

Mr Matthew Biju Thoppil & Mrs Beena Biju

Treetops Nursing Home

Inspection report

10 Carthage Street
Oldham
Greater Manchester
OL8 1LL

Tel: 01616286811

Date of inspection visit:
06 May 2016
10 May 2016

Date of publication:
19 July 2016

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 6, 9 and 10 May 2016. Our visit on the 6 May was unannounced.

Treetops Nursing Home is a purpose built home which provides accommodation for up to 33 older people who require support with personal care and nursing needs. At the time of our inspection there were 29 people using the service.

The service was last inspected on the 13 June 2013 and met all the standards.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of this report.

There was a registered manager in place at Treetops Nursing Home. 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.

People who used the service told us they felt safe and that staff were kind and caring. This was confirmed by our observations on both days of the inspection.

Staff had received training in safeguarding adults procedures and were able to tell us of the correct action to take should they have any concerns about people who used the service. Staff were aware of the procedures to follow should they observe poor practice in the service.

The systems for managing medicines in the service needed to be improved to ensure that people always received their medicines as prescribed.

Staff were safely recruited and received the induction, training and supervision they required for their roles. People told us there were enough staff on duty to meet their needs in a timely manner, but on the second day of the inspection we found improvements needed be made to the deployment of staff. We have made a recommendation about the deployment of staff during busy periods of the day.

Care plans included information about the risks people might experience, such as those related to falls, skin integrity and nutrition. We found risk assessments had been regularly reviewed and updated to take into account people's changing needs.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained, although we noted there was limited space available for the storage of equipment people needed.

Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply to the premises.

Care records were personalised and provided good information about the care people required. We found care plans had been reviewed and updated regularly.

Systems were in place to help ensure people received the care they wanted at the end of their life. One of the visiting healthcare professionals we spoke with praised the quality of end of life care provided by staff at Treetops Nursing Home.

A timetable of activities was in place to help promote the health and well-being of people who used the service. We saw that people were supported to access local facilities and resources.

The registered manager had introduced a system to involve the relatives of people who used the service in reviewing the care provided at Treetops Nursing Home.

People we spoke with told us they would be confident to raise any concerns with the managers or staff. Relatives and friends of people using the service told us they found the managers to be approachable.

All the staff we spoke with told us they enjoyed working at Treetops Nursing Home and considered they received the appropriate training and support they required for their role. Records we looked at showed regular staff meetings took place and were used as a forum to discuss required standards of care and improvements which could be made to the service.

The service had a number of quality assurance measures in place, including audits relating to care plans and medication records, we noted these had been sufficiently robust to identify some of the issues we found during the inspection but had not been actioned yet.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed in a way that ensures people received their medicines as prescribed.

People told us they felt safe at Treetops Nursing Home and that there was enough staff to meet their needs. However staff were not deployed effectively throughout the home during peak times of the day.

Suitable arrangements were in place to help safeguard people from abuse.

Staff were able to tell us what action they would take if abuse was suspected or witnessed.

Staff had been safely recruited.

There were systems for reviewing and updating risk assessments to protect people from the risk of unsafe or inappropriate care.

Is the service effective?

Good ●

The service was effective.

People who used the service told us they were supported by staff members who had the appropriate skills and knowledge.

Staff had received training in a variety of subjects, which enabled them to carry out their roles effectively. All new staff received an induction.

People's nutritional needs were closely monitored. The food was of a good quality.

We saw policies and procedures were in place in relation to MCA and DoLS and staff had received training.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the attitude and approach of staff. We observed staff to be kind, caring and thoughtful in their interactions with people.

People were supported to receive the care they wanted at the end of their life.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People told us they always received the care they needed, care plans we looked at had been regularly reviewed.

Systems were in place for people who used the service and their relatives to provide feedback on the quality of service provided..

We found a number of activities on offer at Treetops Nursing Home that were suitable for everyone.

Complaints and concerns were actioned within a given timescale.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were sufficiently robust to identify shortfalls and action plans developed to identify improvements in the service.

Staff told us they enjoyed working at Treetops Nursing Home and received good support from the registered manager of the service.

