

Grazebrook Homes Limited

# Grazebrook Homes - 39 Adshead Road

## Inspection report

39 Adshead Road  
Dudley  
West Midlands  
DY2 8ST

Tel: 01384240502  
Website: [www.grazebrookhomes.com](http://www.grazebrookhomes.com)

Date of inspection visit:  
18 July 2017

Date of publication:  
03 October 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection took place on 18 July 2017 and was unannounced.

At our last inspection in January 2015 the service was rated as good in all five questions we ask: 'Is the service safe? Is the service caring?: Is the service effective?: Is the service responsive? And, Is the service well-led?

The provider is registered to provide accommodation and personal care to a maximum of nine people. On the day nine people lived at the home. People had needs in relation to their learning disability/ associated conditions and or/physical disability.

The manager was registered with us as is required by law and they were present on the day. 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.

Although this inspection was carried out as part of our routine inspection programme we had received some information raising concerns about the service. This included staffing levels particularly at night, the way hazardous substances were managed and activities. We looked at these issues during this inspection.

The provider had not ensured that fire safety and other aspects of health and safety were adhered to. There were not enough staff provided at night time to keep people safe and to meet their needs. Although there were procedures in place to safeguard people from harm and abuse staff had not always followed them. Recruitment processes prevented the employment of unsuitable staff. Medicine systems confirmed that people had been given their medicines as they had been prescribed.

Staff had received a range of training and were supported by the management team. Staff knew that people's care should be provided in line with their best interests and no person should be unlawfully restricted. People were encouraged to make decisions about their care. Their families were also involved in decision making. People's food and drink preferences and special dietary needs were catered for. There was input from a range of external healthcare professionals to address people's healthcare and social care needs.

The provider had not promoted a caring service as people's safety was not always promoted and there were insufficient staff on night duty to meet their needs and to keep them safe. People were supported by staff who were friendly, helpful and caring. People were treated with dignity and respect and their independence was promoted. People could see their family whenever they wanted to and their visitors were welcomed by staff.

People and/or their families were involved in reviews of care and circumstances. Provider feedback forms and meetings were held to gain the views of people and their relatives. Systems were in place for people and their relatives to raise their concerns or complaints if they had a need to.

Quality monitoring and audits had not identified that a number of areas of service provision were not meeting the requirements of the law. People were at risk of potential injury and no action had been taken to address this. The provider had failed to notify us of some issues that they are required to by law. They were visible within the service and knew the people who lived there well.

You can see what action we told the provider to take at the back of the report.

## 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.

Fire safety and health and safety processes were weak and potentially placed people at risk of accident and injury.

There were insufficient staff numbers at night to meet people's needs and to keep them safe.

Safeguarding processes had not always been followed to minimise the risk of harm and abuse.

Recruitment systems helped to minimise the risk of unsuitable staff being employed.

### Is the service effective?

**Good** 

The service was effective.

Staff had understanding regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS); people were supported in a way to ensure that they were not unlawfully restricted.

Staff had received the training they required.

A range of health and social care services were accessed for people to maintain and promote their health and well-being.

### Is the service caring?

**Requires Improvement** 

The service was not always caring.

The provider had not ensured that the service was inherently caring as they had failed to ensure that people lived in a safe environment.

Individual staff were kind and caring towards people.

People's dignity, privacy and independence were promoted.

Relatives could visit whenever they wished to and were made to

feel welcome.

### Is the service responsive?

Good ●

People's needs and preferences were assessed and reviewed to ensure that their needs would be met.

People were supported to engage in activities that they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns if they had the need.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality audits and monitoring had failed to identify that people were at risk from potential accidents and injury.

The provider had a leadership structure that staff understood.

A registered manager was in post and was visible within the service.

# Grazebrook Homes - 39 Adshead Road

## **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.

Our inspection was unannounced and took place on 18 July 2017. The inspection was carried out by one inspector. We had received some information raising concerns about the service. This included staffing levels particularly at night and the way hazardous substances were managed. We looked at those issues during the day.

We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us.. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with four of the people who lived at the home and three relatives. We met and interacted with a further five people. We spoke with two care staff, one senior, the deputy manager and the registered manager. We looked at the care files for two people, medicine records for two people, recruitment records for two new staff members, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes and some health and safety issues. We also looked at provider feedback forms that had been completed by relatives of people who lived at the home.

# Is the service safe?

## Our findings

The Provider Information Return [PIR] stated, "The service assesses tasks and activities to be done first to reduce the risks of harm to service users and staff". Prior to our inspection we were made aware that substances that could be harmful to health were not being stored or managed safely. We found that substances that were flammable or corrosive that included oven cleaner and nail varnish remover were stored in a low height, unlocked kitchen cupboard that was easily accessible to people. We saw that a container of tile adhesive was in one bathroom. The registered manager confirmed that some people used this bathroom independently so would have unsupervised access to the substance. We looked at the manufacturer information that should be available for each substance stored or used. This information would highlight the precautions required for the appropriate storage and emergency treatment in case of incidents concerning the substances. We found that the data was incomplete as it had not been added to or updated when new substances were purchased and put into use. We saw a number of cleaning and other substances including bleach and insect killer, but there was no data referring to them. This meant that the provider had not taken adequate action to ensure that the required information was available or to prevent unauthorised access regarding hazardous substances available within the premises.

