

Mrs Rosalind Virasinghe

# Eastside House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Eastside House is a residential care home providing accommodation and personal care for up to 16 people aged 65 and over, some of whom may have dementia. At the time of the inspection there were 14 people living in the home.

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

At this inspection we found there were improvements made to the management of the service and progress had been made in a number of key areas, including medicines management and care planning.

We found there was still need for improvement in setting out and advising staff on how to manage risks, and how to support people with behaviours that can challenge. Reviewing of accidents and incidents needed to take place, to ensure lessons were learnt by the service, and all that all health professionals were involved in a timely way.

We also found there had been insufficient progress in completing mental capacity assessments for people. Due to this, we could not be fully confident people were always supported to have maximum choice and control of their lives, however, relatives gave us examples where people's rights had been upheld.

Management of the service had improved, but we found some staff were working excessively long hours, and audits were not robust enough to identify the issues we found at this inspection.

However, people and their relatives praised the service and people told us the service had improved since the last inspection. Staff were kind and caring, and they understood the needs and preferences of people. The staff team provided continuity of care for people.

Medicines management was safe, as was recruitment. People and their relatives told us the management team was responsive.

People had access to a balanced and healthy diet, although the menu was limited. Some people told us they would like more flexibility for getting snacks and drinks.

People and their relatives told us that they were happy with the management of the service and that they were kept up to date about their relative's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement, published 21 September 2021 and there were breaches of regulation. We also issued a Warning Notice related to governance of the service.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service to check whether the service had made improvements and addressed the issues set out in the Warning Notice.

At this inspection we found some improvements had been made but the provider remained in breach of two regulations, related to risk and governance of the service. We have also made a recommendation in relation to menu choices and activities.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

In response to the breach identified regarding good governance, regulation 17, we will be writing to the provider asking them to provide an action plan in response to the issues identified and to provide time specific updates on the progress of actions taken. We will work with the service and discuss with them how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eastside House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

1 inspector, and 1 specialist advisor and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Eastside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 November 2022 and ended on 8 December 2022. We visited the location's

service on 24 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service. We spoke with 2 provider representatives, two assistant managers, a member of the care staff and the chef. We also spoke with a visiting family member. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included seven people's care records and two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality assurance, training records, including policies and procedures were reviewed.

We asked for additional information related to managing people's mental health needs, minutes of staff and residents' meetings, infection control documentation and other documents related to the management of the service.

We received feedback from 4 relatives, and 2 health and social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At this inspection whilst we found improvements had been made, and there were risk assessments in place to guide staff in some areas, there were gaps in documentation related to risks associated with managing people's mental health. For example, whilst the accident and incident log recorded incidents that had occurred, often noting staff had been physically assaulted, there was no written advice for staff in how to manage these risks.
- We also identified some risks associated with specific health conditions and how to manage these safely were not set out clearly for staff. Examples included for people who had diabetes or were at risk of choking.
- These risks to people were not always assessed and monitored and in the absence of documentation, placed people at risk of possible harm.

Learning lessons when things go wrong

- At this inspection we were not assured that the procedure for managing accidents and incidents was effective in reducing the likelihood of re-occurrence, and it was not evident that lessons were learnt which were then shared across the staff team.
- Whilst we found accidents and incidents were documented, there was no system to review trends, or prompts to ensure risk assessments were in place or reviewed in light of incidents. It was not always clear that appropriate remedial action took place, including involving mental health or other practitioners in a timely manner. This meant that people and staff were placed at repeated risk of possible harm.

The failure to have an effective system to assess, monitor and manage risks was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service carried out a range of building safety and equipment checks to ensure the safety of people living within the home.

