

Amesbury Abbey Limited

Amesbury Abbey Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 and 16 January 2019. The first day of the inspection was unannounced. The last inspection of this service was in September 2017. At that time, the service was rated Requires Improvement and there was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's safety were not being adequately identified or addressed. We also made two recommendations. These were to develop the documentation used to evidence decision making and improve the quality of care planning.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question 'Is the service safe?' to at least good. At this inspection, improvements had been made in all areas. However, we found the risks associated with the excessively high temperature of the water in people's en-suite facilities had not been identified or addressed. Action was taken when this was brought to the attention of the provider and registered manager.

Amesbury Abbey Care Home 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.

Amesbury Abbey Care Home provides accommodation which includes nursing and personal care for up to 45 older people, some of whom are living with dementia. At the time of our visit 32 people were living at the service. The bedrooms were arranged over three floors and had en-suite facilities. There was a communal drawing room and separate dining room. The home was traditional in style, had many period features and extensive grounds.

There was a registered manager in post. 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 registered manager was available throughout the inspection.

People were happy with the support they received and were complimentary about the staff. They said they were encouraged to follow their own routines and make decisions about their everyday lives. People could personalise their room and entertain family and friends. They said their rights to privacy, dignity and independence were promoted. People's medicines were safely managed and a range of health and social care professionals were available to support good health. People could participate within a range of social opportunities if they wanted to.

There was a focus on quality food and its contribution to good health. Menus were based on people's preferences and fresh, local produce. People had regular drinks and snacks, including homemade cake and biscuits. Fresh fruit was readily available.

There were enough staff to support people safely. Staff were well supported and received a range of training to help them do their job effectively. New staff were safely recruited and there was a well-managed induction process in place. People and their relatives were complimentary about the staff team.

Improvements had been made to the management structure, including a new deputy manager role. Some staff had become 'Champions', which enhanced accountability, as well as further developing knowledge and practice. There was a strong caring ethos and regular meetings to promote good communication.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's medicines were safely managed.

The home was clean and there were systems in place to manage and prevent the risk of infection.

There were enough staff to support people safely.

Is the service effective?

Good ●

The service was effective.

People had enough to eat and drink and there was an emphasis on fresh produce.

Staff received a range of training to help them do their job well.

People received good support to meet their health care needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect.

There was positive feedback about the staff.

People's rights to privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received support which met their needs.

Improvements had been made to people's care plans.

People knew how to make a complaint and were confident in doing so.

Is the service well-led?

The service was not always well led.

The provider and registered manager had failed to identify and address the risks associated with the hot water in people's bedrooms.

Audits were being undertaken and used to improve the service.

There was a strong caring ethos which was adopted throughout the staff team.

Requires Improvement 

Amesbury Abbey Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 16 January 2019. The first day of the inspection was unannounced.

The inspection was undertaken by two inspectors, a specialist advisor who was a nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

To gain feedback about the service, we spoke to 19 people, 8 relatives, 12 staff, the registered manager and provider. We looked at people's care records and documentation in relation to the management of the service. This included quality auditing processes and staff training. After the inspection, we contacted 10 health and social care professionals for their views of the service. 5 health and social care professionals responded and gave us feedback.

Is the service safe?

Our findings

At the last inspection in September 2017, not all risks to people's safety had been identified. This was because one person's support plan had not been updated following a choking incident and the risks associated the hot surfaces and shape of some radiators, had not been considered. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, appropriate action was taken to address the shortfalls. Radiator covers were fitted to minimise the risk of injury, if a person fell against them. Staff had received training about the different textures of food and people's records were updated to show potential choking risks. Further systems were put in place to inform catering staff of any difficulties people had with swallowing.

At this inspection, steps had been taken to minimise other risks. However, whilst monthly checks of the water systems had been completed to minimise the risk of legionella, the associated very hot water from hand washbasins, had not been identified. Action was taken once this was brought to the attention of the provider and registered manager.

