

Akari Care Limited

Moorfield House

Inspection report

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Tyne and Wear
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Moorfield House is a residential care home providing personal and nursing care to up to 35 people. The service provides support to people aged 18 and over, some of whom were living with a dementia. At the time of our inspection there were 26 people using the service.

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

Since our last inspection the service had improved in some areas. However, action was still required in relation to care records and the quality assurance system. Care records did not always demonstrate that people were given a safe and suitable diet or fluids which met people's assessed needs and that steps were in place to safely monitor people with an identified risk of choking.

An effective quality monitoring system was still not fully in place. Improvements had been made to the overall checks and audits, but these were not always completed effectively and did not monitor risks associated with choking.

People's care and support plans had improved since our last inspection. Care records required a review to ensure all information was accurate and up to date. We have made a recommendation about this.

People were happy with the care provided and enjoyed living at the service. People were complimentary about the staff team and the changes that had happened since our last inspection. One person commented, "I think the staff do their very best, they are effective, and improving the service."

There was improvement with the leadership at the, which had increased staff morale and the culture. Relatives were positive about the improvements that were being made to the service by the management team. A relative said, "The biggest improvement is the stable management regime that [registered manager] has provided. They [the staff] all work together for the benefit of the residents."

People were safe living at the service and were protected from potential abuse. The home environment had improved and there was a calm, relaxed and pleasant atmosphere.

Medicines were managed safely and there was appropriate clinical oversight in place. Risks which were not related to choking, were well managed and there were detailed assessments for staff to follow to keep people safe.

Staffing levels had been reviewed regularly to make sure people's needs were met. The management team had reduced the amount of agency staff used and were in the process of recruiting more permanent staff. Agency inductions had improved and the provider's agency induction processes were being followed. Staff were recruited safely and provided with on-going training and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 12 July 2022) and there were breaches of regulation. We imposed conditions on the provider's registration to ensure that staff were qualified and competent to support people who were at risk of choking, required continence monitoring and oxygen therapy. We requested that people with an identified risk of choking, receiving continence monitoring and oxygen therapy had their care needs assessed and reviewed. We also restricted any new admissions to the home. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made in some areas and we have removed the imposed conditions from the provider's registration. We have found the provider continued to remain in breach of regulations.

This service has been in Special Measures since 12 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to risk management and the quality and assurance systems in place at this inspection.

We have issued the provider with a warning notice because the quality and assurance systems in place did not allow for effective oversight of people at risk of choking.

We have made a recommendation under the effective key question that the provider reviews the care records in place to make sure they reflect the current care and support needs of people.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Moorfield House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector and 3 Experts 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.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the

provider about specific incidents. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority contracts monitoring team, North East and North Cumbria Integrated Care Board (ICB) and safeguarding adults' teams and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 5 people's care records, the medicine records for 20 people and the recruitment records for 3 members of staff. We also reviewed the induction information for 9 agency staff members who had recently worked at the home. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We carried out observations in the communal areas of the home. We spoke to 5 people who used the service, 22 relatives, and 13 members of staff. This included the registered manager, regional manager, care staff, registered nurse, the chef and senior carer.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection people were at serious risk of harm, as risks associated with choking, continence management and oxygen therapy had not been fully assessed, mitigated or monitored. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An effective system to assess, monitor and manage risks was still not fully in place. People remained at risk of choking because guidance in relation to specialist diets was not always followed. For example, 1 person had been assessed by the Speech and Language Team (SALT) and a special diet of thickened fluids was required to reduce their choking risk. Staff did not follow the assessment in place and the person was given regular fluids on 11 occasions.

Risks associated with choking had not been monitored and staff were not following people's risk assessments and care plans. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- Risks relating to continence management and oxygen therapy were now well managed. These risks had been reviewed following our last inspection. Risks relating to the environment and individual risks people may face were fully assessed, reviewed and monitored.
- Accidents and incidents were fully investigated and lessons learned from these were shared with the staff team, people, relatives and with other services belonging to the provider. This allowed for improvements to the safety and quality of care provided.
- People and their relatives told us the home was safe and people felt safe living there. One person said, "I'm safe, they [the staff] are always there, that's very important to me."

Using medicines safely

At our last inspection systems for managing medicines were not safe and were not in line with national guidelines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to medicines management.

- Medicines were safely managed and there was a consistent nurse in post who had daily oversight of all medicine administrations and carried out detailed audits and checks on behalf of the registered manager.
- People received their medicines at the correct times and as prescribed. One person commented, "I get my tablets, every morning, and if I need painkillers, they give me them too."
- Medicine administration records had improved, and all related care plans and risk assessments were in place.

Staffing and recruitment

At our last inspection the provider did not ensure there were adequate levels of staff available to safely support people and checks had not been completed to ensure agency staff were safely inducted into the service. This was a breach of regulation 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing and Fit and proper persons employed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 or 19.

