

Nightingale Residential Care Home Ltd

Nightingale House

Inspection report

57 Main Road

Gidea park

Romford

Essex

RM2 5EH

Tel: 01708763124

Date of inspection visit:

18 May 2022

25 May 2022

Date of publication:

01 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Nightingale House is registered to provide accommodation to 43 older people who may have dementia and requiring nursing or personal care. At the time of our visit, there were 36 people using the service.

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

People's medicines were not always managed safely because we found shortfalls around the provider's arrangements to make sure people received their medicines as prescribed. Risks associated with people's care and support were not always reviewed. Accidents and incidents were recorded but not monitored to identify how the risks of reoccurrence could be minimised in future.

There was a risk of the water could become contaminated as the shower heads in two shower rooms could drop below the water level when the showers were in use. People were protected by safe recruitment procedures and there were enough staff to meet their needs. They were protected from the risks associated with the spread of infection. However, some of the flooring needed cleaning or replacing.

The needs of people were not always fully assessed before they used the service. Staff received training, supervision and support to give them the necessary skills and knowledge to help them care and support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. People maintained good physical and mental health because the management team worked closely with other health and social care professionals.

Care and support were delivered in such a way as to maintain people's privacy and dignity. People received care and support in accordance with their interests and diverse needs. They were encouraged to maintain their independence as much as possible.

People's confidential information was not always kept securely and not all information was kept up to date in people's care records. Some people's care records had not been reviewed since January 2022 and there were some inconsistencies between paper care plans and the electronic system. People's communication needs were recorded.

The provider took account of complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. People were supported to access activities which were tailored to their individual needs.

There were quality assurance and governance systems in place to drive continuous improvement. However, the systems were not always working effectively because the provider had not identified and improved some of the issues we found during the inspection. The provider failed to keep us informed about matters that affected the service. For example, they had not reported certain incidents/accidents to the Care Quality

Commission (CQC).

Staff were aware of who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service. The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were met.

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

Rating at last inspection

The last rating for this service was Good (published 02 September 2020).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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

We have identified breaches in relations to safe care and treatment and good governance.

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.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nightingale 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 completed by one inspector on the first day and by two inspectors on the second day.

Service and service type

Nightingale 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. Nightingale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice on both days of the inspection. This was because we wanted to get an update about the incidence of COVID-19 infection in the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection. We used information gathered as part of monitoring activity that took place on 16 March 2022 to help plan the inspection and inform our judgements.

During our inspection

We spoke with five people, the registered manager, the deputy manager, one of the directors, one senior care staff, the activity coordinator and five care staff. We looked at six people's care plans, three staff recruitment files, medicines administration records, end of life records, pre-admission assessments, complaints records, food and fluid charts, communication plans, menus, staff rotas, staff training and supervision records, minutes of staff meetings and records relating to the running of the service.

We were not able to get the views of some people who used the service due to their needs. 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. Following the inspection, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Systems were not always effective in assessing and managing risks to people while they receive a service.
- Risks associated with people's care and support had not been reviewed following incidents or accidents as part of the procedure staff needed to follow.
- For example, we found one person had a fall on 16 March 2022 and we could not find any evidence that a new risk assessment was put in place or their risk assessments were reviewed at the time of the incident. According to the provider's moving and handling procedure it states that a new falls risk assessment must be completed. A new risk assessment was also not completed for another person who fell on 13 March 2022.
- Therefore, people were at risk of receiving unsafe care and support, as staff did not have appropriate revised guidance to follow to reduce risks to people.
- We found the shower heads in two shower rooms could drop below the water level when the showers were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could contaminate the water supply.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people, staff and visitors at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not always managed safely. There were instances where medicines had not been administered as prescribed. This meant that procedures for administration of medicines were not being followed and people would not receive the intended health outcomes from their medicines.
- The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. However, we found staff were not always adhering to the instructions on how people should receive their medicines.
- We noted three people were prescribed a medicine to be taken 30 to 60 minutes before food in the morning. When we asked the staff, who did the medicine round when those people had their medicines, they told us people had them with their breakfast or after their breakfast. Some medicines need to be taken "before food" or "on an empty stomach". This is because food and some drinks can affect the way these medicines work and make them less effective.
- This showed staff were not always following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people.

