

Fairoze Limited

Redclyffe House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Redclyffe House is a residential home providing accommodation for people who require nursing or personal care. Redclyffe House does not provide nursing care. The service is provided over two floors with people having their own rooms with en-suites. The service provides support to people living with dementia, people with learning disabilities or autistic spectrum disorder, older people and younger adults. The service can support up to 12 and was fully occupied on the day of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

The provider needed to ensure safe recruitment procedures and better records for checks, so people were supported by safely recruited staff.

Staff supported people with their medicines in a way that promoted their independence. However, medicine management records needed improvement.

People's care and support was provided in a safe, well-furnished environment that met their sensory and physical needs.

Staff supported people to take part in some activities. However, further improvements were needed to ensure people could pursue their interests and achieve their aspirations and goals.

People had a choice about their living environment and were able to personalise their rooms. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life.

Staff enabled people to access specialist health and social care support. Staff supported people to play an active role in maintaining their own health and well-being.

Staff supported people to make their own decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care:

Staff had the right knowledge to encourage and enable people to take positive risks. People received kind and compassionate care. Staff understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff supported people consistently and understood their individual communication needs. Staff spoke to people patiently, giving them time to respond and express their wishes.

People received care and treatment that reflected their assessed needs, and this promoted their well-being and enjoyment of life.

Right Culture:

The provider did not always follow their quality assurance policy effectively to assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services, the service and others.

The provider did not always maintain accurate and complete records relating to people's care and service management.

The provider did not always ensure records demonstrated they fulfilled the requirements of duty of candour.

We found the provider notified CQC of reportable events as required. The service work together with people and those important to them to help improve the service.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them were involved in planning their care. Staff valued and acted upon people's views.

Staff turnover was low, which meant people received consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 April 2019).

Why we inspected

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.

We received concerns in relation to the management of medicines, people's care and support needs, premises, activities, management of the service and staff. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redclyffe House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to good governance and keeping accurate and complete records for medicine, staff recruitment and service management. We have made recommendation about keeping accurate records for duty of candour requirements at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Redclyffe 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 Health and Social Care Act 2008.

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

The inspection was carried out by three inspectors.

Service and service type

Redclyffe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redclyffe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 not a registered manager in post. However, a new manager had been in post for 4 months and had submitted an application to register. We will refer to them as 'the home manager' throughout the report. The home manager supported us on the first day of inspection along with the operations director and one of the directors. On the second day, the deputy manager, operations director and one of the directors continued supporting us with our inspection. After the inspection we were

informed that the home manager had resigned.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the last report, recent information received, and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke to the home manager, the deputy manager, operations director and one of the directors. We observed interactions between staff and people, and we spoke with one person. We reviewed a range of records relating to the management of the service, for example, records of medicines management, risk assessments, accidents and incidents, quality assurance systems, and maintenance records. We looked at 5 people's care and support plans and associated records. We looked at 5 staff files in relation to recruitment. After the inspection we spoke with 6 relatives of the people who use the service, and we received feedback from 8 staff. We continued to seek clarification from the provider to validate evidence found. We contacted 10 professionals who work with the service for further feedback.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- People were supported by staff to receive and store their medicine that they required. However, some of the medicine management records had not always been completed in line with the provider's policy and current best practice guidance to ensure safe management of medicine.
- We reviewed medication administration record (MAR) sheets and found incomplete records. For example, we found some gaps in MAR sheets, but no rationale recorded. When people received 'as required' (PRN) medication, staff did not always make notes to explain why it was given as part of provider's recording system.
- We brought this to management team's attention who reviewed the discrepancies. They confirmed it was recording issues and people received the medication so there was no negative impact to people at this time.
- Some PRN protocols lacked clarification for example, when staff should give one or two tablets and if medical support would need to be sought to make that decision.
- People's PRN protocols needed more detailed information when medication would be needed to help with people being anxious, upset or distressed and to ensure it was the last resort. As staff knew people's needs well there was no negative impact on people and this was a records issue.
- According to provider's policy, when prescribed medication had to be added to MAR sheet, the detail had to be transcribed accurately, in black ink, signed and witnessed by the two designated staff who received the medication. However, this had not always been followed.