- There were enough qualified staff on duty to support people and staff recruitment was safe. The management team had reviewed the needs of people to make sure staffing levels were appropriate at all times. One person said, "There's enough staff I don't have to wait, it's quiet up here."
- Checks were carried out to ensure appropriate information had been received about agency staff in line with the provider's policy and records showed they had received a full induction prior to delivering care.
- Staff received an in-depth induction from the provider and had all pre-employment checks in place. This included previous employment references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse and staff had received training around this. One staff member said, "I would feel confident about whistle blowing and we have had e-learning (online training) for safeguarding."
- Safeguarding incidents were logged, fully investigated and notified to the CQC by the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- People were supported to visit out of the care home. During our inspection we observed relatives visiting people in their bedrooms and communal areas.
- Relatives and professionals were able to visit people and all appropriate risk assessments relating to visiting were in place.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection people did not always have their assessed dietary needs followed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. We did find that the provider continued to be in breach of regulation 12, as staff were not providing people with the correct special diet to mitigate people's risk of choking.

- Staff did not always follow people's assessments or care plans to support their specific diet. For example, 1 person who required a soft and bite sized diet to reduce their risk of choking was provided with a normal diet on multiple occasions.

People did not always have their assessed dietary needs followed and were continued to be placed at risk of choking. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- People had different choices for meals to pick from each day. One person said, "The food is not too bad, and they [the staff] ask what I like."
- People with an identified risk of malnutrition had their weights recorded regularly and records showed staff took appropriate action to escalate any concerns to the GP or dietitian or SALT.

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

At our last inspection people did not have appropriate care plans in place to allow staff to effectively support them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs and choices had been fully reviewed and care was delivered in line with national guidance.

Care plans required a further review to make sure that the most current guidance from professionals was included. For example, 1 person was reviewed by the Speech and Language Team (SALT) and their required dietary needs had changed. Staff updated a section of the care plan but not all of the associated records that staff used for guidance had been updated.

We recommend the provider completes a review of people's care records so they include the most recent guidance from other healthcare professions.

- Relatives told us holistic assessments were being completed and they were part of the care planning process. A relative commented, "They [the staff] are getting relatives to write life stories about each resident and [Person] and my sisters and I have enjoyed doing that. What a good idea it means the staff are interested in the actual person and what they have done through their lifetime."

Staff support: induction, training, skills and experience

At our last inspection the provider did not ensure that staff were deemed competent to deliver care to people and agency staff did not complete the induction process in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Fit and proper persons employed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were supported; they received an in-depth induction, on-going training from the provider and supervision sessions from the registered manager. A staff member told us, "I do really think that the manager is supportive, doing the probation meeting with them showed me that they do really take into account how we are feeling and how hard we work."
- The provider had completed competency assessments of all staff to make sure they had the correct training, knowledge and skills to deliver care effectively.
- New staff received a full induction from the provider and agency staff had their own separate induction which was completed prior to delivering care.

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

At our last inspection people were not supported to have access to other healthcare professionals or in a timely way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff worked in partnership with other healthcare professionals to provide effective care to people. People were supported to access healthcare services.
- People told us staff contacted other agencies appropriately. One person told us, "They [the staff] get the GP straight away for the slightest thing."
- Care records showed involvement and reviews by healthcare professionals.

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

- The service was decorated and appropriately adapted to meet people's needs. The communal areas were spacious with a homely environment.
- People had personalised bedrooms and had their own pictures and photographs displayed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of MCA. People had appropriate capacity assessments in place, and these were reviewed regularly to make sure they reflected people's current needs and decision-making ability. Relatives confirmed that they were involved in capacity assessments to advocate for the views of people.
- Staff told us they had received training around MCA and were aware how to apply this. A staff member said, "As capacity in some individuals fluctuates, it is important to assess capacity constantly throughout the day."

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people kindly and had respect for equality and diversity. There were equality and diversity policies in place and staff had received training around this. One person said, "The staff are kind, and I've got to know them."
- Staff genuinely cared for people and had built positive relationships with them and their families. One staff member told us, "All care assistants work so hard, they do their very best for residents to try and provide good standard of person-centred care."
- People and relatives were complementary about the staff team. A relative commented, "The staff are great. They have been fantastic. I pop in at any time and I'm always welcomed."

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

- People continued to be supported to make decisions around their care. Care records detailed what support needs people had and wanted.
- Relatives told us that staff asked people questions about their care. One relative said, "I know the nursing staff and management have discussions with [Person]. If they recognise there is an issue, they will have the conversation with them."
- People told us that staff asked them questions about their care. A person told us, "I'm well informed, they asked my permission to have the Covid jab."

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible and had their privacy and dignity respected by staff. During the inspection we observed staff supporting people to walk along corridors independently. One person commented, "They encourage me to do things for myself."
- Staff had received training relating to privacy and dignity. Staff provided examples of how they promoted people's privacy and dignity. They said, "Privacy is always guaranteed. Some basic examples include always talking to the resident and ask if it is okay to touch them during personal care, and make sure they comfortable throughout, it is also a sign of respecting privacy and dignity by knocking on a resident's door when it is closed, even if they have pressed their buzzer to ask for something so they're expecting someone."

Is the service responsive?

