

Alphacare Holdings Limited

The Cedars Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Cedars Nursing 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. The Cedars accommodates up to 62 people in one adapted building. At the time of our inspection 45 people were living at the home.

This inspection took place on 20 September 2018 and was unannounced. We returned on 21 September 2018 to complete the inspection.

The service did not have a registered manager. 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 and associated Regulations about how the service is run. A manager was in post and they had submitted an application to be registered with us.

The home did not have effective systems to safely manage people's medicines. People did not always receive the medicine they had been prescribed and staff did not keep accurate records of the medicines they had administered.

Risks people faced were not always effectively managed. Information in risk assessments was not always up to date and plans were not always amended following changes to the risks people faced. This increased the risk that staff would not have the information and guidance they needed to follow safe practice.

The registered person had not ensured everyone using the service had an accurate, up to date care plan, which set out how their care and treatment needs should be met. Care plans did not always contain detailed information about how to meet people's needs in the way that they wanted.

The provider had failed to ensure the home has been well-led since 2014. We have completed four comprehensive inspections since July 2014. At each of these inspections we have assessed the service to either be in breach of regulations or require improvement to ensure people received a good service. Action has been taken to address specific issues we have identified, but subsequent inspections have identified further areas of concern.

Systems to track incidents and accidents and plan actions to minimise the risk of them happening again were in place, but had not been used effectively by the management team. Quality assurance systems had identified shortfalls in the service, but the service did not have effective systems to plan and achieve the improvements that were necessary.

People who used the service were generally positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff

respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe when receiving care. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Sufficient staff were deployed to meet people's needs safely. People's needs were kept under review and staffing levels had been changed where necessary.

People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People were supported to take part in social activities that were suitable to their specific needs and wishes.

Staff demonstrated a good understanding of their role and responsibilities.

During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Medicines were not always managed safely.

Risks people faced were not always effectively managed.

People who used the service said they said they felt safe when receiving support.

Systems were in place to ensure people were protected from abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and provided support for people to make decisions.

Good ●

Is the service caring?

The service was caring.

People spoke positively about staff and the care they received.

Staff provided care in a way that maintained people's dignity and upheld their rights.

People's privacy was protected and they were treated with respect.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always contain accurate and up to date information about people's care needs.

There was a clear complaints procedure and action was taken in response to concerns people raised.

Is the service well-led?

The service was not well-led.

The service has a history of not meeting the requirements of regulations or of needing improvement to ensure people receive good care.

The service did not have a registered manager.

Systems to review incidents and audit performance were not effective. Shortfalls were identified but action was not taken to improve the service.

Requires Improvement ●

The Cedars Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 September 2018 and was unannounced. We returned on 21 September 2018 to complete the inspection.

The inspection was completed by two inspectors 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 the inspection we reviewed all the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the manager, deputy manager, 10 people who use the service and six relatives. We spoke with eight staff, including nurses, care assistants and housekeeping staff. We spent time observing the way staff interacted with people who used the service. We looked at the care records for seven people and records about the management of the service. We received feedback from two health or social care professionals who have contact with the service.

Is the service safe?

Our findings

The home did not have effective systems to safely manage people's medicines. On the first day of the inspection, the deputy manager told us there had been an error in the most recent medicine order. This had left two people with no access to the medicine they were prescribed for the previous four days. The deputy manager had followed this up with the GP surgery and supplying pharmacy, and the medicine had been obtained by the second day of the inspection. The deputy manager said they had discussed the missed medicine doses with the GP and no ill effect had been noted.

We checked the medicine administration records (MAR) for the previous five weeks. There were 26 occasions where staff had left a gap in the MAR charts. The medicine balance records demonstrated that on three of these 26 occasions, people had not received the medicine they were prescribed. It was not possible to say whether people had been supported to take the medicine they had been prescribed on the other 23 occasions due to the gaps in the records.

Staff did not consistently record the reason why they administered medicines to people when they were prescribed to be taken 'as required'. We looked at the records for three people who were prescribed a sedative to be taken when they were experiencing periods of anxiety or distress. There were protocols in place for all three people. However, the protocols did not set out how people's anxiety or distress affected them or what other methods could be used to support the person before offering sedative medicines. The protocols did not state how staff should determine the dose of medicine administered to the person. Examples on the protocols included, 'take half to one tablet up to four times a day as needed for anxiety' and 'one to be taken once or twice a day if distressed'. When staff had supported people to take these medicines, they had not recorded the reasons for administering it, or the rationale for the dose that was administered. This increased the risk that people would receive sedative medicine when other methods to support them had not been tried, or they would be given too high a dose for their symptoms.