Systems were not robust enough to demonstrate medicines were managed safely and effectively. This was a

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

- We raised this with the registered manager and provider, they said they would take immediate action to resolve this issue.
- The deputy manager informed us that the issues around medicines not being administered as prescribed, were missed as they thought staff were reading the instructions before administering medicines to people who used the service.
- People told us staff assisted them to take their medicines as prescribed and they were happy with the arrangements. One person told us, "The staff give me my medicines and check if I have taken them."

Learning lessons when things go wrong

- The provider had systems for recording of incidents or accidents. However, there was no process for how the provider learnt from lessons following incidents or accidents to improve quality of care to people.
- We looked at five incidents/accident records and did not find any information where the registered manager had reviewed these records and action taken to learn from them.

Lessons were not learned from incidents and accidents to help prevent their re-occurrence. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was in the process of introducing a new form to record incidents/accidents which we saw a blank copy of and it looked more comprehensive. This would help them analyse incidents and accidents to reduce the likelihood of them happening again.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to protect people from the risks of harm or abuse.
- People and their relatives told us they had no concerns and felt safe at the service. One person said, "Yes, I am safe here." Another person told us, "I do feel safe with the staff, they are very good to me". A relative commented, "[Family member] is definitely here (in the service)."
- Staff had received training about how to recognise abuse. Information was made available on who to contact if people or relatives wanted to raise any concerns. One member of staff told us, "I will report any kind of abuse to my senior or the manager."
- The provider had a whistleblowing procedure and staff were aware of this. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. One member of staff told us, "If I see any abuse, I will report this to my manager. If they don't do anything about it, I will contact other bodies like social services and CQC."

Staffing and recruitment

- We had previously received information from a relative that the service did not have enough staff working. However, people and their relatives told us there were enough staff working at the service. One person told us, "Yes, we have enough staff looking after us." A relative said, "There are always plenty of staff if you need them."
- The registered manager told us they had recruited more staff recently. On the day of our inspection, they interviewed a candidate for a senior position and the person was successful at their interview.
- People were protected from the risk of receiving care from unsuitable staff. We reviewed staff files to check the registered provider had followed safe and effective recruitment procedures. We found relevant checks had been completed before staff worked at the service. Staff files included application forms, copies of

passport or driving licence, references, health checks and criminal record checks, proof of addresses and right to work in the United Kingdom.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection and they kept the staff up to date with relevant national guidance.
- Staff had received training in infection control and they were regularly tested for COVID-19. The registered manager knew where to get advice regarding an outbreak and what their role and responsibilities were.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 accessing testing for people using the service and staff.
- 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.
- We have also signposted the provider to resources to develop their approach. We noted some of the flooring needed to be renewed. This was discussed with the registered manager and provider who assured us the work would be carried out within the next month. We asked them to keep us updated once the work was completed.

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 good. 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.

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

- Before people started using the service an initial assessment of their needs was carried out. However, when we looked at four initial assessments, we found they were not completed fully or dated to indicate when the assessments were carried out. This meant people's needs were not fully assessed on admission and this could lead to people not receiving the care and support they needed.
- This issue was already identified by the registered manager and they had introduced a new assessment form to be completed before a person started to use the service. We saw the new assessment form was more detailed. However, these had been used for two people who were admitted to the service for respite care. We would look at this again at our next inspection to the service.

Staff support: induction, training, skills and experience

- People and their relatives told us that the staff were doing a good job. One person told us, "The staff know what they are doing." A relative said, "I am happy with the way the staff look after [family member]."
- The provider had systems to ensure staff had the necessary skills and knowledge to effectively meet people's needs. The registered manager informed us that some staff were not up to date with their training and this was due to the service having different managers since the previous registered manager left. However, this had improved and the registered manager now monitored the staff training closely. The registered manager was aware which staff needed to update themselves. Staff commented the training courses they received were good and helped them in their roles.
- When staff started working for the service, they were provided with an induction programme. The induction included new staff attending training courses, reading the policies and procedures of the service and getting to know the people who used the service. Before staff worked on their own, they spent time shadowing experienced staff.
- The provider had a process for staff to have regular one to one meetings with their line managers to discuss their role and development needs. The registered manager told us that these meetings had not been happening on a regular basis due to the change in the management team. They had now put a system to ensure staff receive regular supervision.
- Staff who had worked for the service for more than 12 months would also receive an annual appraisal accordingly as this was not up to date.

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

- People were supported to have enough to eat and drink and at the times they wanted. One person told us, "The food is good, I can ask for something else if I don't like what is being served."