People had specialised equipment to minimise their risk of developing pressure ulceration. This included specialised equipment and repositioning regimes. All pressure relieving mattresses seen except one, were on the correct setting. Staff addressed this immediately once raised with them. People were offered food with additional calories if they were at risk of losing weight. Staff told us any concerns were referred to the GP and regular monitoring took place. One health and social care professional told us, "Safety seems paramount with the caveat that it is a home, not an institution." Another health and social care professional said, "I am not aware of any safety problems for the residents. They seem to be very well looked after."

The registered manager told us the home was keen to learn if anything went wrong. They said they wanted to ensure continual improvement and gave the person's choking incident as an example of this. The registered manager told us action was always taken in relation to any complaints that were raised. This enhanced provision but also minimised the risk of further occurrences.

People were given their medicines in a safe and person-centred manner. Records showed medicines had been given as prescribed and were stored securely. Checks to ensure suitable temperatures of the refrigerator, where some medicines were stored, had been completed. Staff were knowledgeable about people's medicines and had their competency regarding medicine administration assessed. Two people told us they could manage their own medicines. Another person told us, "They bring me my medication every day so I don't have to worry about them." After the inspection, a health and social care professional told us a recent audit had shown people's medicines were safely managed. They continued to tell us, "The staff contact me directly if they have any questions with reference to medication and I believe this demonstrates that they have the resident's best interests as their number one priority."

Systems were in place to prevent and control the risk of infection. Cleaning schedules were in place and the home was clean. One member of staff told us, "People have high expectations of the standard of cleanliness

here. We have great pride in the environment and always work in a way to meet people's expectations." A health and social care professional confirmed this and said, "The Abbey is cleaned thoroughly – not an easy task with all the treasures and very personalised rooms." Staff had access to disposable protective clothing when needed and there were paper towels and soap dispensers in the communal toilets. People had their own slings to use with the hoist. Records showed staff in all departments, had undertaken infection control training and were clear about their responsibilities in this area.

Systems were in place to help protect people from abuse. Staff had received safeguarding training and information about keeping people safe was displayed on notice boards. Staff were aware of their responsibilities to report poor practice, or a suspicion or allegation of abuse.

People told us they felt safe. One person told us, "I am prone to falls and although I don't need help to shower, the carers are always present so I do feel safe knowing someone is around." Another person said, "The carers look after me so I'm safe and I don't have to worry." A relative told us they had no concerns about their family member's safety. They told us, "They're definitely safe. I have no concerns. They take good care of [them]."

There were sufficient staff to support people. During the inspection, the home was calm and call bells were answered promptly. People were given time and not rushed. Staff undertook regular checks to make sure people were well and did not need anything. One person confirmed this. They told us, "[The staff] pop in from time to time to check up on me." One relative however, told us when they visited, they often heard many call bells ringing at the same time. They said this made them think more staff were needed at these times.

The registered manager told us a dependency tool was used to determine the number of staff required. They said this enabled staffing levels to be flexible and responsive to people's needs. Staff said there were enough staff although one staff member said evenings could sometimes be a challenge. Another said factors such as individual personalities and the precise way some people wanted things done, were not considered when calculating staffing levels. A health and social care professional told us, "I cannot comment on staffing levels but they seem better than in some other homes. A good feature is that staff always try and accompany residents to appointments if their relatives are unable to and there are always staff available if residents are critically unwell or distressed."

Is the service effective?

Our findings

People were appropriately assessed before being offered a service. The registered manager told us most of the people newly admitted were from the apartments, which were located within the grounds of the home. This meant people were often familiar with the home, which enabled them to settle better. The registered manager told us some people had short term breaks at the home before moving in permanently. Records showed a full assessment of each person's needs was completed. However, the handwriting within documentation did not always ensure the information was easy to read.

