

Martlane Limited

Forest Place Nursing Home

Inspection report

Forest Place
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11 August 2016
12 August 2016
13 August 2016
16 August 2016

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 1, 2 and 3 February 2016. Breaches of legal requirements were found. The service was judged to be Inadequate and placed in special measures by CQC to ensure sufficient improvements were made. A Notice of Proposal and subsequent Notice Of Decision was issued to the registered provider that no further people could be admitted to the service without our agreement while improvements were made.

In addition, the Care Quality Commission met with the registered provider on 12 February 2016 to discuss our concerns. During the meeting the registered provider gave us an assurance that things would improve and this was followed by a written improvement plan in April 2016 advising of the provider's progress in meeting legal requirements.

This inspection took place on 11, 12, 13 and 16 August 2016. A registered manager was not in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had voluntarily cancelled their registration with us since the February inspection. A new manager was in post and taking steps to progress an application for registration as required.

Forest Place is registered to provide accommodation with nursing and personal care for up to 90 older people. People living in the service may have care needs associated with dementia. The service also offers palliative care. There were 67 people receiving a service on the day of our inspection, including two people who were in hospital.

At this inspection we found that although some areas required further sustained improvement, the majority of improvements had been accomplished. The service had developed more robust quality assurance processes to ensure an improved quality of service provision. However, further work was needed to ensure that processes and systems were embedded and continued to improve the care people received at the service, once the service started to re-admit people. We found that the complaints system had not been operated effectively to show that people's complaints had been thoroughly investigated, learnt from and responded to.

Medicines management was more robust but some aspects of this, as well as aspects of care planning and individual risk assessments, needed further development. Where people lacked capacity to give consent, assessments had been carried out to ensure their rights were protected; however additional detail was needed to show that suitable people had been involved in the decisions in all cases.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Staff recruitment processes were shown to be thorough to safeguard people. People were supported by sufficient

numbers of staff that were properly deployed to respond to their need safely.

Staff were effectively trained and were clear on their role and responsibility in providing safe and responsive care. People received support from caring staff and people were treated with dignity and respect, including at the end of their life.

Arrangements were in place to support people to gain access to health professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

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 consistently safe.

Further minor improvements were needed to ensure that people's individual risks were always assessed so that staff had guidance to meet them safely. Aspects of medicines administration records also needed to improve further.

The provider had systems in place to manage environmental risks and safeguarding concerns. People were supported by sufficient staff to meet their needs safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Improvements were needed to ensure that staff support systems were fully established and to ensure that guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Requires Improvement ●

Is the service caring?

The service was caring.

People were listened to and treated with kindness and respect and they were supported to maintain relationships.

People were involved in the planning of their care. The staff team knew the people who lived in the home well and were aware of their individual preferences.

Good ●

Is the service responsive?

The service was not consistently responsive.

Requires Improvement ●

People's complaints were not shown to have been properly investigated and responded to.

Although some further minor improvements were needed to ensure that people's care records were clear, staff knew people well and understood their current needs.

People were involved in developing and reviewing care plans and they received care that was responsive to their needs.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to the systems to support monitoring of the quality and safety of the service.

Procedures were in place to support effective leadership and accountability in the service.

Requires Improvement ●

Forest Place 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 11, 12, 13 and 16 August 2016 and was unannounced.

The inspection team on day one of the inspection consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, dementia care. On the second day of inspection the inspection team consisted of two inspectors and two Specialist Advisors whose specialist areas of expertise related to nursing, end of life care and nutrition. On the third day and fourth days of inspection the inspection team consisted of two inspectors.

We 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 registered 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 10 people who used the service, 12 relatives, 15 members of staff, the provider, the manager and three other members of the provider's support team.

We reviewed 16 people's care plans and care records and 27 people's medicines records. We looked at the service's staff support records for 14 members of staff. We also looked at the service's arrangements for the management of medicines, managing complaints and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

At our inspection of February 2016 we found that the provider did not have suitable arrangements in place to protect people against individual risks and those relating to the safe management of medicines. Following our inspection, we asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. The provider sent us a clear action plan and additional updates detailing their progress to meet regulatory requirements. We found at this inspection that the majority of improvements they told us they would make had been achieved.