The registered person did not ensure records for management of medicine were fully maintained. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The medication was stored securely in a lockable room. The room was clean, tidy and cool. We reviewed the stock of specialised drugs kept in a separate cabinet and it tallied with the records kept.
- Staff supported people with taking their medicines in a calm and patient manner, ensuring people had enough time to understand the process and they had taken the medicines safely. People were supported to have their medicines at the right times.

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

- The provider monitored some risks relating to the safety of the premises such as, health and safety, asbestos and equipment used by people.
- A legionella risk assessment was in place however, service checks on thermostatic mixing valves (TMV)

including fail-safe mechanisms had not been completed. Following the inspection, the provider sent confirmation this had since been completed and future checks would be completed annually.

- There were records available to demonstrate checks surrounding fire safety, such as fire door safety took place, although they had not been completed consistently. This had been identified by the senior management team and action was being taken to address this.
- There were records fire drills had been held and the provider told us a fire drill was planned for different shifts to ensure staff were prepared for evacuation.
- Other maintenance, premises and equipment checks had been completed and in date. People had individualised personal emergency evacuation plans (PEEP) in place.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety. People had risk assessments in place for different aspects of care such as falls, specific conditions and mobility.
- Risk assessments guided staff how to support people safely and mitigate any risks. This included risks around people's conditions, sensory needs, and behavioural needs. The records were person centred, produced with people's involvement, and contained information how people would like their care to be carried out.
- Staff were aware of people's individual needs and were able to describe people's risks and medical conditions and how to manage them safely, including specific behaviours and triggers.
- The service worked with professionals to help them support people to manage their wellbeing and behaviours to achieve positive outcomes.
- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt. When themes and trends were identified, the provider considered how the service could reduce the risk of the incident reoccurring.

Staffing and recruitment

- Staff told us there were times where they could have had more staff to help carry out their roles and responsibilities effectively. Staff told us they were able to support people's basic needs, but they were not always able to support people with activities or going out.
- Relatives also raised their concerns regarding people's ability to go out due to staffing issues. Relatives generally said there were enough staff to meet people's basic needs, but not to support with people's choice of activities.
- Staff said, "Not always [enough staff]. Generally, there is 5 on shift. If someone is off sick, it goes to 4. We are told do not hoist [people] without a second staff. If there are 4, it is hard as one staff always has to be in lounge as we have someone with [condition]. Sometimes it's hard", "Sometimes the demands of the service users have changed drastically, to be able to meet their emotional and physical needs is impacted by staffing. We can't always give them enough stimulation. Some have higher needs than others which can be impacted by lack of staffing and resources" and "Not always [enough staff]. If not enough staff, outings don't happen, a few service users are wheelchair bound so it takes a lot of staff...Mornings are a bit of a rush when not enough staff".
- The provider told us they were aware of the concerns in regard to staff numbers and deployment and they were taking action to address this.
- Relatives were positive about staff and the way they cared for people. They said, "Oh yes, never been worried about that. Once a week I visit the home and see the same staff, I've met them all now", and "Yes, normally enough staff, I do think so... [the person] always has been well cared for during that time".
- The provider's recruitment procedures ensured suitable staff were employed. Staff files included most of the recruitment information required by the regulations and provider's policy.
- We found some discrepancies with employment history, health check, gathering evidence of conduct and reasons for leaving when staff previously worked in health or social care. We discussed this with the provider

and listed all discrepancies to them so they could rectify it. We considered this under the question whether the service was well-led. After the inspection, the provider told us about the action they had taken to make future recruitment more robust such as a review and update of documents to support safer recruitment process.