We discussed the medicine management shortfalls with the manager and deputy manager. They agreed that action was needed to improve the medicines management systems and said they would take immediate action to introduce daily checks of the records and medicine availability.

Risks people faced were not always effectively managed. Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their rights. However, the information in plans was not always updated following incidents. For example, an incident was reported in which a person possibly ingested hand cleaning gel. The person's care plan file contained no details about the incident or the actions staff should take to keep the person safe. Three members of care staff were all aware of the incident and described actions that had been taken to keep the person safe. None of these staff were aware where they received information about the incident, but confirmed during discussions that it was not included in the handover sheet. Although staff we spoke with were aware of the risk to this person, the failure to record the actions required increased the risk that staff would not follow safe practice.

Another person experienced distress reactions, during which they could be physically challenging towards staff. There was no behavioural care plan in place for this person. Incidents had been recorded on monitoring charts, which confirmed the person had recently exhibited violence to staff. However, there was no guidance for staff concerning the management of these situations, for example, how to recognise triggers to these incidents. There was no guidance for staff concerning how the person and staff could be kept safe, should an incident occur.

This was a breach of Regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other examples of risks being managed well. These included assessments about how to support people to minimise the risk of falls, to manage the risk of pressure ulcers and to manage the risks associated with the use of specialist medical equipment. The assessments contained detailed information about the way staff should support people and information about what they should monitor to identify increased risk. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The plans had been regularly reviewed and updated as the risks people faced changed.

People said they felt safe living at The Cedars. Comments included, "I am very happy with the care provided and have no concerns" and "The home is very good." A relative commented, "We have complete confidence in the staff and the management."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The registered manager was aware how to report allegations of abuse to the police, Wiltshire Council and the Care Quality Commission. They had attended regular training to keep their knowledge up to date. Safeguarding was regularly discussed in team meetings to ensure all staff were aware of the actions they should take to report any concerns.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of four staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people. The manager completed regular checks with the Nursing and Midwifery Council to ensure staff employed as nurses were registered and had no restrictions on their practice.

Sufficient staff were available to support people. People told us there were usually enough staff available to provide support for them when they needed it. Staff provided mixed feedback about staffing levels, with the majority feeling there should be more staff available at times. However, staff did tell us they were able to provide the care people needed. Comments from staff included, "It's got worse lately I think. We don't really have the time to spend time with people" and "If we have the numbers we are supposed to have it's okay."

Otherwise, we really struggle." The manager told us they were aware of the feedback from staff and were in the process of recruiting more people to work in the home. Staffing levels were determined by a 'dependency tool', which assessed people's needs and took into account the layout of the building. Staffing records demonstrated these assessed levels were met, with members of the management team covering staff sickness where cover was not available. During the inspection we observed sufficient staff available to respond to requests for support. Staff did not appear rushed. Over lunchtime, a number of people chose to eat in their room, with sufficient staff available to ensure those with an increased risk of choking were monitored or assisted as they needed.

Fire equipment and alarms had been serviced and there was a fire evacuation plan, setting out the procedures to evacuate the building in case of an emergency. Everyone living in the home had a personal emergency evacuation plan. This set out the support each person would need to evacuate the building safely.

The service took appropriate action to reduce potential risks relating to Legionnaires' disease. They regularly flushed all taps and showers including those that were not in regular use to ensure that water was flowing through the system. They also ensured correct water temperatures were maintained to avoid systemic contamination of the system.

All areas of the home were clean and smelt fresh. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. Staff were aware of the infection prevention and control systems in place and said these were followed by all staff.

Is the service effective?

Our findings

Most people told us staff provided the care and support they needed. Comments from relatives included, "Staff have a complete understanding of dementia, patients are people and not just a number" and "I would be happy to recommend this home to anyone."

Staff demonstrated a good understanding of people's needs and the support they required. This included specific information about people's dementia, pressure and skin integrity care and needs relating to specialist medical equipment. Staff had worked with specialist health and social care professionals where necessary to develop care plans. Examples included community mental health nurses, social workers and speech and language therapists.

Staff received regular training to give them the skills to meet people's needs. This included an induction and a training programme. New staff spent time shadowing experienced staff members, learning how the home's systems operated and completing the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff.

The manager told us some of the refresher training for staff had fallen behind, but they had a plan in place to catch up with the shortfalls in the following month. We saw that training courses were booked to ensure staff received these learning opportunities. Training was provided in a variety of formats, including group sessions and observations of practice. Staff said the training they attended was useful and relevant to their role in the service. Where relevant, staff had completed training in the safe use of specialist medical equipment. The manager had a record of all training staff had attended and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care. Qualified nurses said they were able to keep their skills up to date and maintain a record of their continuous professional development.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded. The manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were able to raise concerns outside of the formal supervision process. One member of staff commented, "The supervision is good. The new manager listens and things get done."

