

Bupa Care Homes (CFHCare) Limited

Ghyll Grove Residential and Nursing Home

Inspection report

Ghyll Grove,
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Essex
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The unannounced inspection was completed on 14 and 15 October 2014 and there were 131 people living at the service when we inspected.

Ghyll Grove Residential and Nursing Home provides accommodation, personal care and nursing care for up to

169 people. Some people have dementia related needs and require palliative and end of life care. The service consists of four houses: Kennett House, Thames House, Chelmer House and Medway House.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

At our last inspection in June and July 2014 we identified concerns about the the care and welfare of people who used the service, cleanliness and infection control, management of medicines and consent to care and treatment. In addition, we found that the provider had also failed to ensure there were sufficient numbers of staff to meet the needs of people who used the service and to implement a system to effectively monitor the quality of the service. During this inspection we looked to see if these improvements had been made.

Although staffing levels to meet the needs of people who used the service were much improved on Kennett House, Thames House and Chelmer House, there were insufficient staff available to support people on Medway House. People living at the service and staff told us that staffing levels were not appropriate to meet their needs.

People and their relatives felt that the service was a safe place to live. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and other's safety.

Staff understood the different types of abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed and improvements had been made to ensure that risk assessments were accurately completed.

Improvements had been made to ensure that the management of medicines within the service was safe and people were receiving their prescribed medicines as they should and in a safe way.

The home environment was kept clean and hygienic and appropriate systems were in place to control the spread of infection.

The majority of the staff's training was up-to-date which ensured that staff employed at the service had the right skills to meet people's needs. Since the introduction of a new senior management team staff felt better supported.

The dining experience for people on Kennett House, Thames House and Chelmer House was positive. However this was not the case on Medway House where people did not receive sufficient drinks throughout the day or receive their meal in a timely manner. This placed people at risk of being dehydrated and not having their nutritional needs met.

People who used the service and their relatives were involved in making decisions about their care and support. Improvements had been made to people's care plans and these provided detail of their specific care needs and how they were to be supported by staff. People's healthcare needs were well managed.

Where people lacked capacity to make day-to-day decisions about their care and support, decisions had been made in their best interests. The registered manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards [DoLS] and they were working with the local authority to make sure people's legal rights were being protected.

People and their relatives felt able to discuss any concerns with staff on duty, the house manager or other members of the management team. People were confident that their complaints or concerns were being listened to, taken seriously and acted upon.

Improvements had been made to ensure that an effective system was in place to regularly assess and monitor the quality of the service provided. The registered manager measured and analysed the care provided to people who used the service, and ensured that the service was operating safely and that improvements were sustained. However, the provider's quality assurance system had not picked up that staffing levels on Medway House were not meeting people's needs. In addition, it had failed to pick up that people were not having their drink and fluid needs met to an acceptable level.

During this inspection we identified breaches against regulations 14 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and you can see at the end of this report the action we have asked the provider to take.

Summary of findings

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 inconsistently safe. Appropriate steps had not been taken by the provider to ensure that there were sufficient numbers of staff available to support people on Medway House.

People and their relatives told us the service was a safe place to live.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Requires Improvement



Is the service effective?

The service was inconsistently effective. On Medway House, people did not receive sufficient drinks throughout the day and meals were not provided in a timely manner.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Where a person lacked capacity, Mental Capacity Act [MCA] 2005 best interest decisions, had been made. The Deprivation of Liberty Safeguards [DoLS] were understood by the senior management team and appropriately implemented.

Requires Improvement



Is the service caring?

The service was caring. People and their relatives were positive about the care and support provided at the service by staff. Staff were friendly, kind and caring towards the people they supported.

People and their relatives were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was responsive. The care needs of people who lived at the service were assessed and planned so as to ensure that the delivery of care met the needs of the people they supported.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Good



Summary of findings

Is the service well-led?

The service was inconsistently well-led. The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior management team. People told us that improvements had been made to ensure that the service was well-run.

Although arrangements were in place to monitor the quality of the service issues relating to inadequate staffing levels on Medway House and issues relating to insufficient drinks and fluids had not been picked up or addressed.