- Staff had a Disclosure and Barring Service (DBS) check completed before they started work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the management team and the staff knew them well and understood how to protect them from abuse.
- People were protected from harm, neglect and discrimination. One person said, "Yes, staff support me when [I need it]".
- Relatives felt people were safe in the service and looked after well. They said, "I feel [my relative] is safe there", "Yes. [My relative] has been there a long time...during the whole time I've never had any concerns" and "Yes, never had a reason to doubt that [my relative is not safe]".
- Staff were aware of their safeguarding responsibilities, what to look for and what actions to take along with policies to refer to. Staff also said they knew the provider's whistleblowing policy and when to raise concerns about care practices externally.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were confident they would be taken seriously if they raised concerns about people and their safety with the management.
- The management team understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- We spoke with the deputy manager about the safeguarding process and procedures, and the work they had been doing with external professionals to ensure timely referrals were made to the local safeguarding team. They understood when to raise safeguarding alerts and actions to take afterwards. When there were safeguarding cases raised, the provider was working with the local authority to ensure these were investigated thoroughly.
- One professional agreed that provider had appropriate systems, processes and practices to safeguard people from abuse.

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.
- Relatives added, "Always looks clean and tidy, like any other day to day home, it doesn't strike me as unclean", "Excellent clean and tidy, safety is excellent, everything there is so spot on" and "That's always lovely and can't fault that at all". Where relatives raised issues with the cleanliness and environment, they noted they have already raised this with the provider.
- The service supported visits for people living in the home in line with current guidance.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care records contained detailed descriptions of people's life histories and preferences. Understanding people's history, helped staff develop meaningful relationships with them.
- Care plans included specific information about the people's needs, what they could do for themselves and what staff could do to provide the right care.
- People's care records focused on people's quality of life outcomes, and these were monitored and adapted as people went through their life.
- Care records were based on assessment and information indicated that people were supported to access healthcare services and professionals.
- Staff provided people with personalised, proactive, and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- The service met the needs people using the service, including those with needs related to protected characteristics.
- One professional told us staff provided personalised care responsive to people's needs and reflected their personal and cultural preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans. Staff were aware of how to support people in the most appropriate way including how to adapt the approach to meet people's changing needs.
- Staff were aware of the individual needs of people and felt they had enough information to support people effectively.
- We observed how staff communicated with people. They were respectful, kind and gave people time to respond. For example, one staff member spent some time with a person who was not able to express themselves easily. We saw the staff were gentle and communicated with the person at their eye level to ensure there was meaningful communication maintained.

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

- The service offered a social programme for people to prevent social isolation and promote inclusion. However, we observed on the first day there were long periods of time where people sat with very little interactions or activities to keep them stimulated and avoid social isolation. We spoke about this with the management team, and they provide rationale for it.
- We also advised them people's daily notes could include more details about activities offered to people throughout the day and completed as per care plans. If they refused, to record any other options explored and offered.
- People were supported by staff to try new things and to develop their skills as much as possible. However, staff shared that sometimes they could not make adjustments so that people could participate in activities they wanted to. The provider was aware of these issues and were working to address it.
- On the day of our inspection one person celebrated their birthday and staff arranged it according to their wishes. We observed most people joined and appeared to enjoy their time.
- There were photographs and pictures of people and staff throughout the building which showed positive engagement and activities previously enjoyed together.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people during inspection. People could stay and spend time with their relatives in their rooms, lounge or outside in the garden.
- Staff provided person-centred support with self-care and everyday living skills to people.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. There had been no formal complaints in the last 12 months.
- The deputy manager explained the process of handling a complaint if it was raised and how they would provide support to the people involved.
- We provided information to the operations director about recent concerns raised to CQC and they took it on board to investigate it. The operations director confirmed these had not been raised directly with them and they were previously unaware of the concerns. They provided us with an update promptly, and this was also incorporated in the action plan working on improvements after the audit carried out in February 2023.
- Relatives said, "Yes, I would know how to complain. Never had to complain to [the service]", "I would go the manager, if not resolved then would go to [the person covering the manager]. I never had to complain before" and "I would go to the manager. I never had to raise a concern, but I am confident they would respond appropriately" and "I would speak to them during a visit, I know I could phone but I go in often. I have never had reason to complain".