People were supported to eat meals they enjoyed. Staff had consulted people and their representatives about their likes, dislikes and any specific dietary needs. Where assessed to be necessary, staff monitored people's food and fluid intake, to ensure they were eating and drinking enough. Staff provided good support for people that needed assistance to eat and drink. Staff took their time, explaining what they were offering people and provided encouragement.

People had access to a variety of external health and social care professionals to ensure they were adequately supported in their health and welfare. These included dietitians, speech and language

therapists and GPs. Advice and support offered by these professionals were acted upon in a timely manner.

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. Care plans contained details about the support people needed to make decisions. Examples included, information about the way people communicated and the way staff could offer choices to people. Staff checked with people before providing any care or support. They asked people questions in different ways to help ensure they understood the decisions they were making.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the manager. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Most staff understood their responsibilities to work within the principles of the MCA, however, some care staff were not clear. The manager said they were aware some staff had not received the training they needed and training courses were booked in the month following the inspection. Although some staff were not clear of their responsibilities, we observed them working in ways that followed the principles of the MCA.

Is the service caring?

Our findings

At the last inspection in May 2017 we found that the home was not meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always work in ways that maintained people's dignity and respect. At this inspection we found improvements had been made and the home was meeting the requirements of this regulation.

People told us they were treated well and staff were caring. Comments included, "I think this is a good place when you need help, the staff make it a good place to live"; "Staff treat me well, I have no concerns" and "The home is just excellent, I have no complaints what so ever." Comments from relatives included, "We would be happy to recommend this home to anyone." During our visit staff interacted with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance. A health professional who provided feedback to us said, "I have witnessed a caring approach from staff."

Staff had recorded important information about people; for example, personal history, their future plans and important relationships. People's preferences regarding their daily support were recorded. Where people were not able to express their preferences, staff had consulted with family members to gain an understanding of what they thought their preferences would be. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, which took into account any sensory impairment that affected their communication. There was clear information about any specific communication needs people had and support they needed from staff to ensure they understood. Examples included details of how people used verbal and non-verbal communication and how people's mental health conditions could affect their communication. We observed staff putting the guidance into practice, giving people time to communicate and responding to non-verbal communication.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded. There were regular meetings for people and their relatives, which were used to receive feedback about the service and make decisions about the organisation of the home.

People's privacy and dignity were respected. Staff called people by their preferred names and supported people to move to a private area when they required support with their personal care. Staff took care to ensure any support they provided in communal areas was done in a dignified way, that maintained people's privacy.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. In addition, the management team completed observations of staff practice to

ensure these values were being reflected in the care provided.

Is the service responsive?

Our findings

People did not all have an accurate, up to date care plan, which set out how their care and treatment needs should be met.

Two people lived with insulin dependent diabetes. There was no information about the management of diabetes in areas of people's care plans that were significant, such as nutrition and skin integrity. Both nutritional care plans stated the person was to have a normal diet; however, later in the same paragraph, it stated both required diabetic diets. There was no information for staff concerning the recognition of and emergency management of hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar). This was significant because one person had suffered a hypoglycaemic incident in the two weeks before the inspection. Despite this lack of key information, there was evidence of good care day to day, such as referrals to podiatry for foot care and regular eye checks to maintain health. Blood glucose levels were taken and recorded appropriately.

One person experienced periods of distress which could result in behaviours that were challenging for staff. We were told at the beginning of our visit they were verbally and physically aggressive and had previously caused injuries to members of staff. There was no behavioural care plan in place for this person. Incidents had been recorded on monitoring charts, which confirmed the person had recently caused an injury to a staff member. However, there was no guidance for staff concerning the management of these situations, for example, how to recognise triggers to this behaviour and strategies for preventing the behaviour escalating. There was no guidance for staff concerning how the person and staff could be kept safe, should an incident occur.

Another person's plans said they could be challenging towards staff at times, particularly when they were trying to support the person with their personal care. The care plan for this person stated two staff were required to assist with personal care due to the challenges. The plans did not contain any information about why two staff were needed or what they should do when the person was challenging towards them.

The lack of information in some care plans increased the risk that staff would not have the information they needed to provide safe and effective personalised care for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care plans we looked at contained up to date information, which was accurate and person centred. The manager said they were aware that some of the plans required updating and had plans in place to re-write all of the plans with people.

