

Axelbond Limited

# Acorn Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

Acorn Nursing Home is a nursing home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. Single room accommodation is provided for people and there is a passenger lift for access to the upper floors. The service can support up to 40 people.

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

People told us they felt safe, however the provider failed to demonstrate that risks were consistently monitored related to people's health and welfare and in the maintenance of the building. People lived in a home that did not look visibly clean. There were not enough cleaning staff to keep the home clean. The provider failed to deploy enough staff while waiting to employ new housekeeping staff.

People's dignity and privacy was not consistently upheld. Confidential information was accessible to people and visitors. Language used by staff and documentation did not promote people's dignity and individuality.

Record keeping related to the administration of some medicines was not consistently completed. Best practice for the administration of medicines was not consistently followed. Audits failed to either identify concerns or drive improvement. Some documents in use had been reviewed as correct when they were not accurate. Systems were not always robust and operated effectively to ensure all regulatory requirements had been fulfilled.

The provider did not consistently follow robust recruitment procedures. We have made a recommendation about this. Some care plans did not include all the relevant information on people's behaviours and health conditions. We have made a recommendation about this.

Observations showed people were happy and relaxed in the company of staff. Feedback on the registered manager was positive from people, visitors, staff and the local authority. One person told us, "I'm very happy with the home and the manager is definitely doing a good job." The registered manager engaged with people, visitors and staff, through daily interactions and having an open-door policy. The management team had been working with a range of professionals following a COVID-19 outbreak in order to meet people's needs.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 11 September 2019).

### Why we inspected

The inspection was prompted as part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe, and the service was compliant with infection prevention and control [IPC] measures.

We had received concerns that IPC and environmental hygiene practices had deteriorated. A decision was made for us to inspect and examine those risks. We looked at IPC 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.

We inspected and found there was a concern with IPC, cleanliness, risk management, and dignity and respect so we widened the scope of the inspection to include all five domains, safe, effective caring, responsive and well-led.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risk, the cleanliness of the home, infection prevention practices, using language that promotes people's dignity, the management of documentation and staffing levels at this inspection.

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

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Acorn Nursing Home

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and an Expert by Experience visited on the first day. One inspector returned on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Acorn Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, nurses, care workers, administration staff and the chef. We observed the care and support people received. This helped us understand the experience of people who could not talk with us. We spoke with one visiting health professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with professionals who had recently visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Fire doors were not suitable for the purpose for which they were being used. Not all self-closing fire doors closed properly into their door frame. When used correctly fire doors delay fires from spreading through a building, giving people time to escape.
- People had the opportunity to leave the home unobserved and unsupported. Fire exit doors that had signs that stated they must remain closed were open and unsupervised. We opened a second fire door and no staff responded to the alarm. This could allow people who lacked capacity to have access to the street and road. It could allow unsupervised access to the home and to people who lived there.
- Windows were not secure. Some people had access to window openings large enough to fall through. The restrictors in place were not of a suitable standard and did not require a special tool or key for removal.
- Wheelchairs were not used properly. We observed four people in the conservatory sat in wheelchairs. None had footplates attached. No-one had risk assessments to state footplates were not necessary. Footplates improve posture, promote blood circulation, prevent pressure sores and stop feet getting trapped under the wheelchair. When prompted, carers placed footplates on three of the wheelchairs.

We found no evidence that people had been harmed however, the premises and some equipment were not suitable for their intended purpose. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider failed to ensure all staff had been trained in fire safety which included the use of evacuation chairs should it be necessary to move people in an emergency.
- Environmental assessments did not always identify risk. One person had their bedroom door wedged open. The person had oxygen in their bedroom which if there was a fire would make materials burn hotter and faster. This was not documented within any fire risk assessments.
- The provider failed to ensure that everyone had a personal emergency evacuation plan (PEEP). Four people did not have a PEEP. We found 4 examples when PEEPs did not contain accurate or relevant information. A PEEP is a plan for a person who may need assistance, for instance, a person with impaired mobility, to evacuate a building or reach a place of safety in the event of an emergency.
- The provider failed to ensure all care plans had information to guide staff on how to manage people's health conditions.

We found no evidence that people had been harmed however, you failed to do all that was reasonably practical to mitigate risk. This placed people 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.



## Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. Not all visitors were asked if they had had a recent negative COVID-19 test prior to entry into the home. During an outbreak of COVID-19 one person received multiple visitors while isolating in their bedroom.
- We were not assured that the provider was using PPE safely or managing infection outbreaks effectively. We observed staff not wearing PPE correctly. Some staff wore their mask under their nose. Staff congregated in the kitchen without changing their PPE before entering and exiting the kitchen. Staff took meals from the kitchen into the bedrooms of people who were isolating due to being COVID-19 positive. We observed they hadn't changed their PPE before returning to the kitchen and then entering other bedrooms of people isolating.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home did not look clean and hygienic. We observed thick layers of dust in communal areas. Some furniture was worn, damaged and torn. This made cleaning and disinfecting the items difficult. The floor in one shower room was visibly dirty and mouldy in some areas.
- The home had received a food hygiene rating of one. This meant major improvement was necessary in the kitchen.
- The provider failed to have safe procedures relating to infection control and the management of medicines. Medicine pots used to carry medicines to people were dried on chipped metal radiator covers in communal corridors near the bedrooms of people isolating due to their COVID-19 positive result.