#### Using medicines safely

- At the last inspection we found the management of medicines was not safe. At this inspection we found improvements had been made, management of medicines was safe. However, we found minor issues with 'as needed' (known as PRN) medicines management. The information on the medicines administration record (MAR) was not entirely clear, and guidance for staff as to when to give PRN medicines was not sufficiently detailed.
- We discussed this with the management team who told us they would address this, and the community pharmacist was due to visit to audit medicines, so they would seek clarification from them.
- Staff had received training in medicines management, and had their competency to administer medicines assessed within the past year in line with national guidance.
- The service was completing regular medicines audits to check that people were receiving their medicines as prescribed. However, we found that the audits were completed by the main staff member responsible for medicines, and not a different staff member or the registered manager. This is further discussed in the Well-Led section of the report.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, and there were policies and procedures in place to support staff in safeguarding people.
- People told us "Yes, I feel very safe," and "Yes, 100% safe."
- Staff had completed safeguarding training and were aware of different types of abuse and the steps they would take if they thought someone was being abused.

#### Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks included the completion of an application form, DBS checks, evidence of conduct in previous employment and proof of identity. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- People told us "There are generally enough staff." Although we found there were sufficient staff on duty to ensure people's basic needs could be met safely, we were concerned that rotas showed some staff members working excessively long hours. For example, some rotas showed staff working in excess of 80 hours a week. This was not conducive to ensuring staff health and well-being was managed. This could also impact negatively on people's experience of care, as it can be difficult to remain focused and patient if exhausted.
- We were also concerned that the service did not have any system to manage legally, the number of hours worked by staff who had limit set by the immigration service.
- These issues are discussed further in the Well-Led section of the report.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us the service was clean. Comments included "This place is immaculate. Always clean and tidy. Vacuumed and dusted every day. If a tray is dropped it will be cleaned away straight away."
- Visitors were able to freely visit their family members at the service and precautions were taken to minimise the spread of COVID-19.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had applied for DoLS applications in line with best practice. However, we found that not all care records had mental capacity assessments. The service was aware of this, and had made some progress since the last inspection, but acknowledged at the start of the inspection visit, that these were a work in progress. One staff member told us "We would like more training in this area." The service had set up additional training for the new year. The issue of MCA's is discussed further in the Well-Led section of the report.
- Staff understood it was important to gain consent from people, and had received training in the MCA. One relative told us that they felt the service had managed decision making very well with their relative, who had wanted to make a choice that could have placed her at risk. Through discussion this person was supported to take the risk.

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

At the last inspection we made a recommendation to review the menu choices offered to people at the service, and to improve the mealtime experience.

- At this inspection we saw that the meal time experience was positive for people. We noted that the lunch took place in a gentle environment at a calm pace. Staff understood how people liked their food, for example, they added pepper or if they required ketchup.
- People were offered a choice of meals at lunchtime, with two options available. However, on reviewing the four menus that were available, we were not clear how people's preferences were integrated into the menu.

- People told us the food was of good quality, but their comments confirmed the limited choice. We were told "We get a very limited choice. Item A or Item B on the menu or an omelette." This view was confirmed by 3 other people. We were also told that whilst people had enough food and drinks, there was an inflexibility about when they could have them.
- People were asked at residents' meetings if they were happy with the food, but there was not a detailed discussion regarding the menu.
- We discussed the lack of variety on the menus on the day of the inspection, and received revised menus prior to writing this report, but there was no evidence that the changes had been made in consultation with the people living there. This is further discussed in the Well-Led section of the report.

We recommend that the provider reviews their procedure for deciding what foods are on the menus and evidence that this reflects people's choices.

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

- Pre-assessment documentation was completed before people joined the service. This was written in conjunction with family and the person if they were able to give their view.
- As not all information was available at the point of admission, the care plan was completed once the person was admitted to the service when staff had a better idea of people's needs in the specific environment.
- Relatives told us they were involved in discussions about their family members support and agreements about how their care was provided.

Staff support: induction, training, skills and experience

- People received care and support from staff that were appropriately skilled and trained to carry out their role.
- One person told us "All the staff are very well trained to prove the residents with the care they need." Relatives confirmed that staff were competent in their role. One told us "Yes, they are good, both in terms of any healthcare and also in terms of practical (IT) skills, so they can help my relative."
- Records confirmed that staff had received training in a variety of key areas, including safeguarding, medicines management, infection control and moving and handling. Staff were encouraged to study additional courses to improve their skills and knowledge.
- New staff shadowed more experienced staff, and records showed that staff had an induction period and they had to pass a probationary period before they were taken on permanently. Regular supervision and appraisals took place for staff, to support them in their caring role.
- Staff told us they felt supported in their role, and that members of the management team were available for advice at all times.