Staff were appropriately trained to enable them to do their job effectively. Records showed such training included fire safety, equality and diversity, and dementia awareness. The registered manager told us more specialist training, related to a person's needs, was arranged when required. Registered nurses completed training in subjects specifically related to their role such as venepuncture and catheterisation. A health and social care professional told us a member of staff had attended a Tissue Viability Care Home Link Nurse Course. Another health and social care professional told us, "One area dentally, is when residents' teeth are extracted. The team at the Abbey ensure that they are aware of potential problems, (such as bleeding and pain), and what to do about it. There is good communication."

Staff told us they regularly met with their manager more formally to discuss their work. They had a Personal Development Plan and an annual appraisal. This ensured the on-going development of each staff member.

People had enough to eat and drink and enjoyed the food provided. A member of staff told us within reason, there was no food budget. They said this meant people could have what they wanted. They confirmed, "If we want to order a box of asparagus, we can." There was a varied menu based on people's preferences. This included meals such as 'zesty pork' or 'salmon in a watercress sauce'. People were offered homemade cakes or biscuits with their morning coffee and afternoon tea. There was a fruit bowl which enabled people to help themselves to what they wanted. Some people had a selection of fruit given to them in their rooms. The registered manager told us consideration was being given to add fresh fruit to the morning and afternoon drink's trolley.

People told us they enjoyed their meals. Specific comments were, "The food here is very varied", "food is lovely" and, "I think the food here is superb". People told us they had a choice of meal and were offered alternatives if they did not like what was on the menu.

A range of professionals supported people with their health care needs. This included speech and language therapists, physiotherapists and tissue viability specialists. A GP visited regularly to monitor people's health and review their medicines. Records showed timely referrals were made to health care professionals when required. After the inspection a health and social care professional told us, "The Abbey arranges for residents to be brought to surgery very well. We have a good relationship with the team at the Abbey and are able to discuss dental care as necessary. Overall management of the residents regarding dental needs is good." Another health and social care professional told us, "I have always found that staff generally refer residents with Tissue Viability needs in a timely manner and they follow my advice and care plan."

People were encouraged to live healthy, independent lifestyles. One member of staff told us staff supported people to do what they wanted to do or achieve. They said for example, if a person wanted to lose weight, they could work with the chef to agree an appropriate menu. Another member of staff told us "health conscious" meals were provided to enhance wellbeing. Records showed one person had been consulted with regarding the best steps to take to heal their wound.

The environment was suited to people's needs. There was a large drawing room and a separate dining room with people's private accommodation located over three floors. All bedrooms were individual and traditional in style, with some having en-suite facilities and a separate lounge area. At the time of the inspection, a programme of refurbishment was being implemented. This meant new carpets had been fitted to some of the corridors and improvements had been made to the home's security. Some bedrooms were being refurbished to include a new shower facility and redecoration. The home enjoyed a quiet location close to the town centre, within extensive, well maintained grounds.

People were complimentary about the environment and their room. One person told us, "I do have a lovely room with a balcony, which in the summer is lovely. I can go out in the gardens too." Another person said, "I pay extra for this big room I'm in. It's very comfortable. I have a new walk-in shower and a walk-in wardrobe too." Other comments included, "This is a lovely room with views across the estate," "I have a lovely suite of rooms" and "I have a good room with a view across the green". A relative told us, "[Family member] has a room suitable for his disabilities." Another relative said, "This place does have a certain something and it suits my [family member]. They wouldn't build a new care home like this. It's very individual."

People told us they were encouraged to make decisions and be in control of their support. Specific comments were, "I can come and go as I please" and, "One can do pretty much what you want in your own room." One person told us they were having their room decorated. They told us, "Oh yes, we've chosen the colours."