Requires Improvement



Ghyll Grove Residential and 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 14 and 15 October 2014 and was unannounced.

The inspection team consisted of three inspectors, a pharmacist inspector; a specialist advisor and two experts by experience who had experience of working with or caring for older people and/or people who lived with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was an end of life nurse.

Before the inspection the provider completed a 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 the improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who used the service, 10 relatives, 12 care staff, the registered manager, the deputy manager and the clinical manager. We contacted three healthcare professionals to obtain their views about the quality of the service provided

We reviewed 32 people's care plans and care records. We looked at the service's staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe and secure. One person who used the service told us, “It is a safe place to live and I think it is very good here.” One relative told us, “I feel that my relative is in a safe place here.”

At our last inspection to the service in July 2014, we were concerned about staffing provision on Kennett House and Medway House. We asked the provider to send us an action plan which outlined the actions taken to make improvements. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that there were sufficient numbers of staff available to meet the needs of people who used the service on Kennett House, Chelmer House and Thames House. However, we found that appropriate steps had not been taken by the provider to ensure that there were sufficient numbers of staff available to support people on Medway House.

One person who lived on Medway House told us that on occasions they had had to wait a long time to be helped to use the toilet. They also told us that when staffing levels were short there were delays in providing care and support to them. Another person told us, “The quality of the work of the carer staff is excellent but the quantity of carer staff is not sufficient to handle all the people here. There are not enough carer staff.” Some people did not receive their personal care until 12.40pm or later. The reason provided by staff was that the needs of the people on Medway House were complex and the majority of people required two staff for all personal care tasks and they did not have sufficient staff available to provide the support needed. We looked at the care records for each person on Medway House and these confirmed that 22 out of 30 people required two staff to support them with their personal care and manual handling needs. Staff were concerned about the staffing levels on Medway House and the impact this had on the people who used the service. Staff told us, “We can’t give the care we would like to.” And, “I would like to spend more time with residents as they get bored.”

We discussed our findings with the senior management team of the service and the organisation’s area manager. Following our inspection, the area manager told us that the staffing levels on Medway House had been increased.

We found that the registered person had not protected people against the risk of insufficient numbers of appropriate staff to meet people's needs. This demonstrated a continual breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following an internal meeting within the Care Quality Commission, we agreed not to take any further enforcement action at this time. Although the provider was not fully compliant with this regulation some improvements had been made.

At our last inspection to the service in July 2014, we were concerned that the management of medicines within the service was not safe. We asked the provider to send us an action plan outlining the actions taken to make improvements. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service told us that they received their medication as they should and in a timely manner. At this inspection we found that the arrangements for the management of medicines were generally safe and that the improvements the provider had told us they would make had been implemented. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for 31 of the 131 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. However, where people were prescribed their medicines on a ‘when required’ basis, for example, for pain relief, we found that detailed guidance for staff on the circumstances when these medicines were to be used was inconsistently completed. This meant that we could not be fully assured that people would be given these medicines correctly in all circumstances.

We saw that equipment used for the administration of injectable medicines was not serviced at regular intervals to ensure that it is in good working order. We found that these had either not been serviced since May 2011 or there was no date visible to tell us when they were last serviced. This could put people at risk of not being given their medicines as prescribed.

Is the service safe?

At our last inspection to the service in July 2014, we were concerned about the cleanliness and hygiene of Kennett House and Medway House. We asked the provider to send us an action plan outlining the actions taken to make improvements. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that all areas of the service were clean and that the improvements the provider had told us they would make had been made. People told us that they found the service to be clean and odour free.

Staff were able to demonstrate to us that they knew the people they supported. We found that risks to people's health and wellbeing had been appropriately assessed, managed and reviewed. For example, the records for one person showed that following several attempts to leave the service, appropriate risk assessments had been put in place to minimise the risks to their health, safety and wellbeing. Staff were aware of this and told us that the person's risk assessments had included the involvement of the person's family and the Community Dementia Nurse.