At this inspection of August 2016 we observed that staff supported people using safe moving and handling techniques and the required equipment to ensure people's safety was maintained. Equipment used by people, such as hoists, was tested routinely to make sure it was working properly. People confirmed that they felt safe in the service. One person said, "I feel safe. Staff are always very careful when they move me. They are gentle and careful." Pressure relieving mattresses were consistently set at a level related to the individual person's stated current weight. This was to promote safe care in the prevention and healing of pressure ulcers. Individual assessments were in place where the use of bedrails was identified as the most suitable option to limit the potential risk of the person falling from their bed. We found some areas where further improvements were required to the assessment of people's individual risks such as relating to refusal of medications or people's anxiety and distress. The manager had procedures in place to identify and manage risk relating to the running of the service. This included fire and water safety and dealing with emergencies.

Improvements were noted to the safe management of people's medicines overall. Medicines were securely stored in suitable environmental conditions. Observations indicated that people's medicines were administered in a safe and respectful way. A system was implemented after the last inspection whereby the nurse in charge of each unit checked the all the medication administration records (MAR) at the end of each shift to ensure there were no gaps. We did not find any unexplained gaps in the MAR which indicated that people had received their prescribed medications when they should. Improvements were needed to some records to demonstrate that staff were accurately checking and recording the medicines they were giving to people. This included explaining the codes used when there was a variance in medicines, noting the site of where medicines patches were applied and the timings of medicines that should be given before food. The manager reassured us that prompt action would be taken to address these matters.

At our inspection of February 2016 we found that people were not cared for in an environment that promoted their safety. We found at this inspection of August 2016 that the improvements they told us they would make had been achieved. Flooring had been replaced in several areas which removed the identified tripping hazards. Furniture had also been replaced in several areas which meant sharp edges and uneven surfaces no longer presented a risk to people's safety. Fire doors were kept closed, increasing people's safety in the event of a fire. Sluice room doors had been fitted with locks to prevent people accessing them and risking scalds from the very hot water. Bedrail protectors had been replaced and along with replacement furniture provided intact surfaces, which were easy to clean, reducing the risk of cross infection. We noted however that the restrictors on some opening upstairs windows had been manually

overridden. The windows opened out wide and presented a clear risk of falling to people living in the service. The manager arranged for maintenance staff to make these safe immediately and confirmed that prompt action would be taken relating to all windows in the service to ensure they were safe.

At our inspection of February 2016 we found that the provider had not ensured that staff recruitment procedures were robust to safeguard people using the service. We found at this inspection of August 2016 that the improvements the provider told us they would make had been achieved. We looked at the recruitment files of three staff employed since our last inspection. Each of the files contained the required records to demonstrate that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported. This showed that the provider operated a robust recruitment procedure in line with their policy and procedure and to comply with regulation.

At our inspection of February 2016 we found that the provider had not ensured that systems and processes were effectively established to protect people from abuse. We found at this inspection of August 2016 that, with one exception, the improvements the provider told us they would make had been achieved. Our review of complaints records showed one incident that, while action had been taken to support the person, had not been reported to the manager as it should. The manager arranged for it to be retrospectively referred under safeguarding procedures immediately. The manager had clear policies and procedures in place to support staff to safeguard people. Care and nursing staff had a clear understanding and knowledge of how to keep people safe from the risk of abuse and had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. Staff knew about whistleblowing and told us that they would report without hesitation to outside agencies if the organisation did not take prompt and appropriate action to safeguard people. The manager was clear on their responsibilities and had maintained clear records of safeguarding events raised in the service that they had been made aware of.

At our inspection of February 2016 we found that the provider had not ensured that there were sufficient staff suitably deployed to meet people's needs safely. Prior to our inspection of August 2016 we had received information that there insufficient staff on duty at weekends. As part of this inspection we visited the service unannounced during the weekend. We found at this inspection of August 2016 that the improvements the provider told us they would make had been achieved. Staffing levels were suitable to enable staff to meet people's needs safely. The manager told us that while people's dependency needs were assessed, a better system to demonstrate how this information was used to inform staffing levels was being developed. Skills mix of the staff team had been considered and improved. Each unit now had a unit leader and each shift an identified nurse in charge. This was to ensure proper leadership and accountability within the staff teams at all times in providing people with safe care. Allocation systems were in place so that staff knew what areas of the service and which tasks they were responsible for supporting people with each day to support safe staff deployment.