Our findings

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

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

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

At our last inspection people did not have appropriate care plans in place which were person-centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were created from holistic assessments which included people's choices, and reviews were completed regularly or when people's needs changed. Care plans had been reviewed and re-written to contain person-centred detail.
- Relatives told us that staff had asked for people's and their input into care planning. One relative told us, "[Person] and I updated her care plan with the manager, it is fantastic to have an up to date care plan."
- Care plans showed other healthcare professionals were involved in people's care. For example, there was input from the falls team, consultants at the hospital and the dentist.

Meeting people's communication needs

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

- The provider was meeting the Accessible Information Standard. People's communication needs were fully assessed and incorporated into care plans. For example, 1 person required glasses to read and this was clearly documented so staff could support them to wear these.
- The provider could provide information in easy read format, large print and different languages if required.

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

- People were supported to maintain relationships and to participate in activities that were meaningful to them.
- Relatives told us staff were very welcoming and supported people to stay in touch with family and friends. One relative commented, "They [the staff] put on a special afternoon tea for [Person] and their friend a few

weeks ago. The staff organised a special tea party in a private area in the conservatory so that they could meet their friend. Tiny sandwiches and three tiers of plates with all the trimmings."

- People and their relatives told us there was access to more activities since our last inspection, this included a gardening club, quizzes and games. One relative said, "Activities are increasing. The staff really care. They have men's films on one afternoon and the women's on another. The residents seem to like it and the staff talk things through with them."

Improving care quality in response to complaints or concerns

- Records of complaints showed that any formal complaints were logged, responded to and lessons learned to improve the quality of care provided. The provider had a complaints policy in place which was accessible to people, relatives and professionals.
- People and relatives commented that they did not currently have any concerns about the service, but they knew who to contact to raise these. One person told us, "They [the management team] said anything you need or are concerned about the door is always open."

End of life care and support

- At the time of our inspection no one was receiving end of life care and support. Staff had supported people with end of life care recently and were confident to deliver this.
- Staff had received end of life care training and there were policies and processes in place to support the delivery of this.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems in place to monitor and improve the quality and safety of the service. The management team and the provider failed to ensure the regulations were being met. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

We imposed urgent conditions on the provider's registration to ensure that staff were qualified and competent staff to support people who were at risk of choking, required continence monitoring and oxygen therapy. We requested that people with an identified risk of choking, receiving continence monitoring and oxygen therapy had their care needs assessed and reviewed. We also restricted any new admissions to the home.

The provider had complied with the conditions imposed on their registration and we have removed these. Improvements had been made but these were not fully embedded throughout the service. This meant the provider continued to be in breach of regulation 17.

- The quality and assurance systems in place did not allow for effective oversight of the quality and safety of the care provided or that accurate records were always maintained.
- Audits and checks in place did not identify that people were not having their assessed needs met and were potentially at risk of choking.
- Care record audits were not effective as they did not identify contradicting information in care plans, that people's special diets were not being followed or that staff had inputted incorrect information.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. The management team and the provider failed to ensure the regulations were being met. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

- The registered manager and staff were aware of their roles and responsibilities. There was clear leadership at the service. A relative commented, "[Registered manager] has brought stability for the residents and the staff, I have seen many improvements."

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- Feedback, audits, checks and lessons learned from incidents were used by the registered manager and regional manager to improve the service provided to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive staff culture which helped to achieve good outcomes for people and staff were open and honest if things went wrong.
- Staff were positive about the effect the registered manager had on the staff culture. A staff member told us, "[Registered manager] has built a pleasant working environment and the day team culture is highly motivated and forced on delivering person centred care in line with the Akari values."
- People and relatives were positive about the staff team and the culture within the home. One relative said "[Registered manager] I think they are open and honest. The residents are all now being looked after. They are pleasant, I've had discussions with them, and they are saying how they want the home to move forward. They are transparent."
- The registered manager and regional manager were open and honest with people and their relatives when things went wrong. They provided apologies and fully investigated incidents to prevent further reoccurrences and shared the outcomes with people, relatives and staff.

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

- Staff, people, relatives and professionals were encouraged to provide feedback to support improvements. Staff worked in partnership with other healthcare professionals, the community and external partnership agencies to improve the quality of care provided.
- Staff told us they could provide feedback at any time to the registered manager and their ideas were listened to. One staff member commented, "I have made some suggestions before, some of which have been acted on."
- People and their relatives told us that there were 'resident and relative meetings' they could attend and the communication from the home had greatly increased since our last inspection. A relative told us, "Regular relatives meeting now take place and the manager attends them. When I had an individual question to ask, they arranged to telephone me straight after the meeting finished and we sorted it out there and then."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks associated with choking were not safely managed. Regulation 12(1)(2)

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
Treatment of disease, disorder or injury	<p>The provider failed to ensure the systems and processes in place were robust enough to make sure risks relating to choking were safely managed. The provider failed to ensure the systems and processes in place were robust enough to ensure oversight of the quality and safety of the service and experiences of service users and accurate record keeping.</p> <p>Regulation 17(1)(2)</p>

The enforcement action we took:

We have issued a warning notice to the provider. The provider must improve the quality and assurance systems to ensure that they are assured risks relating to choking are effectively managed.