Treetops 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 6, 9 and 10 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service, including the previous inspection report and notifications the provider had sent to us. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority commissioning team to obtain their views about the service. None of the organisations we contacted raised any concerns about Treetops Nursing Home

On the first day of the inspection we spoke with three people who used the service and two visiting relatives/friends. We also spoke with the registered manager, the nurse in charge, a senior carer, three members of care staff and an external activities coordinator. In addition we spoke with two health care professionals. On the second day of the inspection we spoke with three carers and the chef. We also spoke with a further three people who used the service.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received. We therefore carried out observations in the public areas of the service. We used the Short Observational Framework for Inspection (SOFI) on the first day of inspection during the lunch time period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for four people who used the service and the records relating to the administration of medicines for all the people who used the service.

We looked at a range of records relating to how the service was managed; including five staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe at Treetops Nursing Home. Comments people made to us included, "I'm safe in here", "I seriously feel safe here" and "Oh yes, I am safe here and the staff are so lovely". All the visitors we spoke with told us they had no concerns about the safety of their relative/friends at Treetops Nursing Home.

We looked at the service's systems for managing medicines. We reviewed the medication administration record (MAR) charts for all the people who used the service. We noted missing signatures on three MAR charts we reviewed. We discussed this with the registered manager who advised us the member of staff on duty was new to the role. They had received training in the safe handling and administration of medication and were being supervised by a more experienced nurse, who should have checked all records were accurately completed. The lack of accurate recording meant we could not be certain that people had received their medicines as prescribed.

We checked the stock of medicines held for five people who used the service against the MAR charts and found that for four people these corresponded accurately with the records. However when we checked the stock of controlled drugs (CD) held in the service we noted discrepancies in one case. A controlled drug is a drug whose use and distribution is tightly controlled because of its risk or its use can be abused, for example morphine. We saw for one person who had been prescribed a controlled drug that on administering the drug a second staff signature had not been recorded in the CD register. A safe procedure for giving controlled drugs includes a witness to the administration of the controlled drug to minimise the risk of a drug error.

We noted medication had been dispensed into a small pot; there was no indication of who this medication was for or when the medication had been dispensed from its original packaging. This meant there was a risk people had not received their medicines as prescribed.

People we spoke with told us they received their medicines as prescribed. One person told us, "Sometimes they [staff] ask if I need my painkillers, the nurses are very good and really care for you." Medicines that are taken "as needed" are known as "PRN" medicines. We found PRN protocols in place for medicines prescribed to be taken as needed, such as paracetamol. We noted one person was prescribed 500mgs paracetamol 'up to four times daily'; the person had this offered regularly with a clear record to show they were offered pain relief during the day.

We noted all staff responsible for administering medicines had received training for this task. The registered manager had also introduced a system for checking the competence of staff to safely administer medicines.

The lack of robust systems to ensure the safe administration of medicines was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had received training in safeguarding adults and records we looked at

confirmed this. Staff were able to tell us of the appropriate action to take to protect people who used the service from the risk of abuse. Staff also told us they would feel confident to raise any concerns regarding poor practice in the service and considered they would be listened to by senior staff and management.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risk of falls or of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. We noted that risk assessments had been regularly updated in the five care plans we reviewed.

We looked at five staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Our observations and discussions with people who used the service and their visitors showed there were enough staff on duty to meet people's needs. Comments people made to us included, "There's plenty of staff. Staff are quick to help" and "There's a lot of staff to look after you. It's never a long wait for when a staff member comes." However, we noted on the second day of the inspection that there were no staff available in the lounge area for a short period of time in the morning; and improvements needed be made to the deployment of staff in the dining room during the busy morning period and at lunch times. This meant staff were unable to respond promptly to requests from people who used the service for assistance with personal care. We recommend that the service reviews the deployment of care staff during busy periods of the day.

The registered manager told us the numbers of staff on duty had been increased due to an increase in the dependency needs of people who used the service. However, we discussed the deployment of staff with the deputy manager and the need to ensure a suitably qualified staff member was available at all times in the communal lounge and dining area to ensure people's needs were met in a timely manner. They agreed to review this as a matter of urgency.

On the first day of the inspection we looked around all areas of the home and saw the bedrooms, lounge/dining room, bathrooms and toilets were clean and there were no unpleasant odours. However we found the bedroom furniture old and needed replacing.