At the last inspection, the Mental Capacity Act 2005 (MCA) had not always been properly followed. A recommendation was made to address this. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection, improvements had been made to this area. Staff showed an awareness of the key principles of the MCA and how they applied these within their role. Mental capacity assessments had been undertaken as required and consultation with relevant others had contributed to decisions made in a person's best interest. For one person, this had involved a best interest decision being made about covert medicines. This is when medicines are disguised in food or drink without the person's awareness or consent.

Is the service caring?

Our findings

People were treated with kindness and compassion. All interactions between staff and people who used the service were friendly and respectful. Staff showed a caring approach and addressed people by their preferred name or title. One member of staff told us, "I wouldn't dream of doing anything else, their name or title is about who they are, their identity." Another staff member told us, "Knowing the person, their history and life enables us to relate to them and recognise their earlier days, rather than them being an older person here. Respect is built into everything we do."

People were complimentary about the staff. Specific comments were, "The carers here are all lovely people", "The carers are very caring" and, "the carers are absolutely lovely." A relative told us, "They are beautifully sweet and pure. They couldn't be sweeter. All very caring."

The registered manager gave a relative a cup of coffee, as the relative said, "See, what service. I can come in whenever I want and always feel welcome here, it's a jolly nice place. I'm off to have lunch with [my family member] down in the dining room now". A health and social care professional told us, "Staff spend a long time with residents and relatives, and treat them kindly and intuitively."

The registered manager told us they had an excellent staff team. They said they were caring, kind and concerned about people. This was shown within interactions. For example, one member of staff gave a person a drink of their choice. They used the person's title and smiled as they placed the drink on the table. They made sure the cup was in the right position so the person could reach it, and then warmly stroked the person's arm. The staff member left, whilst saying, "I'll see you later. Anything you need, just let us know." A health and social care professional told us, "I have always received a warm welcome from reception staff at Amesbury Abbey and they are helpful to guide me to the right person."

The registered manager told us staff respected people's individuality. They said staff promoted equality and diversity and ensured perceived differences were respected without prejudice. Records showed staff had received equality and diversity training.

People were encouraged to live their lives as they wished. One person told us, "Well look at me. It's late and I'm still in bed, drinking coffee and reading my newspaper. What could be better? I will take my time and get up when I want to." Another person told us, "If I want to go to the dining room to socialise I do. Otherwise they bring everything to me here. I wouldn't have to move if I didn't want to."

The registered manager told us people were encouraged to give their views about the service. They said they did this informally, within meetings or by completing surveys. One person told us, "I have recently attended a resident's meeting and I was quite impressed by the Management team, very organised and there were few issues raised." Another person however, told us, "If I have any criticism it's the secrecy that seems to surround death here. I had a good friend here who passed away but no one was told about her passing or about the funeral. I suggested to the Manager that he might consider installing a notice board for residents where these sorts of things could be placed. I haven't heard back from him as yet." The provider told us they

were considering installing a notice board but were considering this in relation to the General Data Protection Regulations (GDPR).

People's rights to privacy and dignity were promoted. Staff supported people with their care in private and knocked on bedroom doors before entering. One member of staff told us for people with a suite, this was not always easy. They told us, "I always knock on the first door and call out but if I don't get an answer, I'll call again and knock on the second door. We never walk straight in." Staff told us they always ensured people were covered and not exposed during the delivery of personal care. All rooms had en-suite facilities which enhanced people's privacy. One member of staff told us, "We have to put ourselves in their shoes. How must it feel for an older gentleman to undress in front of us? It must be terrible."

People were encouraged to bring items of furniture and other personal possessions with them on their admission. One person told us, "It makes it feel homelier having one's own things". A member of staff said, "This is a home and not an institution." Another staff member said, "People have some beautiful possessions and their rooms are lovely, so homely." Fresh flowers were delivered to the home on a weekly basis. These were arranged and placed in communal areas to promote a homely feel. People could have visitors at any time and entertain in their room if they wished. This included sharing a meal or drinks with a relative or friend.