We spoke with 12 members of staff and they were able to demonstrate a good understanding and awareness of the

different types of abuse and how to respond appropriately where abuse was suspected. The manager was able to demonstrate that, where safeguarding concerns had been raised, they had responded appropriately. For example, where there had been concerns about one local GP surgery, a safeguarding alert had been raised and this was forwarded to the appropriate authority, including the Care Quality Commission. The staff training plan showed that the majority of staff employed at the service had received safeguarding training.

The staff we spoke with were able to demonstrate a good understanding and knowledge of each person's specific support needs so as to ensure their safety and that of others. For example, a member of staff told us, about a person that could be quite anxious during personal care and said, "We explain each aspect of their personal care to them and get their permission to carry on, step by step. This helps them to be calm and to feel in control." The care records for three people recorded that they could display behaviour that challenged towards staff and others who lived at the service. Care plans relating to people's behaviours that challenged had been developed. These provided guidance to staff so that they could provide support in a consistent and positive way.

Is the service effective?

Our findings

At our last inspection to the service in July 2014, we were concerned that the provider's arrangements which related to consent to care and treatment were not appropriate. We asked the provider to send us an action plan outlining the actions taken to make improvements. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the arrangements for consent to care and treatment were suitable and that the improvements the provider had told us they would make had been made. It was clear from the staff training plan that the majority of care staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. At this inspection staff confirmed that they had attended training however, not all staff spoken with were able to demonstrate a good awareness and understanding of MCA and DoLS and when these should be applied. We discussed this with the manager and area manager and were given an assurance that refresher training for staff would be considered.

Care plans showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the rationale as to why it was in the person's best interests had been clearly recorded. These decisions included 'Do not attempt resuscitation' (DNACPR) forms and showed that significant people, such as clinical professionals and people's relatives had been involved in the process. The registered manager had a good understanding of DoLS legislation and had made appropriate referrals to the Local Authority for their consideration and recommendation.

Comments about the quality of the meals provided were generally positive. One person when asked about the quality of the meals provided, told us, "It's okay. If I don't like what's on I ask for something else. It's not a problem." Another person told us, "The food is very good." One relative told us, "The food here is fine. It always looks OK and my relative eats well. It's always to the same standard." Our observations of the breakfast and lunchtime meals showed that the dining experience for people on Kennett House, Chelmer House and Thames House was positive and flexible to meet people's individual nutritional needs.

Our observations on Medway unit showed that 14 people required assistance from staff to eat and drink however, this could increase to 16 people depending on how they were feeling on any given day and their ability to eat and drink independently. We observed on both days of the inspection that mid-morning drinks were not provided to people who used the service. We also found that initially there was no-one available to provide people with mid-afternoon drinks on the first day of our inspection. We observed that one member of staff who was due to complete their shift offered to stay behind and carry out the task in their own time. The member of staff and a domestic member of staff were seen to provide drinks at 3.50pm.

We discussed this with staff and they told us that this was as a result of there being insufficient numbers of staff available to carry out these tasks. We found that some people's drink diaries were not accurately maintained. For example, the fluid record for one person suggested on one day that they had not received a drink after 5.30pm. Another person's fluid record suggested that they had not received a drink between 1.45am and 6.15pm on one day and no drinks between 12.35pm and 5.40pm on another day. We were not assured that sufficient drinks had been offered to people and they were at risk of becoming dehydrated.

Where people who used the service were considered to be at nutritional risk, we found that an appropriate referral to a healthcare professional such as GP, Speech and Language Therapist and/or Dietician had been made.

We found that the registered person had not protected people against the risk of inadequate nutrition and hydration. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with, told us, that they received regular training opportunities and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. For example, people were at various stages of their dementia condition ranging from early onset to advanced stages. Staff were able to effectively show how they supported people living with dementia and how this affected their day-to-day

Is the service effective?

living. Staff told us that with the introduction of a new senior management team they felt better supported. Staff told us that they received one-to-one and/or group supervision at regular intervals.

People who used the service told us that their healthcare needs were well managed. People told us that they were supported to attend hospital appointments, to see the District Nurse or GP. Relatives confirmed that they were kept up-to-date with information about their member of

family's health conditions and the outcomes of appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing. For example, to attend hospital appointments and to see their GP.

Is the service caring?