- Staff were aware of people's food and drink preferences and also ensured people's dietary wishes were respected. One staff told us, "(Person) likes to have a cup of tea with one sugar and milk." Food preferences and choices were recorded in people's care plans. Vegetarians and people with religious diets were supported and catered for.
- We observed a lunch service. People were served drinks and had their choice of meal. If people did not like their choice of meal alternatives were offered. Staff assisted people to eat if needed. Some people chose to eat in the lounge or in their rooms which was respected. People seemed relaxed chatting with each other.

Staff working with other agencies to provide consistent, effective, timely care

- The management team worked well with other health and social care professionals to support people using the service.
- We saw people had visits from different professionals for example, from their GPs, district nurses and opticians. During our inspection, a GP came to the service to review some people.
- People who required insulin, a medicine to treat diabetes, had this administered by district nurses. We saw records were not always completed by the service to show this was occurring. The registered manager said they would remind staff to complete the records and note that the nurses had attended to administer insulin. However, we were assured that people were receiving the treatment when required.

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

- The service had different aids and equipment available to staff to ensure people's needs were met. We noted some people had special beds. There were assisted baths for people and walk-in showers for people who found it difficult to get in and out of a bath.
- People were able to personalise their rooms with items that were of sentimental values to them. We saw some rooms had pictures of people's relatives to remind them of their family.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- The management team and staff monitored people's mental capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so. Care records of people contained information about their mental capacity and what support they required to make decisions. DoLS applications were made when they expired. Records showed dates they had been applied for and authorised or if still pending authorisation.
- Staff had received training on applying the MCA and were familiar with its processes and principles. One person told us, "The carers (staff) always check and ask me before they do anything." One staff said, "We have to respect the residents, if someone who does not have capacity to decide, this needs to be made in their best interests."

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 good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We noted some people's confidential information was not always kept securely. We found people's archived records were kept in a cupboard with no lock on it and this was accessible to visitors to the service as it was away from the main office. This issue was discussed with the registered manager and a lock was installed on the day of the inspection itself. The registered manager was reminded of their responsibilities to ensure people's records were kept securely. Staff were aware of their responsibilities to maintain people's confidentiality. They understood not to discuss private information with others or disclose information to people who did not need to know.
- Staff treated people with respect and showed them both dignity and privacy when supporting them. They mentioned how they would maintain a person's privacy and dignity when assisting them with personal care by closing curtains and door and asking people for their permission first.
- Staff encouraged people to maintain their independence. They knew how much people were able to do for themselves and what assistance they needed. For example, some people could dress themselves whilst others needed help from staff. This information was recorded in people's care records.

Ensuring people are well treated and supported; equality and diversity

- People who used the service told us they were happy with how staff treated and supported them. One person said, "The staff are wonderful, I can't ask for more." Relatives described the staff as very helpful, kind and caring. A relative told us, "The staff look after the residents like their own family members, they give them a hug when they (people) are upset."
- During our visit, we saw people were relaxed around staff and the interaction between them was of a caring nature. Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed.
- People's needs in relation to their protected characteristics were recorded in their care plans. For example, people's needs around culture and spirituality were recorded. People's preferences for care staff, such as male or female staff and any cultural requirements and wishes were also identified and met. Cultural days like celebrating the culture of particular countries where people were from were held in the home, so people could feel included in the service.
- People were treated equally regardless of their abilities, their background, or their lifestyle. Where people had any cultural or religious needs, these were recorded to ensure staff were aware of them. One member of staff told us, "I treat everybody (people) the same, I should not discriminate."

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

- Where people were able to staff encouraged them to make decisions for themselves. For example, people were able to choose what they would like to wear or if they would like to stay in their rooms.
- People were able to make choices about their day-to-day care. Consent to care was referenced in care plans and showed if people were represented by relatives or advocates.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- We noted the paper care plans were not always reviewed. Two care plans had not been reviewed since January 2022 and there were no records to show if they were being checked monthly as per the provider's policy. The registered manager told us they were migrating to electronic system for permanent use and they were working on the transition, which meant there were some inconsistencies. Some information was difficult to find after they were transferred to the digital system because they were filed under a different heading.
- People and their relatives commented positively about the care and support provided by staff. One person said, "The staff are good." Another person told us, "If I am not happy, the staff will sort things out."
- We looked at the care records of people who used the service and found them to contain sufficient information about them.
- Staff told us care plans were helpful. Care plans could be viewed on paper and electronically. Staff used a device to update care tasks and complete notes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their communication needs and abilities. Communication plans were incorporated into people's care plans and provided guidance to staff on how to communicate with people effectively so that people could express themselves. For example, one person's care plan stated, "I am able to clearly communicate verbally and have no impairments. English is my preferred language."
- Staff told us they knew about people's communication needs. For example, one person could mainly communicate in their preferred first language and there were helpful phrases in their language on the wall written in English, so staff could learn them. Some staff spoke the same first language as some of the people who used the service to help with communication.

