safe recruitment practices were in place to help ensure new staff were suitable to work with vulnerable people. This included checks on their backgrounds.

Risk assessment documents were in place within people's care and support plans which demonstrated that risks to their health and safety had been assessed and plans put in place to help keep them safe. These covered areas of risk including skin integrity, moving and handling and nutrition and were subject to regular review. These were in the most part appropriate, although in one person's care records there was contradictory information recorded about their manual handling needs. We also found there was a lack of information stating who had assessed people's suitability for various types of equipment and moving aids. We raised this with the registered manager who said they would address our concerns. Some staff said that slide sheets in people's rooms were unsuitable as they were the wrong size. This created a risk people who would not be receive the right support when being assisted to move in bed. The registered manager told us they were aware of this and trying to find another supplier.

However, these issues should have been addressed and dealt with through the providers quality assurance and risk management systems. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. The records showed these checks were up to date. The fire alarm was tested weekly and staff took part in fire drills.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise and were up to date.

Emergency arrangements were in place. For example, the service had an emergency menu, which could be made from long life products, should there be a problem with deliveries.

We found internally the building was safe and appropriate for its purpose. For example, radiators were guarded to protect against the risk of burns and window openings restricted to reduce the risk of falls. However, the flags on the patio at the back of the home were uneven. Although there had not been any falls in this area the uneven surface created a trip hazard. The provider told us they had already identified this as an area for improvement. They said people who used the service were always supported by staff when they used the patio area and assured us this would continue until the area was made safe.

The home was clean and free of unpleasant odours. One part of the home, the section called Riverview, had been redecorated and the other side, known as Stourton Ford, was closed for refurbishment. The redecoration had included work to create a more dementia friendly environment for people.

At the last inspection we identified concerns about the cleaning and replacement of mattresses. During this inspection we found the mattresses were clean and odour free. Checks were carried to make sure the mattresses remained clean, odour free and fit for purpose.

Medicines were safely managed. We looked at records which showed Medicine Administration Records (MAR) were well completed; this included for the application of topical medicines such as creams. Stock levels were checked regularly to identify any discrepancies. Protocols were in place to support staff to give 'as required' medicines in a safe and consistent way.

Risks associated with paraffin based topical medicines had been assessed to help keep people safe.

The registered manager told us they were changing their supplier and all the prescribed medicines would be dispensed by a local pharmacy. They said this would improve the service they received as under the current arrangements the home dealt with two separate pharmacies.

Accidents and incidents were recorded and investigated. We saw monthly analysis took place of any incidents to look for any themes and trends. Following each incident, preventative measures were clearly recorded to help the service learn from adverse events. In response to a recent incident the service had introduced a new 'post falls protocol' which detailed the actions staff were required to take in the 24 to 48 hours after an accident or incident. We saw an example of a protocol which had recently been completed. It provided a clear record of the actions taken to make sure the person received appropriate care and treatment.

# Is the service effective?

## Our findings

At the last inspection we found the service was not consistently effective. The provider was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that although some improvements had been made more needed to be done to make sure the improvements were fully embedded into practice and sustained.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

A system was in place to make appropriate DoLS applications and track their progress. Some people had authorised DoLS in place which were subject to conditions. We reviewed two people's care files and saw these were clearly detailed within their plan of care and there was evidence to show the conditions were being met. The registered manager has followed up where applications for DoLS authorisations had been made and the service had not heard anything from the supervisory body.

We saw some evidence best interest meetings were held where important decisions needed to be made for people who lacked capacity, involving a range of professionals. However, this was not consistently the case. Generic capacity assessments were in place which needed to be specific to a particular decision. Some people had restrictive devices such as bed rails and sensor mats, however people's capacity to consent to these had not been assessed and there was limited evidence the best interest decision making process had been followed.

Some terminology around relative's consent and consultation in decisions needed amending to make it clear that relatives could not consent to care and support decisions without the necessary legal authorisation.