Our findings

At our last inspection to the service in July 2014 concerns were expressed by a healthcare professional about end of life care at the service. At this inspection we found that the needs of people approaching the end of their life had been assessed and people were supported to discuss their end of life arrangements. For example, one person's wishes relating to hospital admissions had been discussed and their preference to remain at the service rather than be admitted to hospital recorded within their care plan. In addition, information explaining what treatment should be provided for their health if they were no longer able to make decisions for themselves was also recorded (Advanced Directive). This demonstrated that people were involved in the assessment and planning for their end of life care and were supported to make choices and decisions about their preferred options.

People who used the service and relatives we spoke with made positive comments about the quality of care provided at the service. People told us that they received the care they needed. One person when asked if staff were caring, told us, "Oh yes, they are very good. I wouldn't stay here if that wasn't the case." Another person told us, "I can't fault the carers they're all good. Even at night they're all very nice. Nothing like the goings on you see on TV at some homes. It's all very good." A third person told us, "The staff are lovely and look after me well." A fourth person told us, "I love it here. The staff are kind to you and I can't moan about anything."

People who used the service confirmed that they were involved in making decisions about their care. One person when asked if they were involved in decisions about their care, told us, "Very much so. I had and have input into the way I'm cared for. I do feel I am understood and cared for."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. Staff demonstrated affection,

warmth and compassion for the people they supported. It was evident from our discussions with staff that they knew the care needs of the people they supported. One relative told us, "When I'm in my relative's room I often hear them (staff) talking kindly to other residents whose doors are open. They (staff) are very caring." We saw one member of staff assist one person to walk using their walking frame. The staff member did not rush the person and when the person hesitated, the staff member stepped forward and asked them if they wished to continue to walk or use a wheelchair. The person stated, "Yes, you know my legs are not too good today." A wheelchair was swiftly brought to them and they were helped into it. Another person was observed to look uncomfortable whilst sitting in a recliner chair. A member of staff also noted this and promptly assisted the person to reposition their body and to plump up their pillows so as to ensure their comfort and wellbeing.

People told us that staff respected their privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. Staff we spoke with described how they ensured that people were treated respectfully. For example, staff told us that they respected people's individual wishes, spoke quietly about people's private matters and ensured that people's personal information was kept secure. People told us that staff respected their privacy and dignity when delivering personal care by ensuring that their door was closed. One person told us, "Staff always knock and ask if they can come in before entering."

We saw that people who used the service were supported to maintain relationships with others. People's relatives and those acting on their behalf were able to visit the service when they wished and no restrictions to this were evident. One relative stated that they felt that they were accepted as an integral part of their member of family's care team when they visited the service.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "During the night if I need an inhaler, because I am coughing, they (staff) hear me and come with it straight away. That's very good and gives me peace of mind that they are there." Another person told us that when they're ready to go to bed, staff were responsive and they did not have to wait too long to be taken to their room. Another person told us that when they summoned assistance, their call alarm was answered quickly.

When we looked at people's care plans we found that each person's care plan detailed their specific care needs and how they were to be supported by staff. Staff told us that care plans should be reviewed each month or sooner as people's needs changed. We found that all but one care plan had been reviewed as stated to us. Where a person's needs had changed the care plan had been updated to reflect the new information. For example, one person's care plan made reference to them having developed a poor appetite and regularly refusing food and fluids. The care plan reflected this information and included the support and monitoring of the person's dietary needs and steps taken to prevent further weight loss. We asked staff how they were made aware of changes in people's needs. They told us that information was shared through handover meetings, discussions with senior members of staff, reading the 'house' communication book and reading people's care records.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This meant that this provided staff who worked at the service

with the opportunity for greater interaction with people who used the service, to explore the person's long-term memory and to raise the person's self-esteem and improve their wellbeing.

People told us that an activities co-ordinator was available in each house. People living in Chelmer, Kennett and Thames houses had positive experiences relating to their daily lives and partaking in activities that interested them. One person told us, "I enjoy all of the activities. We had Elvis recently, he was good, and I like the bingo and the sing songs we have. I also like to do my knitting." Relatives we spoke with told us that there was a lot of entertainment and always something going on and that they were very happy with the activities provided and had nothing but praise for the activities co-ordinators. However, we found on Medway House that although an activities co-ordinator was available, they were employed for only 18 hours per week. Staff told us that this limited the level of activities provided to people as they did not have the time to spend with people when the staff member was not there. This meant that people did not always have access to meaningful activities.