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

- People's care records contained information regarding their physical health, and limited information regarding their mental health. With the exceptions we noted in the Safe section of the report, we found sufficient advice for staff on how to manage people's health.
- Records showed evidence of involvement of GP's, opticians, hearing specialists and appropriate equipment was in place to support people with safe moving and handling. One person told us "I see the GP when I need to," and another said "I am waiting to see the dentist. An appointment has been arranged for me by the home."
- Relatives praised the staff and told us they were always kept informed when issues arose. One relative said "[Assistant manager] pays close attention to each resident and seems to know instinctively when a resident

is unwell. She is extremely pro-active and will liaise with the local medical centre if she feels a resident requires clinical input." Another said "They always keep me in the loop."

- Daily handovers took place and the service had a communication book in place. This supported the sharing of information about people and their health and care needs.

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

- The environment was accessible to people using the service including the garden and outdoor spaces. Appropriate signage was in place to support people navigate around the home. There was a lift to access the upstairs.

# Is the service caring?

## Our findings

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

At the last inspection this key question was not inspected or rated. At the previous inspection in 2019 this key question was rated good. At this inspection, this has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with care, kindness, and compassion, and supported to maximise their independence. Comments included "Staff are very good, 9 out of 10," and "The staff are outstanding."
- We saw staff showing kindness when supporting people on the day of the inspection. Relatives praised the staff and told us "Certainly the staff are fantastic. Kind, caring and wonderful with my [relative]," and "[Assistant manager] is extremely competent, caring and takes great pride in everything she does. "One relative told us "During the COVID lockdown the manager and caregivers went that extra mile to keep everyone safe in the home and at the same time making sure family members were able to keep in contact by phone (face-time). "
- We asked people if the service felt like home. We were told "Yes it does now." This was confirmed by other people we spoke with. Another person told us "I want to say at this point, I really like living here."
- Care records set out what people could do for themselves, and staff understood people's abilities well.
- The care staff came from a range of backgrounds and religions, staff understood how to meet people's religious and cultural needs, and this was confirmed by family members.
- Staff were respectful of people's privacy and dignity, and people confirmed that staff showed them respect. We were told "Yes, absolutely they do." A relative told us "[Staff name] is so kind and respectful towards my [family member]. My [relative] has always liked his own company and his favourite past time is reading. Staff respect that."
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

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

- People were supported to express their views and make decisions. They told us "Yes staff know my likes and dislikes," and "Staff know me well."
- Relatives told us they were involved in making decisions regarding the care provided. One relative told us "[Name] does have full capacity so does make her own decisions about her care plan, having said that if she wishes for something she and we would raise it with the management team." People told us they were asked how they wanted care provided, although we did not see people's signatures on care plans.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At the last two inspections the provider had failed to deliver personalised care to meet people's needs, preferences, interests and give them choice and control. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- The majority of care plans contained detailed personal information regarding people's backgrounds, previous occupations and current support networks. The management team told us they completed this information as they got to know the person admitted to the service.
- Care plans set out people's health conditions, and how they needed support with care. People's needs in relation to personal care, mobility and other key areas were set out and reviewed monthly.
- We observed staff interaction on the day of the inspection. It was clear they understood people's needs, preferences and wishes, and worked hard to support them in personalised ways. People told us "Yes I can get up and go to bed when I want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- At the last inspection we found there were insufficient activities to meet people's needs. At this inspection we found improvement had been made. There were some activities taking place, although they were limited. Care plans noted what people's interests were, for example, if a person liked walking, or reading, or listening to music. Care staff tried to support people in these activities.
- There was an entertainer who visited twice a week, and people were supported to do some exercise in their chairs. People told us they would like more activities, especially in the winter. In the better weather, the staff could make use of the garden, but on the day of the inspection it was cold and so activities took place in the living area, which due to size, limited options.
- Relatives gave us examples of how the staff had supported people in their personal leisure activities. For example, encouraging one person to get their own digital device so they could listen to audio books and their own music.
- A photobook showed examples of activities that had taken place since the last inspection.