From our observations of care and discussions with the registered manager, staff, people and relatives we concluded the service was acting in people's best interests. However, this was not always supported by the records. We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

People had sufficient choice at mealtimes. This included a range of hot and cold options at breakfast time and two main meal choices at lunchtime. Kitchen staff had information about people's dietary needs and preferences which helped to ensure they were able to meet people's individual needs. This included information about special diets; for example, when people needed food of a particular consistency or

needed their food fortifying with additional calories due to weight loss. Adjustments were made to cater for individual needs; for example, when people had a vegetarian or diabetic diet.

People's nutritional needs were assessed and clear plans of care put in place. We saw the service had liaised with GP's or dieticians about any unplanned weight loss and fortified diets.

We did not identify any concerns about people losing weight. However, we recommend that gaps between meals be reviewed to ensure people receive their meals at regular intervals. The evening meal was served around 5pm and supper at between 7pm and 8pm. Some people did not have their breakfast until 10am or 11am which meant there was a long gap between those meals. Lunch was then served at approximately 1pm which meant those people who had eaten a late breakfast may not be ready to eat again.

People were offered drinks throughout the day and their fluid intake was recorded. However, the service did not have individual daily fluid targets for people in line with national guidance. Individually calculated fluid intake targets are important to make sure people get the right amount of fluid for their build.

Staff worked with other health professionals to ensure the provision of effective care. The service had purchased speech and language therapy training from a local health professional team to enhance staff skill and knowledge in this area. This helped staff recognise risks associated with swallowing difficulties. Staff and the manager said this had been effective and worthwhile.

We saw evidence the service liaised with a range of health professionals about people's care including opticians, GPs and dentists. The service utilised the 'Red Bag Pathway' which is an initiative to support the transfer of detailed information should someone be admitted to hospital. We saw a compliment had been received from the local hospital about staff and the arrangements they had made when accompanying a person to the hospital.

Staff received a range of training and support. Staff said training gave them the skills they needed for their roles. One staff member said, "The training is fantastic." New staff received an induction to the service and its ways of working. Staff without previous experience completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Staff received regular training updates in subjects including moving and handling, infection control and safeguarding and training records showed this was mostly kept up-to-date. Staff said they were supported to do further qualifications in health and social care.

Staff received regular supervisions and appraisals. The registered manager told us they had increased the frequency of one to one supervisions to support staff in bringing about improvements to the service. Records showed these were an opportunity for staff to discuss their developmental needs as well as assessing staff performance. Clinical supervisions for nursing staff were in place.

Care records showed people's needs had been assessed before they moved into the home. There had not been any new admissions since our last inspection.

Work had been carried out to create a more dementia friendly environment since our last inspection. The communal rooms had been redecorated and features such as a post office, bus stop and 1940's café had been created. People's bedroom doors had been painted different colours and photographs had been put up to help people identify their own rooms. A sensory room had also been created where people could

enjoy a more relaxed environment.

# Is the service caring?

## Our findings

At the last inspection we found the service was not consistently caring. The provider was in breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made. However, more needed to be done to make sure the improvements were fully embedded into practice and sustained.

A relative told us, "The best thing about here is the way the staff interact with the residents", "[Name of care worker] introduced the doll idea, and this has helped [relative] remain calm" and "[Relative] is always well cared for and dressed well and looking nice. I'm always able to find a member of staff and they always phone me if [relative] isn't well."

Relatives told us staff were very caring towards the people who lived at the home and towards them. One relative said, "The staff are invariably cheerful and kind. I come three times a week the staff encourage me to make my own tea when visiting and encourage me to do things with [relative]." Another relative told us staff had supported them to stay at the home overnight when their family member had been unwell.

We observed in the most part staff were kind and caring and comforted people when they became distressed. We heard staff laughing and joking with people and engaging them in conversation.

Staff we spoke with demonstrated they were dedicated to ensuring people living in the home had a good care experience. They spoke of showing people respect and ensuring they were offered choices and their privacy upheld. We saw this in practice; for example, staff knocking on people's doors and waiting for an answer before entering.