Staff told us they received infection control training and were able to tell us the infection control precautions they took when supporting and caring for people. All staff wore uniforms and had access to personal protective equipment (PPE), such as vinyl gloves and aprons when completing personal care tasks and cleaning.

Records showed risk assessments were in place for all areas of the general environment and policies and procedures were in place in relation to ensuring compliance with health and safety regulations. The records we reviewed also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions.

We looked at what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. The PEEP's explained how a person would be evacuated

from the building in the event of an emergency, and contained information about their mobility and any communication problems.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Is the service effective?

Our findings

People who used the service told us they were supported by staff that had the appropriate skills and knowledge. Comments we received included, "Staff care for me really well", "The staff seem to be trained" and "Yes the staff know what they are doing". Staff we spoke with told us, "There is flexibility to match staff with people who use the service and we work together well as a team".

Staff who supported a person who was unable to communicate verbally showed a good knowledge and understanding of the person. They explained to us how they were able to understand what the person needed, what they liked and if they were in pain or distress by their body language and by the noises they made.

We spoke with staff in relation to the training they were offered. Comments we received included, "The training is good; I am now halfway through my diploma in care and health. You can bring up any training needs you think you have" and "We get plenty of support".

Staff working in the service were expected to complete 'The Care Certificate' as part of their induction. The Care Certificate is a set of standards that staff working in health and social care are to adhere to. The service induction consisted of four days training with a series of workbooks being given to staff for completion and a number of observations of practice undertaken. The induction covered topics such as equality, diversity and inclusion, medication, privacy and dignity and health and safety. Records we looked at confirmed that staff had undertaken induction when commencing employment.

The staff handbook detailed training that was mandatory for staff, this included safeguarding, Mental Capacity Act 2005 and health and safety. It was also mandatory for staff to undertake a Diploma level two or three in health and social care if they did not already have this qualification.

We also noted that a number of staff had completed further training, such as dementia care, epilepsy, autism and positive behaviour management (PBM). The service also had 'training champions' (people with enhanced knowledge in specific areas) in areas such as safeguarding, acquired brain injury and moving and handling. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service, to ensure people who were living at Treetops Nursing Home had appropriate skilled people to care for them.

Staff we spoke with told us they received supervisions on a regular basis. Comments we received included, "We get a lot of support, [the manager] is always here if you need to ask him any questions", "We get supervision regularly and appraisals", "I get regular supervision" and "I have supervision on a regular basis". Records we looked at showed that supervisions were held on a regular basis and topics discussed included; roles, responsibilities, potential service users, person-centred approaches, learning and development needs.

The Mental Capacity Act (2005) provides a legal framework for making particular decision 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 a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that all staff had undertaken training in the MCA, best interest decisions, dementia and Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS and to report on what we find. At the time of our inspection those people who required a DoLS had the appropriate authorisation in place.

The service had a number of consent consultation forms in place for the people they supported. These included consent for staff members to administer their medicines, handle people's money and to provide personal care. If people who used the service were unable to consent then a capacity assessment and best interests meeting would be held in order to determine what action was required in the person's best interest.

Records we looked at showed that a best interest meeting had been held for one person who had moved to Treetops Nursing Home from another home. A mental capacity assessment had been undertaken and a decision was made by a number of professionals including a senior psychologist, hospital nurse, advocate and staff members that it was in the person's best interests to relocate to Treetops Nursing Home and put a behaviour plan in place. The process was detailed and showed all options had been considered. This ensured that the person received appropriate care that meets their individual needs and that decisions made were in the person's best interest.

People living in Treetops nursing home were supported to choose their meal options daily and individual preferences were catered for, for example providing halal food for one person on respite. People were also supported to go out for meals to places of their choice, such as fish and chip shop. We saw in care records people's recorded weight charts and daily nutritional monitoring charts. Everyone was weighed monthly so that weight loss could be identified early and action taken promptly to prevent further deterioration. A Malnutrition Universal Screening Tool (MUST) score was calculated. The MUST score helps to identify adults who are malnourished, at risk of malnutrition or obese. Those people with a MUST score of 1, which meant they were at medium risk of malnutrition, were monitored closely and their food fortified with added calories. Those who were deemed at high risk of malnutrition, with a MUST score of 2, were referred to a dietician and their food fortified and nutritional input monitored. Information about those people at risk from malnutrition was communicated to other staff at staff meetings and during daily handover.