Staff told us they enjoyed their work. One staff member told us they liked hearing about a person's experiences and the things they had done in their life. Another member of staff told us, "We have a lot to learn from the people who live here. They have life's experience so we need to listen and learn. It's a fantastic job. I love it."

Is the service responsive?

Our findings

At the last inspection in September 2017, we made a recommendation to review all care planning documentation. This was to ensure all information was reflective of people's needs and the support they required. At this inspection, improvements had been made. The registered manager told us staff had worked hard to develop the plans and ensure a person-centred approach throughout.

The improvements in care planning had enabled information to be more detailed and reflective of each person's needs. There was information about people's preferred routines, their likes and dislikes and the support they required. One care plan for example, detailed the time the person preferred to go to bed and showed they liked the bathroom light left on, with their door ajar. Another plan stated, "I will require staff to ensure my toothbrush and toothpaste are handy to me by my bedroom sink."

Staff knew people well. They had a clear awareness of people's needs and the support they required. This included preferred routines, medical conditions and how to promote healthy skin. Staff told us how some people liked their support to be given in a precise way. A clear fondness of people was shown and staff told us established relationships had been built. One member of staff told us, "It's important to know how people like things done. The attention to detail is really important here." Another staff member told us, "I love getting to know people. One person's been married for 70 years, how fabulous is that? It's a real celebration of life."

People told us they were happy with the care they received. One person said, "I am well cared for here." Another person said, "I can't speak highly enough of this place. It's a cut above, and the level of care is very good." A relative told us, "My [family member] is very happy here. They're very well cared for." Health and social care professionals contacted after the inspection were also complimentary about the care provided. Specific comments included, "The people we see always have nothing but praise for their care at the Abbey" and, "What impresses me most, is the loving care of patients and their relatives." One health and social care professional told us, "I would trust them to look after my nearest and dearest, and I think others feel the same."

At the time of the inspection, no one was receiving 'end of life' care. The registered manager told us they always ensured an additional member of staff was deployed to support a person at the end of their life. One member of staff confirmed this and said, "The person is never left alone. We always sit with them until relatives arrive or until they pass." Another member of staff told us, "I'm passionate about end of life care. It has to be right. We're also mindful of the family as well as the person." A health and social care professional confirmed this and said, "The staff are particularly good at looking after those nearing the end of their life."

Staff told us if a person's health was deteriorating and their death was expected, the GP would prescribe pain relief in advance, to be used if required. This would enable swift action to be taken, to ensure the person's immediate comfort. Staff told us they worked closely with the local hospice to ensure the person received the "best possible" care.

There were a range of social opportunities for people to join in with if they wanted to. This included themed events, relaxation and pampering, yoga, historical discussions and violin and piano performances. A member of staff told us such sessions were often followed by afternoon tea. They said there were also sherry mornings and prawn and cheese sessions before lunch. Some people enjoyed church services or individual visits from the local vicar or priest. There was a designated member of staff who was responsible for activity provision. They told us all activities were based on people's preferences.

People told us they participated in activities of their choice. One person told us, "There are lots of activities to do. I join in sometimes but I can pick and choose what I do. The staff don't mind". Another person said, "We do have activities, you know, board games etc and the other residents are quite friendly". Some people had electronic devices, which they used to research topics or to keep in contact with family and friends.

People knew how to make a complaint. One person told us, "If I had a complaint, I would take it up with the member of staff, but I don't have any complaints". Another person said, "I would complain to the manager if I needed to or I'd contact the owners and they'd sort it." Relatives told us they would readily speak to the registered manager, the provider or a registered nurse if they were not happy about anything. One relative told us, "It would depend what it was really as to who I would speak to. It would get sorted whoever I went to."

A record of complaints was maintained. The information showed the outcome, including any action taken as a result. The registered manager told us any complaints were fully investigated and used to further improve the service. Records of 'resident' meetings showed people were always asked if they had any concerns or complaints.

Is the service well-led?