Discussion with staff and people using the service, as well as observation and review of rotas confirmed that suitable staffing levels were in place and maintained. One person told us that staff always responded to the buzzer and said, "They always come and no delay. It is fine at weekends". One staff member said, "Staffing and everything has really improved in the last few months. Each unit has its own manager. The nurse allocates duties every day, we work together including sorting out our breaks; the staffing level is fine."

Is the service effective?

Our findings

At our inspection of February 2016 we found that the provider had not ensured that staff had received suitable induction and updated training, on-going supervision and appraisal to make sure they were competent for their role and to ensure their competence was maintained. Following our inspection, we asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. The provider sent us an action plan and additional updates detailing their progress to meet regulatory requirements. We found at this inspection that the majority of improvements they told us they would make had been achieved.

At this inspection of August 2016 records showed that staff were supported by an induction process that included staff receiving training in basic areas such as moving and handling. The manager had trained to be an instructor in moving and handling to improve their own knowledge of good practice and to monitor staff competence. The manager confirmed that further improvements were planned to the induction records to show, for example, the dates that new staff shadowed experienced staff. Improvements were also needed to demonstrate that suitable new staff were registered on an industry recognised induction training programme such as the Care Certificate. Staff told us they had received a supportive induction. A long serving staff member said, "It is much better now as new staff have had training before coming to work on the floor." Staff told us they had received a wealth of relevant training since our last inspection and this was confirmed by the manager's records. Our observations and people's comments confirmed that staff were more suitably trained and competent to provide people with the care they needed, including engaging with and supporting people living with dementia and supporting end of life care.

Initial actions had been taken to introduce staff support systems; however some further development was needed. Staff supervision records were in place and showed that these meetings were more in line with assessment and coaching sessions. The manager showed us the planned list of designated staff who would formally supervise staff. During our inspection, plans were put in place to arrange suitable training for supervising staff to provide them with the knowledge and skills needed to carry out this role effectively. The manager told us that full formal staff appraisal would be implemented once there had been time for the supervision system to be properly established. Staff told us they felt well supported through their supervision sessions, regular staff meetings and the availability of a lead nurse on each unit.

At our inspection of February 2016 we found that the provider had not ensured that people's rights were safeguarded. At this inspection of August 2016 we found that, while clarity was required in a limited number of areas, the required improvements had been made. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA,

and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a good understanding overall of MCA and DoLS and when these should be applied. Records showed that people's capacity to make everyday decisions was assessed and decisions made in their best interests where needed. Some of this information showed good detail although assessments for decisions such as those relating to the use of lap belts or covert medicines needed more information. This is where people are given their medicines without their knowledge in their best interest to maintain their health. Where people were deprived of their liberty the manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. Where an authorisation was in place, staff were aware of it and able to tell us how it was implemented in the person's everyday life in the least restrictive way to protect their rights.

At our inspection of February 2016 we found that the provider had not ensured that people received person centred care in relation to their nutrition and hydration support needs. At this inspection of August 2016 we found people's mealtime experience had much improved. People told us they enjoyed the food and drinks served and that they had plenty of choice. We observed that where people were unable to express choice easily, staff spent time explaining to them. Staff showed people what was available and noted people's non-verbal responses to try to ensure that people had as much choice as possible. Where staff supported people to eat and drink, they did this in a respectful way, sitting with the individual person, going at the person's pace and talking to them during the meal.

People's nutritional support requirements were identified within their plan of care and staff were aware of people's individual preferences, needs and risks. Where indicated by risk assessment, people's weight was routinely checked, as was their daily food and fluid intake, to support effective monitoring. The records reflected that, where recommended by relevant healthcare professionals, people were provided with modified foods and drinks to fortify their diet or limit the risk of choking. There were instances however where fluid records were not always totalled each day and this is an area for improvement. People's nutrition and hydration was well linked to their potential risk for skin breakdown to support people's overall well-being. This meant that people received the support they needed to maintain their nutrition and hydration needs.

People's healthcare records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. Records also showed that support was sought such as from dieticians, the speech and language team and the community mental health team where people's needs required. People told us that staff helped them to gain access to, for example, the GP if they were unwell. The manager told us that following some dissatisfaction, a different chiropodist now visited and provided an improved and supportive service for people.

Is the service caring?

Our findings

At our inspection of February 2016 we found that the provider had not ensured that people received a caring, compassionate and person centred service that respected their dignity. Following our inspection, we asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. The provider sent us an action plan and additional updates detailing their progress to meet regulatory requirements. We found at this inspection that the improvements they told us they would make had been achieved.