People told us they were able to keep in contact with friends and relatives and most said they could take part in activities they enjoyed. There was a programme of planned activities, which included arts and crafts activities, visiting entertainers and religious services. There was also a 'wishing well' project, which the activities co-ordinator used to support people to identify specific activities they would like to do. Examples included, people being supported to celebrate important events such as anniversaries and birthdays, trips

out to places of interest and favourite take away meals. We observed staff providing company and interaction with people in their rooms and quiet areas of the home at times during the visit.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or the manager if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant. There was a record of dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions.

People's preferences and choices for their end of life care were discussed with them and their representatives and recorded in their care plans where people were happy to have those conversations. This included people's spiritual and cultural needs and contact details of relevant people the person wanted to be involved. The home worked with the GP and palliative care nurses to ensure people had appropriate medicine, including pain relief, ready for when it was needed.

Is the service well-led?

Our findings

The provider had failed to ensure the home has been well-led since 2014. We have completed four comprehensive inspections since July 2014. At each of these inspections we have assessed the service to either be in breach of regulations or require improvement to ensure people received a good service. Action has been taken to address specific issues we have identified, but subsequent inspections have identified further areas of concern.

The home did not have a registered manager at the time of the inspection. A manager was in post and had submitted an application to us to be the registered manager at the service. The application was in the process of being determined. In addition to the manager, the management team included a deputy manager and a regional management team. The manager informed us there had recently been a number of changes to the regional management team. As a result of the changes, the manager had a new regional operations manager providing oversight of the service and a regional support manager to help them make the improvements that were necessary at the home.

Systems to track incidents and accidents and plan actions to minimise the risk of them happening again were in place but had not been used effectively by the management team. The electronic recording systems had 11 incidents recorded on them which were listed as 'overdue'. These incidents were waiting for actions to be taken before they could be closed. Incidents included medicine errors, episodes of distress from people using the service and staffing incidents. The records demonstrated that immediate actions had been taken to respond to incidents; for example, obtaining advice from the GP in relation to medicine errors and taking action to provide emergency staffing cover. However, the management team had not systematically reviewed these incidents to identify what had gone wrong and what actions were needed to prevent a similar incident occurring in the future. The manager said they were aware of the backlog, but explained they had recently been on a period of leave and they were the only member of staff based in the home that could complete the actions. The failure to provide cover for the manager when they were away from the service resulted in ineffective action to learn from incidents and prevent them being repeated.

There was a quality assurance process which focused on different aspects of service delivery. Examples included, medicines audits, health and safety audits, catering audits, information governance audits and infection control audits. Despite these assessments, action had not been taken to make improvements that had been assessed as necessary. For example, in February 2018 an internal audit had identified the home's medicine systems were not being followed consistently by all staff. The audit stated medicine administration records had missing signatures and staff had not always recorded the reason they had supported people to take 'as required' medicines. Actions that were put in place to address these shortfalls were not effective and had not resulted in improvements to the medicine procedures by the time of this inspection, seven months later.

The process for auditing care plans had identified shortfalls, but not planned how the improvements were going to be made. One of the nurses reviewed three or four care plans each month. Records of these reviews demonstrated they had identified some shortfalls, such as missing sections or lack of completed consent

forms in six of the care plans. There was no information about what action was being taken to address the shortfall, or who was responsible for completing the action. A seventh care plan was assessed to be missing key information on the person's life history, yet later on the same document the assessor had stated there were no gaps in the care plan. The manager told us they were aware there were problems with the care plan audits that had been completed and were in the process of starting the assessments again.

An information governance audit completed in April 2018 identified that people's personal care files were not always locked away when unattended. Actions to address this shortfall had not been effective. On the first day of the inspection we found files left unlocked and unattended for a period of 45 minutes.

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

All of the staff we spoke with were positive about the manager and the changes they were implementing in the home. Staff were confident the manager could make the improvements that were necessary. Comments included, "[They are] a very good manager, we just hope [the manager] stays. The home has had so many changes of management it is great to have some stability"; "We've had a lot of managers and some time without a manager at all in the past. It's good that [the manager] is staying. I do think that things have really improved. There's better communication" and "The manager is really open and honest. They're approachable too, which wasn't the case with some of the others."

Both of the health and social care professionals who provided feedback to us were positive about the management of the home. Comments included, "I am confident in [the manager] and her ability to turn things around" and "It is positively well-led. [The manager] is very open to ideas, advice and support."

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce how the manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person had not ensured that everyone using the service had a care plan that was designed to meet all of their assessed needs. Regulation 9 (3) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines or that risks to service users were assessed and action taken to mitigate those risks. Regulation 12 (2) (a) (b) and (g).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 ensured there were effective systems to assess, monitor and improve the quality of the service provided. Regulation 17 (2) (b).

The enforcement action we took:

We imposed a condition on the provider's registration.