We found no evidence that people had been harmed however, systems were not in place to promote positive infection prevention practices. This placed people 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.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff.

## Using medicines safely

- The provider failed to ensure all staff administering medicines were suitably trained and their competence regularly reviewed. Medicines to be taken in food were given to carers to administer by the nurses. The nurses did not observe that people had received their medicine but signed the medicine administration records to say that it had been administered. This was not in line with best practice guidance.
- The provider failed to ensure all prescribed medicines were managed and stored safely. Powders to thicken drinks to help people safely swallow fluids were kept in people's bedrooms. People can be harmed by the accidental swallowing of thickening powders. One person had thickening powder from a tub that had had the prescribing label removed. This meant the nurse was unsure of the date it was prescribed or who it had been prescribed to. On seeking a replacement, it was identified the provider had failed to order additional powders and there were no prescribed thickening powders for the person onsite. The nurse placed an immediate request with the pharmacy for additional thickening powders.

We found no evidence that people had been harmed however, systems were either not in place to promote the proper and safe administration and management of medicines. This placed people 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.

- People were given time to take their medicines in a calm and person-centred manner.
- Controlled drugs were stored and recorded correctly. Controlled drugs are medicines that are tightly controlled by the government because they may be abused or cause addiction.

### Staffing and recruitment

- The provider failed to deploy enough staff to ensure the home was clean and hygienic. One staff member commented, "If staff are on leave, they are not always replaced. There can be one domestic for the whole home." The lack of staff had led to a deterioration in the cleanliness of the home. The provider said they would increase the amount of cleaners on shift.
- People and staff told us there were not enough staff to meet people's needs. One staff member said, "[Moving and handling] I can do it on my own, I have done it on my own. We don't have enough staff." One person told us, "It's very short of staff". A second person commented, "One carer was on her own and was trying to help me move up the bed. I told her to get someone else." The registered manager said they had been aware that some staff were moving people on their own and had stated this must not happen.

We found no evidence that people had been harmed however, enough staff had not been deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not consistently follow robust recruitment procedures. Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. However, not all application forms held a full employment history and there was no evidence this had been discussed with the candidate.

We recommend the provider follow best practice guidance on the recruitment of staff.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Acorn Nursing Home. One person said, "Oh yes, I feel very safe here. My wife is quite in agreement." Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to the registered manager.

### Learning lessons when things go wrong

- Reviews of incidents and accidents had taken place and action was taken to minimise the risk of reoccurrence.
- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure staff were suitably trained at the start of their employment. One staff member told us they had yet to receive any training from the provider. The staff member was working unsupervised and guiding an agency staff member who was not as familiar with people living at the home. The staff member in charge of training told us staff received their handbook after their third week of employment. They had two weeks to complete this and then their competence would be assessed. The registered manager confirmed not all staff had received mandatory training such as fire safety. Having access to equipment such as evacuation chairs, is pointless unless you have staff who are trained to use it in the case of an emergency.

We found no evidence that people had been harmed however, staff had not received suitable training at the start of their employment. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to maintain a balanced diet. Records, when appropriate, documented any associated risks with eating and drinking.
- Food, drink and snacks were available throughout the day. One person told us, "The food is absolutely wonderful. I am absolutely blown away by the food you get in here. They cater for different diets. I get a choice." A second person said, "The food is very good. I get choices. I get lots of chicken. I don't eat red meat and I get fish once a week." One staff member said, "People have plenty of food. If they want more, they get more."
- The cook and care staff were knowledgeable about people's nutritional needs. Information was included in people's care records about their dietary requirements and if they required a specific diet, including if they needed soft or texture modified meals.

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

- At the time of the inspection the home was in lockdown due to a COVID-19 outbreak, so some health visits were limited. However, district nurses were visiting to provide ongoing support to people and video consultations were taking place. One visiting health professional said, "Everyone knows what they are doing here. Normally loads of staff about."

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

- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- Communal areas were provided where people could relax and spend time with others. There was some signage around the building which helped support people who lived with dementia.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments.
- Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From discussions with people and their relatives we were told consent to care and treatment was routinely sought. One relative told us they had been consulted on restrictions being put in place in the best interests of their family member.