At this inspection of August 2016 we found people's experience had greatly improved. People told us that staff were kind and caring towards them and this was confirmed by visiting relatives. One person said, "Staff are ever so kind and nice." Another person said, "Staff are very nice, friendly and are always very helpful. They always have time for a chat; even the cleaning staff will stop and have a word." As part of a written complaint one person had added, "As I mentioned before, you have some truly excellent staff who are so kind and caring, with the patience of saints."

People and their family members confirmed they were involved in the assessment, planning and reviewing of the care provided. People's care files contained 'all about me' records showing people's preferences and confirmed that the person, or a family member on their behalf, had been involved in the person's care decisions. Records did not always show how people's preferences were gathered to inform end of life care plans where the person did not have capacity and had not previously recorded their preferences.

A visiting relative told us that they felt that staff really cared about the person and kept the relative involved in decisions about the person's care. The relative said, "Staff care for [person] well and I am informed of any changes." People's relationships with family and friends were supported. Visitors told us that staff always made them feel welcome. One relative said, "I have nothing but praise for the staff here. They are always welcoming and nothing is too much trouble. I am always welcomed with a smile."

We observed staff showing a kind and considerate approach to people in their day to day interactions. We saw a staff member stroke one person's hand and another staff member put their arm gently on a person's shoulder in a caring and affectionate way. Staff sat or bent down to be at people's eye level, to gain eye contact, so that people could see who was speaking with them. One person spoke of how helpful staff were in providing shaped pillows to support the person's comfort and said, "They got me two of these to help make me more comfortable in my chair." When supporting a person during a transfer procedure, we noted that staff explained what was happening and provided reassurance to the person, checking on their understanding and comfort at each step.

People were treated with dignity and respect. Staff addressed people by their preferred name. One visitor told us they overheard the carers talking to their relative and was "Very impressed by the way they spoke. They were respectful, took their time and tried very hard to understand [the person] and did not get frustrated or ignore them, despite the speech difficulty". We observed staff to knock on doors before entering rooms and to close doors carefully while personal care was being provided so that people's dignity

was protected. When staff supported a person to transfer from their armchair to a wheelchair using a hoist, staff used a screen to protect the person's dignity.

People's needs and wishes in relation to their end of life care were assessed and planned for. Care plans included anticipatory medicines and symptom control, psychological and spiritual support, mouth and skin care and assistance with eating for which the records showed regular review. People's wishes in relation to potential life sustaining interventions had been recorded and showed that the person and or their relatives had been involved. We saw that one person had religious artefacts in their room which their care plan confirmed were important to the person. Another person's care plan noted the person's wish to donate their body to medical science after death and appropriate contact arrangements were recorded. This showed that people were supported to make individual decisions and choices about their end of life care and these were respected.

Is the service responsive?

Our findings

At our inspection of February 2016 we identified that improvements were needed to the management of complaints. At this inspection we found that that complaints raised since the last inspection were not fully investigated or responded to appropriately. Records did not demonstrate that each complaint was acknowledged formally, thoroughly examined with supporting evidence, actions taken or that the complainant's satisfaction with the outcome was determined.

One complaint investigation record for example did not show that all elements had been considered so that improvements could be made, or confirm that the complainant was satisfied with the outcome. The manager confirmed that another recent complaint, which was supported by photographic evidence, was serious enough to need to be referred under safeguarding procedures. There was no record of staff interviews as to the matter or other evidence to show that a thorough investigation was completed. While action had since been taken to provide the care the person needed, the underlying failings had not been analysed to support learning so as to prevent reoccurrence and to show that suitable actions were taken, such as in line with the provider's staff performance procedures. This meant that people's complaints were not fully considered, recorded, actioned and responded to.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of February 2016 we found that people's personal and social care needs had not been assessed and managed appropriately and people were not receiving care that met their needs. Staff approach was task led rather than person centred and there was a lack of staff and staff accountability. Care plans were not in place for all of the people in the service. Where care plans were in place, they did not contain accurate and full information on people's needs and preference so as to inform the care they received. The provider sent us an action plan and additional updates detailing their progress to meet regulatory requirements. We found at this inspection that the majority of improvements they told us they would make had been achieved.

At this inspection of August 2016, as there had been no new admissions to the service since our inspection of February 2016, we were unable to assess the effectiveness of the provider's assessment process. The manager told us they and the provider recognised that the assessment procedures had not been robustly applied prior to our last inspection and this had led to task led rather than responsive care. People's care had been reviewed since our last inspection and care plans rewritten. People and their relatives had been involved in this process.