Records we looked at showed that staff members had completed training in food safety and nutrition.

Care records we looked at showed that people's nutritional likes and dislikes were documented along with any foods that needed to be avoided, for example because of allergies. This showed that people were encouraged to follow a healthy lifestyle. One person who used the service was engaging in a trial to eat a soft diet. Staff were taking advice from a nutritionist in relation to the person's diet and staff told us that they had noted an increase in the person's appetite.

On the first day of the inspection the inspector ate lunch with people who used the service. The lunch time atmosphere was relaxed and the food was appetising, well-presented and flavoursome. Tables were laid with table clothes and condiments with the radio playing in the background.

Records we looked at showed that people had health action plans in place. These were detailed and looked at people's health needs, such as teeth and mouth care, skin, and mobility. Records also showed that external professionals were involved in people's care, such as epilepsy nurses and speech and language therapists. This ensured that any identified health issues were addressed.

Three members of staff were dementia champions and had received enhanced training and were able to deliver dementia awareness sessions to other members of staff. The registered manager told us that all members of staff were signing up to become dementia friends through the Alzheimer's Society and one staff member was a lead dementia champion for the local dementia forum, which was held at the home.. This showed the service was making a commitment to become a dementia friendly service.

The office was equipped with computers, telephones and storage facilities for records to be stored securely and confidentially.

The registered manager or nurse in charge was responsible for running the service during office hours and the manager was available 'on call' for emergencies on evenings and weekends.

Is the service caring?

Our findings

People who used the service and the visitors we spoke with were very complimentary about the staff at Treetops Nursing Home. Comments people made to us included "The staff are kind and caring.", "Staff treat me with respect", "Staff talk to me and spend time with me" and "No trouble with staff, they are very, very good. Staff are caring we have a chat when they help me."

Our observations during the two days of the inspection showed that staff were kind and respectful in their interactions with people who used the service. We observed a member of staff supporting and encouraging a person to walk in the living area of the home and another member of staff supporting a person to play chess. This caring attitude of staff was confirmed by a visitor we spoke with who told us, "One carer in particular has helped [relative] They make her feel special and important, the staff talk to her and that's all that matters."

We observed staff being respectful in their interventions with people who used the service. We noted staff asked discreetly if people needed assistance with personal care and were unhurried in their approach. Staff we spoke with told us they would always try to promote the independence of people who used the service; this was confirmed by all the relatives we spoke with.

Care records we looked at included a 'Resident Profile' document which had been completed with people who used the service. This included information about people's life histories, family and interests. This information helped staff form meaningful and caring relationships with people who used the service. One member of staff told us "It's really important to know what people have done in the past, so we can use this information to reminisce and talk about subjects they have an interest in".

Staff we spoke with told us they understood the importance of person-centred care. One staff member told us, "I let people do as much as they can in their own time". Another staff member commented, "I always treat people as individuals and I always ask what they want to wear on a morning, it's their choice."

We looked at the comments people had made regarding the service their family members had received at the home and saw these were all very positive. One person had written, "We are very satisfied with the care that [my relative] receives at Treetops Nursing Home." Another person had commented, "I find the staff all very hard working and really good with the people in their care."

We observed there were several visitors to the service during the inspection. We noted that staff made all visitors welcome and took the time to chat with them.

We noted there was a system in place for staff to discuss end of life wishes with people who used the service. Care records we reviewed contained information about the support and care people wished to receive at the end of their life.

Is the service responsive?

Our findings

All the people we spoke with told us they received the support they needed. Comments people made to us included, "Compared to where I was before, I have done more here in five weeks than I did before". "They take me out for a cigarette" and "My sister was here too and the care she got was excellent that's why I came here."

We found care records included detailed information about people's needs, wishes and preferences and the level of support they required from staff. We found care records also included a pre admission assessment, information contained within the assessment helped towards developing people's care plans.

During the inspection we noted one person asked to be taken to the toilet. We noted staff responded sensitively to the request. We looked at the care records for this person and noted it contained good information for staff about how best to support this person.

We looked to see what activities were provided for people. We noted there was a weekly timetable in place which was organised by the activity coordinator employed by the service. On the first day of the inspection we noted an external sports therapist completed a forty five minute aerobics session. We received positive views regarding the provision of activities at the home. Comments people made to us included, "There's always something going on". "There's plenty to keep you occupied here, if I don't want to join in I don't have to but I enjoy dominoes," and "I like it here and the staff are always doing something."