We recommend the service continue to review the range of activities taking place for people.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was documented in people's care plans and included information about their use of communication aids.

### Improving care quality in response to complaints or concerns

- The service had a system in place to manage and respond to complaints. Most people told us the management team were responsive if any issues. Comments included "Yes I know how to complain. I have never made a complaint." And "I would complain if I had anything to complain about."
- The service had an up to date complaints policy. There had not been any complaints in the last 12 months.
- Relatives told us "The manager and proprietor are extremely responsive to any questions I might have," and "Yes, the management works hard to rectify things or make improvements as quickly as possible if issues were raised."

### End of life care and support

- Care plans had a section on end of life support, but the majority of people did not wish to discuss their wishes. The management team told us that relatives had this information. They agreed to periodically bring up the discussion with people, particularly, those who had no next of kin.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective management oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice in relation to governance of the service.

At this inspection, whilst we found some improvements had been made, the provider was still in breach of regulation 17. Some areas of the Warning Notice had not been met, as outlined below.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At this inspection, we found improvements had been made to care plans and medicines management. The management team and care staff had worked with local authority staff to make improvements, and progress was evident. Care staff were trained and supported in their role, and the service was clean.
- However, whilst the management team were carrying out audits, they had not identified issues with risk assessments that we identified at this inspection.
- We found whilst audits took place, they were carried out by the person responsible for the work. We found the management team had limited oversight of the audits, as they were signed off, but the level of scrutiny was insufficient as the management team had not identified issues we found with care planning and medicines management. Lack of review of accident and incident forms, and ineffectively completed behaviour charts, meant the management team did not identify patterns or trends in behaviours for people, to aid learning across the team, and ensure all remedial actions were taken.
- At the start of the inspection, the management team made us aware that they still had work to complete on mental capacity assessments. It is positive that this was an identified area for improvement, but we would expect better progress to have been made since the last inspection on mental capacity assessments. The service had an action plan they were working to.
- Although staff had signed documentation to agree to work additional hours, at this inspection we were also concerned that some staff worked excessively long hours over a period of weeks. This was not conducive to the good well-being of staff, nor good quality care. We also found the management team did not have a system for monitoring the number of hours worked by staff who had restrictions imposed on them by the national immigration service.

Whilst we found there was no evidence that people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the



home. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was working to improve and promote good outcomes for people. People, relatives and staff spoke well of the service and the management of the home.
- A health professional confirmed the staff worked well in conjunction with their service, to address people's health needs.
- The service held regular meetings for residents to get their views, although we identified further discussion regarding menu planning should take place with people.
- Staff meetings were held regularly so staff could influence how the service was run, and staff told us they felt supported in their role.
- Staff told us the management team were approachable and supportive, and that they enjoyed working at the service.
- One relative told us "The caregivers stay at Eastside for years and I think this is a reflection on how the home is run. The caregivers work very well together and seem to be very supportive towards one another." The family member told us staff continuity was important for them and their relative, and led to better care for them.
- People, relatives and staff were encouraged to complete regular satisfaction questionnaires to provide feedback about the service. The service had not collated the most recent information, but told us they intended to do so. Relatives praised the management of the service. Comments included "I really cannot fault Eastside. We cannot believe such an amazing home is just around the corner from us," and "The service is very well run."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply. Relatives told us they were kept informed of any issues that arose.

Working in partnership with others; Continuous improvement

- The service had worked with the local authority team to make improvements since the last inspection, and had welcomed this support.
- The management team acknowledged they needed to make further progress and told us they were willing to accept additional external support to do so.
- Since the inspection visit, the service has addressed some of the issues raised at the inspection. The service had an action plan in place and updated it following the inspection to include issues we identified.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess risks associated with people's health and care needs. Sufficient guidance and instructions were not always provided to care staff to minimise or mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. This placed people at the possible risk of harm.</p>