Each person had a care plan in place and these showed improved levels of detail in most areas. We noted some areas for improvement to ensure staff had clear information and guidance on how to provide people with individualised and responsive care. The individual setting for people's pressure relieving mattresses was noted on a sticker on the mattress. This was not recorded in their care plans to ensure current and prescribed information was available should the sticker be lost. Another person's record stated that they

had an identified healthcare need but did not clearly state what actions were to be taken to ensure the person's well-being. Records on supporting people when they became upset or anxious were not always clear.

Although we noted these minor areas for improvement, staff knew the people they cared for well and understood their care needs. Staff knew about people's personalities and preferences and spent time responding to people and meeting their needs. Staff were able to tell us how they supported people's individual needs, for example, how best to encourage people to eat well or to reassure them when they became upset. All of the people and the visitors we spoke with told us that people received care that met their needs in a person centred way. One person said, "I am well looked after here." A relative said, "The environment is clean. There are no odours. I cannot fault the care. [Person's] personal care and presentation is good, so I am very happy."

People had more opportunities for social interactions as staff spent more time engaging with people on a day to day basis. We saw people actively participating in group activities such as quizzes or games led by the activity co-ordinators. We also saw that the activity co-ordinator spent time with people who were cared for in bed on a one to one basis, completing activities such as reminiscence cards to stimulate discussion. People told us that they really enjoyed the weekly singing group organised by a volunteer from a local church.

Is the service well-led?

Our findings

At our inspection of February 2016 we found that the provider did not have effective systems to assess and monitor the quality and safety of the service people received. Following our inspection, we asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. The provider sent us an action plan and additional updates detailing their progress to meet regulatory requirements. We found at this inspection that the majority of improvements they told us they would make had been achieved.

The registered manager had voluntarily cancelled their registration since the last inspection. A new manager had been appointed and was in the process of making an application for registration with the Commission as required. Effective leadership and oversight was being established and the manager was a visible presence in the service.

While staff supervision and appraisal systems needed to be established, other changes implemented had produced positive outcomes throughout the service. Policies and procedures were reviewed and updated. This provided all staff with clear guidance on the standards of practice expected and the support in place to achieve this. Staff were provided with training to equip them to carry out their role safely and well. Staff performance systems were implemented where staff did not meet required standards. Skills mix and leadership roles within the staff teams were strengthened with clear structures put in place to support responsibility and accountability. Staff told us of improved confidence and morale which had impacted positively on the lives of people in the service.

We found that the service had developed more robust quality assurance processes to ensure a better quality of service provision. Safety of the premises and equipment was improved and clear systems put in place to check this routinely. A range of fundamental audits had been implemented. We found that some aspects of these needed further development to ensure they were fully effective, for example, care planning and medication. The manager reassured us this would be addressed without delay. The information from audits and other indicators, such as falls or infections, was being gathered by the provider so that changes could be made where needed. The manager and provider told us they had evaluated the service to identify where weaknesses had occurred so that they could implement the learning and ensure continuous improvement. They confirmed that they would apply their preadmission assessment and admission processes in a more considered way. This was to avoid undue pressure on the service so that it could continue to meet people's needs safely and that a phased programme of admissions would be implemented once the service was able to commence admissions.

While improvements in responding to people's complaints were needed, the manager had worked to implement arrangements to communicate with people and seek people's views. Meetings with staff had been held, staff were aware of the challenges the service faced and they expressed commitment to addressing these. A meeting had been held to inform people of the outcome of the last inspection and to share with them the provider's action plans to address the concerns raised. Information was clearly displayed within the service to inform people of the planned meetings. The manager confirmed that, acting

on a suggestion from a relative, meeting invitations would be sent to all relatives via email where this was possible and followed up with the minutes of the meeting. A satisfaction survey had been sent to people in April 2016. The manager confirmed that it was now time to summarise the responses received and develop an action plan as required. Staff and people told us they found the manager and senior staff available and supportive and that there was now a more open and positive culture in the service.

The manager told us that while there were plans to develop the service with approaches such as the Gold Standards Framework for end of life care, their priority had been to implement improvements and ensure these could now be sustained.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	People were not protected as an effective procedure for recording, handling and responding to complaints was not operated in the service.