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

- People had their needs assessed before they came to live at Acorn Nursing Home. Information gathered during assessment was then used to create their care plans.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Ensuring people are well treated and supported; respecting equality and diversity

- The provider failed to ensure staff consistently promoted people's dignity and individuality through the language they used and what was documented. Staff used language and referred to people as doubles if they needed two staff to support them. For example, people were referred to as feeders and aprons were referred to as bibs. Some documentation referred to cot sides [bed rails], nappies [continence pads] and feeding people.
- Personal information was not always kept private. Documentation related to one person was left in reception allowing people who lived in the home and visitors to read its contents.
- Staff did not have the time to interact with people unless as part of a task, such as supporting people with a meal or personal care. One person told us, "I have asked them [staff] to sit and chat with me but they won't do it." One carer said, "Some of them need more care, and we can't provide it."

We found no evidence that people had been harmed however, staff did not consistently promote people's privacy and dignity. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw staff had an appreciation of people's individual needs around privacy. We observed that staff always knock on people's bedroom doors and looked round the door before entering.
- Humour was used by both staff and people living at Acorn Nursing Home to cement their relationships.

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

- Staff involved people in the support being provided. We observed staff speaking to people before providing support and communicating when supporting people to transfer from wheelchair to chair. Staff asked people where they would like to spend time and where they would like their meals.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Staff were knowledgeable about the people they supported. Not all the care plans reflected the knowledge staff had on what strategies to use to manage people's behaviours.
- Care plans identified people's ongoing health conditions. The care plans did not always guide staff on how to identify if someone was unwell or what action to take should they become unwell.

We recommend the provider review all care plans to ensure the information guides staff in delivering personalised care.

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.

- The provider considered, and documented people's communication needs to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss. The registered manager had sought an interpreter to promote positive communication with one person who was hearing impaired.

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

- Staff supported people to maintain and develop relationships that were important to them. Arrangements were in place to enable people to have visitors. One person carried a doll with them. This provided comfort and promoted their wellbeing. One relative said, "Registered manager has an open house here, and that's what we like."
- Staff supported people to engage in meaningful activities. One person had requested to go shopping. On their return we overheard them tell the registered manager, "We've had a very nice morning. She [staff member] is good company, very good company." One relative said, "They do games, bingo and play music, [activity co-ordinator] is very good."

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. One relative described the registered manager as, "proactive" when responding to any concerns shared. A second relative was unhappy with the response they received from a member of the management team regarding their

complaint. However, we observed the registered manager have an open and honest conversation, revisiting the complaint and seeking a resolution and minimising a reoccurrence.

#### End of life care and support

- The service supported people to have a dignified and pain-free death. Plans were developed to document people's individual wishes and spiritual needs. Documentation we viewed indicated that people, and their relatives when appropriate, were involved in this area of care.
- People had additional medication stored safely in the home just in case it was required as part of their end of life care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider failed to fulfil their regulatory responsibility. When the registered manager was isolating no-one notified CQC about incidents that involved people at the home.
- The provider failed to work within the conditions of their registration. The home is registered to accommodate a maximum of 40 people. The home had accommodated and delivered support to more than 40 people. The registered manager stated this had been a mistake. They did not share their error or take action to rectify their mistake.
- The providers systems and processes failed to identify the issues found at this inspection. These included, the lack of timely training for staff, and safety concerns related to window restrictors and fire doors. Robust audits were not in place to monitor the quality and safety of services provided. There were no environmental audits. The home was visibly unclean, but no action had been taken to make improvements.
- The provider did not have oversight of kitchen management. There were no systems in place, such as a cleaning rota to monitor and improve hygiene issues identified by the food safety officer.
- The provider failed to have systems to ensure safety checks took place and identified actions were completed. Electrical safety checks in 2016 recommended urgent remedial action be taken. This had not been completed. The following scheduled electrical check had not been completed. The provider stated the pandemic had impacted on timescales.

We found no evidence that people had been harmed however the registered manager and provider had failed to have effective oversight of the quality of care, risk and governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager engaged with staff. Daily handover meetings took place and the registered manager worked alongside staff. One nurse spoke positively about the registered manager and praised the care staff, "They are very dedicated."
- Throughout the pandemic and during their COVID-19 outbreak the registered manager ensured people



maintained contact with their family members. One relative praised the positive communication they had with the registered manager. They said, "We couldn't ask for a better manager."

- The registered manager gave informal opportunities for people to be involved in the delivery of their care. They spent time with people, their office door was open, and people visited to chat. We observed people seek out staff when they required guidance and support.
- The registered manager and provider have engaged and been frank and co-operative throughout the inspection process.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to do all that was practical to mitigate risks

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider failed to deploy sufficient numbers of staff to make sure they can meet peoples needs and the routine work of the service.</p> <p>The provider failed to ensure staff received suitable training at the start of their employment that prepares them for their role.</p> <p>18(1)(2)(a)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider failed to provide care and treatment in a way that ensured people's dignity and respect.  Regulation 10(1)

### The enforcement action we took:

Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have effective systems and processes to assess, monitor and improve the quality and safety of the services provided and the risks related to health and safety.  The provider failed to ensure all records were accurate, contemporaneous and complete.  17(1)(2)(a)(b)(c)

### The enforcement action we took:

Warning notice.