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 encouraged to take part in activities of their choice and lived their lives how they wanted. They were able to take part in activities such as board games, bingo, arts and crafts, and keep fit to music. During our inspection, we observed people playing ball game in the service.

- There was a programme on display for people but it was an older version. The activity coordinator took it down after we pointed it out to them.
- There were a lot of people in the lounge and the TV was on. Some people sat quietly not speaking with anyone. The activity coordinator said they go round and talk to people and engage so people don't feel isolated. We saw some positive interaction between the registered manager and staff with people.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures on how any concerns or complaints would be dealt with. Information about how to make a complaint was available to people and their representatives. One person told us, "I am happy here, I don't have any complaints." A relative told us, "If I have any concerns, I will discuss them with the manager, but I am happy with the home."
- We noted there was a complaints procedure displayed on the wall in the reception area and it contained old information (name of previous managers). We pointed this out to the registered manager and they said they would update it with their details.

End of life care and support

- There were systems in place to discuss, record and support people's palliative care and end of life care needs. These included advance care plans, which contained information about their preferences for their end of life care, funeral arrangements and their cultural and religious needs relevant to this aspect of their care.
- Where appropriate, people also had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms that they had signed and agreed in consultation with their relatives and health professionals so staff were clear about the action to take should the person stop breathing.

Is the service well-led?

Our findings

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

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

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

- The provider's quality assurance systems and checks were not always robust. There was a lack of systems in place to analyse events, accidents and incidents to identify what went wrong so action could be taken to help rectify things to prevent similar issues from reoccurring.
- The registered manager had not always ensured that an accurate, complete and contemporaneous record was maintained in respect of people who used the service. Daily records of care were not maintained clearly to state the care people received and the actions taken when people had an incident or accident. This put people at risk of harm.
- The providers checks have not identified that people's risk assessments had not been updated following falls despite the provider having a policy in place stating this should be the case.
- The care records audits had also not identified that two care plans had not been reviewed since January 2022 and there were no records to show if they were being checked monthly.
- The registered manager did not have oversight of audits, such as care plans and risk assessments. This meant robust processes were not in place to monitor the quality of the service, risks to people's safety and maintain complete and up to date records in respect of the decisions taken about each person's care and treatment.
- The provider's checks around the management of medicines were lacking. The management team failed to identify the shortfalls regarding medicines management where people had not received their medicines as prescribed.
- The providers system to manage confidential records had not ensured that confidential information was always kept securely.

The above evidence shows that the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to policies and procedures for the service to guide them in their roles. They were aware who they were accountable to and what their roles and responsibilities were.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered manager had been working for the service since January 2022. They had an open-door policy where people, relatives as well as staff could raise any issues or concerns they had.
- People, relatives and staff commented positively about the registered manager and said they felt the service was run well. One person told us, "The new manager is very good, they come and have a chat with me to see if I am OK." A relative said, "[Registered manager] is nice, they seem to be on the ball and getting things done."
- Staff told us the registered manager supported them as needed and they could discuss anything with them. One staff told us, "The manager is always very helpful." Another staff said, "The manager is firm but fair."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people were not treated differently or less favourably, on the basis of their specific protected characteristic, including areas of race, gender, disability, religion or belief, sexual orientation and age.
- The registered manager met with people who used the service and their relatives on a regular basis where they could discuss any issues they might have.
- There were regular staff meetings held which staff were able to communicate with each other, share ideas and contribute to the running of the service.

Working in partnership with others

- The management team worked well with other health and social care professionals to ensure people's changing needs were being met. Records showed people had been referred to different health care professional as and when required.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users. Risks associated with people's care and support had not been reviewed following incidents or accidents. Medicines were not always administered safely.</p> <p>Regulation 12, (1) (2) (a) (b) (c) (f) (g)</p> |

The enforcement action we took:

We issued a Warning Notice to the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and improve the quality and safety of the service provided and to mitigate the risks relating to the health, safety and welfare of service users. The provider had not always maintained an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1) (2) (e) (f)</p> |

The enforcement action we took:

We issued a Warning Notice to the provider.