We did however observe one incident where a person's dignity was not maintained. We saw they had urinated on the floor, and whilst staff cleaned this up promptly, they did not take the time to check the person was clean and dry. It was 55 minutes later that staff noticed the person was wet. We raised this with the registered manager who acted to speak with the staff involved.

We heard staff promoting choices with people that used the service, asking them where they wanted to sit and what they wanted to eat. We saw evidence people had been supported by advocates where they did not have any family able to act as their representatives.

At the last inspection we had concerns about people's meal time experiences. During this inspection we found more needed to be done to ensure people had consistently positive meal time experiences. On the first day of our inspection, the meal service in the main dining room was not well organised. People had to wait a long time before their food was served and this led to some people getting anxious and others leaving the dining room before the meal was served. On the second day of our inspection, the meal service was more organised and people were supported to eat in a calm and relaxed environment.

At mealtimes tables were appropriately set and well presented. However, the service had a blanket

approach of using plastic plates and beakers with all people rather than adopting a person-centred approach.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, by supporting people to follow their chosen faith, catering for people's dietary requirements and respecting people's wishes in relation the gender of care staff delivering personal care.

## Is the service responsive?

### Our findings

At the last inspection we found the service was not consistently responsive. The provider was in breach of Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

Working practices within the home had changed and staff were no longer routinely getting people up and dressed in the early hours of the morning. Daily routines were more flexible and centred on the needs and preferences of people who used the service.

Overall, people looked clean and well cared for. Relatives told us they were happy with the care their family members were receiving. One relative told us their family member was more socially engaged and had put on weight since moving to Riverview. Another relative said, "It's fantastic here. They have really encouraged [relative's] creativity with singing and church and since the change in management I have seen a complete change in the care. The different environment is so lovely as it's now much fresher and it has created a calmness and feels like a normal care home now."

We saw evidence staff were supporting people in line with care and support plans. For example, ensuring appropriate pressure relief was in place and air mattresses were on the correct setting.

People's care needs were assessed and plans of care were in place. These were in the most part suitably detailed, although one person's care plan contained contradictory information about their care needs. This was promptly updated during the inspection. A useful summary document was in place which provided concise information on people's needs. This was easily accessible to staff with one copy being kept at the front of the person's care file and another in the folders staff used to record details of the personal care they had delivered. The clinical lead nurse told us they were continuously working on the care plans to ensure they provided detailed information about people's needs and wishes. Relatives we spoke with told us they felt involved in their family members care planning and were kept informed about changes in people's needs.

We looked at what the service had done to meet the Accessible Information Standard (2016). Staff had received training in the subject. People's communication needs were assessed as part of care planning and communication care plans put in place to help support staff in effective communication. These detailed other methods such as interpreting body language to consider when engaging with people who could not verbalise. Documents such as the menu and policies could be made available in larger formats should people require it.

People's end of life care needs were assessed and plans of care put in place highlighting people's preferences at the end of their lives. Reflective practice took place following any deaths within the home, to see if people's experiences could be improved as part of a culture of continuous improvement. Most people who lived at the home had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. A visiting

health care professional told us the service worked well with them and other agencies such as the NHS Gold Line. This helped to avoid unnecessary admissions to hospital and ensure people received appropriate end of life care.

Activities staff were available who engaged people in a range of activities. This included pet therapy, games and music. This was complimented by external visitors such as singers and 'the music man.' On the first day of our inspection we saw people enjoying the entertainment provided by the 'music man'. People were encouraged to sing along and use different musical instruments such as cymbals.

Staff also engaged with people on a one to one basis to help prevent them from becoming socially isolated. For example, we saw one person had been supported by staff to collect apples from the trees in the garden. The apples had been used the next day to make apple crumble at lunchtime.

One of the rooms had been converted into a 1940's café with attractive décor and china tea services. This was used daily by people who used the service between 3pm and 4pm as a social activity. During the inspection we saw people and relatives enjoying using this room, engaging in conversation and laughter and providing people with meaningful activity.