Our findings

There were systems in place to assess the safety and quality of the service. This included monitoring the temperature of the hot water to ensure it was of an appropriate temperature to minimise the risks of legionella. However, whilst these checks were being undertaken and documented, the associated risks had not been considered. For example, the temperature of the water from some hand wash basins in people's rooms, was more than 60 degrees Celsius. One outlet showed 72 degrees. This was significantly higher than the Health and Safety Executive's recommended temperature of 43 degrees Celsius.

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

Once brought to the attention of the registered manager and provider, those more at risk of scalding from the hot water were identified. Risks were discussed with people and staff were informed to be extra vigilant. Reminders showing the need to be careful, were displayed by hand wash basins. The provider and registered manager told us attention would be given to the building to determine which outlets needed thermostatic valves. These would regulate the temperature of the hot water to ensure safety.

Audits monitored other areas such as staff supervision and training, health and safety and medicine management. There were checks of the condition of people's mattresses and the up to date registration of the registered nurses. The registered manager told us improvement plans were in place to address any shortfalls identified. This included a plan to hold more regular supervision meetings with the staff team. Most of the improvement plans showed when any actions were taken. However, some handwriting was difficult to read, which meant the records were not always legible.

There were regular checks of the environment and servicing of equipment to ensure it was safe to use. Such equipment included the fire alarm systems, hoists and passenger lift. Fire safety records showed regular fire drills took place and each person had a personal evacuation plan to be used in the event of an emergency.

The provider undertook monthly audits of the service. The audits included various checks as well as discussions with people, their relatives and staff. Records of these audits were maintained.

The registered manager had worked at the home for approximately 3 years. They said they had an excellent staff team, who always worked towards the home's ethos. This was to support people to achieve their goals and maintain their independence, in an environment they were accustomed to. Staff were knowledgeable about the ethos and were committed to providing a good service. One member of staff told us, "We always remember where people have come from and what standards they expect." A health and social care professional confirmed the home's ethos was promoted. They told us, "As far as I can see, the owners/managers strive to maintain the family values that are so important and seem to manage staff in a friendly, approachable, empathetic way. Quite a few staff have been there for a considerable amount of time." Another health and social care professional told us, "I enjoy the privilege of looking after the residents (and staff on occasions) and feel part of The Abbey Family."

People, their relatives and staff were complimentary about the registered manager. A relative told us, "There has been a remarkable improvement with the manager. He has made such a difference. He gives you his immediate focus, always listens and will try to help where ever he can." Other comments were, "He's very lovely, very kind and approachable" and, "He has been good for the Abbey." A health and social care professional told us, "The manager always finds time to have a chat with me." However, one person and two relatives said they felt a greater management presence would be beneficial. One relative told us, "I think they should see people more, ask them how they are and if there are any issues. Being more visible would be advantageous."

The registered manager told us the management structure of the home had recently been developed. This included the introduction of a new deputy manager position to assist with the day to day running of the home. In addition, senior staff had received additional training in areas such as staff supervision. Other staff had become 'champions' in specific areas such as dignity and infection control. The 'champions' completed further training in their chosen specialism and then cascaded this to the staff team. The registered manager told us the roles had also improved practice and promoted accountability.

Staff told us they felt valued and were well supported. For example, on the second day of the inspection, two members of staff were given flowers and a cake, as it was their birthday. Staff told us they gained support from each other, the management team and the provider. In addition, they said they had what they needed to do their jobs effectively and there was good communication between the teams. There were regular staff meetings and handovers at the start of each shift. Staff were given a printed copy of the main details that were discussed at the handover. The registered manager told us this format had recently been improved for staff to use as required during their shift. The registered manager told us they kept themselves up to date with best practice by various training and involvement in management networks.

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
Treatment of disease, disorder or injury	The provider and registered manager had failed to identify and address the risks associated with the hot water in people's bedrooms. Regulation 17(1)(2)(b)