There was an effective complaints procedure in place and the service listened to people's concerns and learnt from people's experiences. People and their relatives told us that if they had any concerns they would discuss these with staff on duty, the house manager or other members of the management team. Staff told us that they were aware of the complaints procedure and knew how to respond to people's complaints. We asked to view the service's complaint records. The records showed that there had been five complaints since our last inspection in July 2014. A record was maintained of each complaint and included the details of the investigation and action taken.

Is the service well-led?

Our findings

At previous inspections dating back to January 2014, we found that the provider did not have an effective system in place to regularly assess and monitor the quality and safety of the service that people received. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As a result of a continual breach of this regulation, a warning notice was issued on 18 July 2014. The registered manager shared with us the improvement plan that they had in place and has since provided us with regular updates on progress.

At this inspection we found that there were arrangements in place for assessing and monitoring the quality of service provision. The majority of improvements the provider had told us they would make had been made. The registered manager confirmed that following our last inspection concerns raised by us had been taken seriously and additional support had been provided by another home manager, area manager and the organisation's quality team to achieve compliance with regulatory requirements. However, we found that continued improvements which related to staffing levels were required. The area manager confirmed after our inspection that they had reviewed our concerns and increased staffing levels and support where required.

The provider was able to demonstrate how their quality monitoring processes had improved the service for people and that they had taken appropriate actions to identify, assess and manage risks relating to people who used the service. For example, at our last inspection in July 2014 we found that the numbers of people constantly nursed in bed had been high. At this inspection we found that measures had been put in place and less people now remained in bed throughout the day.

At this inspection the registered manager was asked to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. They told us that since our last inspection in July 2014, a deputy manager and clinical service manager had been newly appointed so as to strengthen the management team at the service. The registered manager, deputy manager and clinical manager were able to demonstrate clarity of their roles and responsibilities to us.

One relative we spoke with, told us, "I have confidence in the management here." Another relative told us, "I have noticed improvements with the new management team. Things are much better."

The registered manager told us that daily meetings were held with the house managers and other heads of department to facilitate communication between all departments to understand what was happening within the service each day. Staff told us that they found the meetings to be positive and a good opportunity to discuss issues.

Staff told us that with the introduction of a new management team, they felt better supported and valued. Staff told us that their hard work was being recognised and praise for their efforts acknowledged. Staff told us that they had seen an improvement at the service and they felt this was because of the new management team and the support provided to staff.

The registered manager advised that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project. This is a two year project that runs from June 2014 to mid-2016. The aim of the project is to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across north-east and west Essex by developing the skills of staff employed within the service. This showed that the provider worked together with other external organisations to promote best practice and to keep themselves up-to-date with new initiatives. The manager told us that the learning from these initiatives was being put to good use and had helped them and the management team to address previous breaches of regulation

The provider had sought the views of people who used the service and those acting on their behalf through an annual survey in the Autumn 2013. The registered manager advised that a further survey was to be completed during Autumn 2014 and a report of the findings completed in January 2015. A notice on the staff noticeboard in the main office recorded that staff working at the service had until 7 October 2014 to complete a survey. This meant that staff had the opportunity to let the organisation know what was working well and what improvements were required.

Senior staff spoken with demonstrated a basic awareness of the organisation's vision and values. Staff told us that information relating to this had been provided within a

Is the service well-led?

newsletter attached to their payslip statement and was also included within the staff handbook located within each house. Encouragement to increase staff performance was provided through a number of special incentives, such

as, the Bupa UK Nursing Special Recognition Award and the Everyday Hero Award and information relating to these was recorded on the staff noticeboard. Staff spoken with were aware of these initiatives and found them to be motivating.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs We found that the registered person had not protected people against the risk of inadequate nutrition and hydration. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not protected people against the risk of insufficient numbers of appropriate staff to meet people's needs. This demonstrated a continual breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.