We spoke with the activity coordinator about the activities they provided. They told us that, although there was a timetable in place, they were flexible to meet people's wishes and preferences. They told us they would always speak with people who used the service and their relatives to find out the person's interests. Religious services were held regularly for people who wanted to take part.

The registered manager told us staff supported people who used the service to participate in local events such as visiting the local church. We were told there were plans in place for staff to support people on a day trip to the seaside. In the main reception area of the home we saw pictures of people on day trips and out in the community during the previous 12 months.

We noted there was a copy of the service user guide in each bedroom and that this contained information about how people could make a complaint if they were not happy with the service they received. A suggestions box and comments book were also available for people to provide feedback on the service provided at the home. The service had a compliments and complaints policy in place. People we spoke with told us they would be happy to raise any concerns they had with staff and were confident they would be listened to.

Care records we looked at showed the registered manager had invited relatives of people who used the service to attend review meetings to discuss the care their family member received. We saw that comments

from relatives had been recorded. However we saw limited evidence to show people who had communication needs such as limited understanding and speech due to dementia, had been fully involved in the review process. We discussed this with the registered manager who told us they would take action immediately to ensure people who used the service were always offered the opportunity to comment on the care they received and that any comments made were included in the review documents.

We observed daily handover which was delivered by the nurse responsible on shift, to all staff at the start of each shift. The handover consisted of any changes to people's health and care needs and other important information such as health appointments for that day. This helped to ensure that changes in the needs of those living at Treetops Nursing Home were properly communicated to all staff.

We looked at the most recent satisfaction survey conducted by the home in April 2016. We noted the completed surveys contained positive feedback regarding people's experience of the care provided. The registered manager told us that although they had arranged meetings for people who used the service and their relatives to provide an opportunity to comment on the care provided, these had not been well attended. In an effort to improve communication with relatives we saw that the registered manager was introducing a quarterly newsletter which included information about activities that had taken place and planned future events.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). They were supported in the day to day running of Treetops nursing home by a deputy nurse manager.

All of the five people we spoke with who used the service told us they were aware of the identity of the registered manager. One person told us, "I don't know the manager's name but I see him every day." Another person commented, "I think I know who the manager is. I could talk to him or any of the nurses if I had a complaint."

All the relatives and friends of the people who used the service were positive about the leadership of the service. Comments people made to us included, "I know who the manager is. I speak to him regularly," "He is approachable and would want to know if anything was wrong and would put it right. The staff are great. They all work as a team," and "The manager is always hands on."

During the inspection we noted the registered manager maintained an 'open door' approach to all visitors and staff. He was always attentive and available to all staff and visitors to answer any questions or to give guidance

The registered manager told us they considered the key achievements since our last inspection had been the improvement in the environment and the involvement of people who used the service and their relatives in the process. They told us the key challenge for the service was to maintain and build on the improvements already made and to ensure a much more effective staff team.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the home such as environmental audits, meal time audits, falls audits and wheel chair audits.

The service had a staff handbook in place. This contained detailed information on policies and procedures, training, MCA and DoLS, personal care, moving and positioning, medication and risk assessments. All of which were underpinned by the values of the service – integrity, creativity, happiness, person-centred care and passion.

We looked at some policies and procedures that were in place. These were detailed and provided staff with the relevant information they needed in order to undertake their duties.

Records we looked at showed regular staff meetings were held. We noted that these meetings were used as a forum to discuss the standards to which managers expected staff to follow.

The staff we had discussions with spoke positively about working at Treetops Nursing Home. Comments staff made to us included, "We have a good team here. [The registered manager] is approachable"; "It's got

better. The manager has improved the service and morale is up again; I get a lot of job satisfaction" and "I can't speak highly enough about [the registered manager]".

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The service worked in partnership with other services through the local 'Dignity Champions' group, which was held at the Treetops Nursing Home on a quarterly basis. This forum was an opportunity for providers from services throughout Oldham to get together to exchange ideas and examples of good practice. Guest speakers were also invited to attend these forums.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	There was a lack of robust systems to ensure the safe administration of medicines
Treatment of disease, disorder or injury	