Information about the complaints procedure was displayed in the home. Complaints were recorded and the records showed the service had received one complaint since our last inspection. We saw complaints were used as an opportunity to improve. The service also kept a record of compliments so that they knew where what they were doing well.

# Is the service well-led?

## Our findings

At the last inspection we found the service was not well led. The provider was in breach of Regulation 9 (Person centred care), Regulation 10 (Dignity and respect), Regulation 11 (Need for consent) Regulation 12 (Safe care and treatment), Regulation 15 (Premises and equipment), Regulation 18 (Staffing) and Regulation 17 (Good governance).

During this inspection we found that although improvements had been made the provider remained in breach of Regulation 17.

At the time of the inspection the service was not carrying out care plan audits. Care plan audits could have helped the provider to identify and address some of the shortfalls we found during our inspection. For example, we identified shortfalls in the people's risk assessment documentation which had not been identified by providers quality monitoring and assurance systems.

We identified a concern about the availability of suitable slide sheets which had not been dealt with promptly and effectively.

We also found inconsistencies in the recording of best interest decisions and lack of clarity in the documentation around consent to care and treatment.

In addition, before the inspection visit, we carried out a review of the notifications we had received from the home. A notification is information about important events which the provider is required to send us by law. We found notifications were not always sent in a timely way and some contained information which could identify people who used the service. We discussed this with the registered manager who assured us they would address this.

This showed us the providers systems for assessing and monitoring the quality and safety of the services provided were not always operated effectively.

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

We found the registered manager had made improvements to the service over the last few months. They were being supported by a consultant to make positive change in the service. A service improvement plan was in place which was regularly updated to allow this to take place in a structured way.

The registered manager had put in place a range of audits and checks. This included audits of medicines management, toothbrushes, bed rails, infection control, training and human resources. Following each audit an action plan was produced for staff to work through to make continuous improvement to the service.

Night checks were also undertaken by the registered manager and consultant working with the service. An overall audit was conducted by the consultant with the registered manager being required to address the action plan produced.

Feedback was sought on the service to help make improvements. This included professionals, staff and relatives. Feedback from relatives was positive. One had commented, "The staff are lovely, friendly and always have time to say hello. I am always made feel welcome. All in all, I am happy that [relative] is happy. I couldn't ask for anything more." Another relative commented, "The environment at Riverview is very welcoming. Everywhere is clean, tidy and constantly being changed. This I feel makes it more stimulating for the residents."

Staff said the home had changed for the better in recent months and improvements had been made. They said the home was now calmer and better organised. One staff member said, "There have been lots of changes in the home in the last year, such a lovely place to come to work now compared to a year ago. No rushing anymore, everything is calm, better communication."

Staff said morale was good in the home and they found the registered manager to be approachable and effective in their role. One staff member said, "(The) manager is lovely, she explains everything, she puts across new ideas and she gets involved in the team."

Staff were clear about their roles and responsibilities. Senior care workers and management staff each had well defined responsibilities in terms of audits and checking. This assisted the registered manager in carrying out their duties.

A range of staff meetings were held. This included clinical governance meetings to discuss people's clinical needs and ensure the service addressed any poor working practices.

The service was working closely with other agencies such as the local authority commissioning team and NHS clinical commissioning group (CCG) to implement changes and improvements to the service. They were taking part in 'Red Bag Pathway' which is an initiative to support the transfer of detailed information should someone be admitted to hospital. The registered manager told us the policies and procedures were being updated by an external organisation to make sure they reflected up to date best practice.

Improvements had been made in all areas of the service. However, more needed to be done to make sure the service was meeting the fundamental standards of care and people experienced consistently good, safe and effective care.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes to ensure compliance with the Health and Safety Act 2008 (Regulated Activities) Regulations 2014 were not always operated effectively. 17 (1)
Treatment of disease, disorder or injury	Accurate and complete records were not always maintained in respect of each person who used the service. 17(1)(2)(c)