End of life care and support

- There was one person who had been receiving end of life care and they had improved. The operations director told us this person's care plan was being updated to reflect this.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not ensure some of the issues we found on the inspection, were identified through their own quality monitoring systems. For example, the provider did not ensure staff recruitment checks carried out were consistently recorded.
- The provider did not always monitor regular checks of records for medication management, of premises and associated records completed and incident/accidents review for prevention of recurrence. We found an incident had not been recorded or reported to investigate it properly.
- People's care and associated records were not consistently reviewed and did not always demonstrate people's needs were noted. For example, where one person needed support repositioning, there was no clear information of how and/or how often to complete this. This meant staff did not always have accurate information about people, their support and risks, and the delivery of the service.
- The provider had quality assurance systems in place and whilst some audits were completed monthly when areas of improvement were identified, the actions were not always documented or addressed.
- The home manager and provider demonstrated they had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and the management of the staff team. However, the issues we found, indicated the provider did not always have a regular oversight of these areas identified.
- The provider sought feedback from people and those important to them, staff and stakeholders. They used the feedback to develop the service and make improvements that were identified using the survey. However, we received mixed feedback on relatives' views being sought. Some relatives remembered getting a survey, but they had not heard anything further after that, so they did not know if their feedback was taken into account and addressed.
- We received mixed feedback from staff about support from the provider. Staff were concerned about the changes of management and felt unsupported by the provider.

The registered person did not operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and home manager worked together to promote a positive, caring, transparent and inclusive culture within the service. They wanted to ensure the staff team continued to be motivated to provide care and support to people as their needs and health were changing.

- Staff told us they worked well as a team. However, they felt this was not valued by senior management that were not very visible in the service. The home manager was approachable and made some positive changes while working at the service. Staff added, "It's the support from higher up that we weren't getting. It's the support and getting the good feedback we need", "Staff feel unsettled, there is no manager, I don't know what's going to happen" and "Hierarchy don't appreciate staff team... we are dismissed a little. We are a small but unique setting, team of brilliant staff who go above and beyond but the support is not always there for us".
- The senior management told us they were aware of staffs concerns and they were working with the staff team to improve staffs' morale.
- Services registered with the CQC are required to notify us of significant events and other incidents that happen in the service, without delay.
- The provider ensured CQC was consistently notified of reportable events without delay.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The home manager worked alongside staff in the service. This way they were able to monitor practice regularly during the day and ensure appropriate action was taken to address any issues.
- The home manager and staff worked positively with people to improve their skills, maintain their health or wellbeing so people could feel they could lead their life as they wished.
- Staff said, "We work well as a team and create a happy home for the people. We make sure the people are happy...It's a very nice home to work in, like a family", "I'm happy at Redclyffe, would get paid more in [somewhere else] but I do the job because I love it and enjoy the team I'm working with...Residents are very happy and are very friendly with staff, like a family" and "We are a family and I love the people all to bits, staff team are amazing that we have now and support each other".

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

- We discussed the regulation and requirements to follow when notifiable safety incidents happened with the management team.
- Since the last inspection, there two incidents where the duty of candour applied.
- People were supported to receive medical care to treat the injuries, ensure aftercare was provided and records updated where necessary in relation to their care. Whilst the provider ensured that people and their families were kept informed, so they met the duty of candour requirements in practice, but this had not been recorded.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour to ensure requirements are always met, including clear record keeping.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. It was clear they wanted to help people achieve positive outcomes and live life to the full.
- People and the staff team had good relationships with each other. We also observed staff and the home manager was respectful and kind towards people and each other.
- Staff had team meetings to ensure any verbal or written feedback were shared with the staff team and up to date with what was going on in the service. Some staff said the meetings were not always regular.
- The home manager held a few meetings for people recently to gather their views and discuss any matters relating to the service provided, any specific wishes or preferences and if any changes were needed.
- The relatives said, "I'm so lucky that [my relative] is there. [Staff] always listen to me and [the person]. These two [staff] are really good, can't thank them enough. So dedicated", "[My relative] is supported to

make own choices. We have noticed a positive difference in [the person] too" and "[Staff] go out of their way to make sure relatives are supported when visiting, they know [the person] well and have good relationships with them. Being there I feel confident it's a good place to be".

- The service worked in partnership with different professionals to ensure people were looked after well. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.

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 The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A). Regulation 17 (1)(2)