We saw that where door locks had been removed [as new door locks had been installed] there were small holes in two bedroom doors. This meant that if a fire occurred the doors may not prevent a spread of smoke and flames. We found that there was a lack of detail in the fire risk assessment to instruct staff on how to deal with a fire especially at night. Staff who had confirmed that they had recently worked nights told us that they had not been made aware of what they should do if a fire broke out during the night. Although we asked the registered manager, they were not able to provide evidence to confirm that night fire drills had been carried out. We communicated these issues to West Midlands Fire Service [WMFS] who visited the home three days after our inspection. They told us that they were to write to the provider to inform them of the fire safety concerns that needed to be improved upon.

We identified that some radiators in bedrooms and bathrooms were not guarded and may not have been of a low temperature surface type. This meant that there was a potential risk that people may suffer a burn. The registered manager told us that they would address this issue.

Failing to ensure that substances within the premises are stored safely and a lack of fire safety measures is a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we were made aware of concerns about staffing levels particularly at night. We looked at this issue during the day.

A person told us, "There are staff to look after me". A relative said, "I think that there are enough staff". Another relative shared with us that staffing levels could be improved upon. We found that care staff job roles was not only to support people but also cooking, cleaning and laundry tasks. During the day we saw that staff were available at breakfast time. However, eight of the nine people went out after breakfast so we did not observe what their experiences concerning staffing levels would be when at home during the day.

The registered provider confirmed that only one staff member was available each night who could call upon other staff who lived locally if there was a need. One person did not sleep well and frequently wandered at night. Another person also was up and about regularly during the night. This person at times presented behaviour that could challenge. An episode had occurred in the lounge area during the night when one person shouted and pushed another person. A care plan highlighted when a health condition occurred the person was to be monitored and records confirmed that this health condition had arose during the night time. Records highlighted that two hourly checks were carried out for some people and one person required personal care during the night. If a fire were to occur at night one night staff would not be able to contact the fire service and support nine people who lived with dementia, a learning disability or a physical disability. This showed that one night staff alone would not be able to consistently meet people's needs and to keep them safe. We fed this back to the registered manager who told us that they would address night staffing levels.

Failing to ensure that adequate staff are provided is a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

A person said, "I am not treated badly. I am treated well". A staff member confirmed, "I would report any concerns straight away". Other staff we spoke with told us that they had received training in how to safeguard people from abuse. They gave us an account of the different types of abuse that included neglect and assault. We had not been made aware of any incidents of abuse. However, a record that had been written by a staff member detailed an incident that had occurred recently during a night. This highlighted that a person had shouted at another person and pushed them. We showed the record to the registered manager and asked them what had been done about the incident. The registered manager told us that they had not been made aware of the incident. They said, "If I was aware of this incident I would have reported it to safeguarding. It should have been reported". This meant that the staff member had not followed the providers procedure in order to safeguard people from harm and abuse.

A person shared with us, "I am always safe and happy". A relative said, Oh yes. They [person's name] are safe". Another relative told us, "I have not got any concerns about safety". A staff member told us, "I think that people are kept safe here".

We saw that risk assessments had been undertaken regarding for example, going into the community, moving and handling and falls. We saw that one person had been assessed as being at risk of developing sore skin and a pressure relieving cushion had been obtained. However, there had been changes in one person's condition and the circumstances relating to this meant that the person could be at risk of sore skin. The registered manager told us that staff should have ensured that an assessment was in place to determine the level of risk to the person's skin but was unable to provide this. This showed that processes were not in place to inform staff of the level of risk of the person acquiring sore skin.

A staff member said, "My checks had to be done before I could start work". Another staff member confirmed also that all of their pre-employment checks had been carried out before they started work. We checked recruitment records for two staff and saw that pre-employment checks had been carried out. These included a completed application form and a check with the Disclosure and Barring Service (DBS). The DBS check would show if potential new staff members had a criminal record or had been barred from working with adults. These systems prevented the risk of unsuitable staff being employed.

A person told us, "I don't like sorting my tablets so the staff do that for me". The staff told us, and training records and certificates that we saw confirmed, that staff had received medicine training and competency assessments were due to be undertaken. We saw that there was a record of all medicines received into the



home and those that had not been used and returned to the community pharmacist.

We saw that medicines were stored in a locked cupboard to prevent unauthorised access. We checked Medicine Administration Record [MAR] and found that they had been completed adequately. We checked two people's tablets against their MAR and found that there were the correct number available. We saw that there were protocols in place for medicines that were prescribed on an 'as needed basis'. This confirmed that medicine safety was promoted and people were supported to take their medicines as they had been prescribed.

## Is the service effective?

### Our findings

People we spoke with and relatives said that they were happy with the service provided. Staff we spoke with told us that in their view the service provided to people was good.

We saw that records were available to record the diet and fluid each person had consumed. However, we found that these had not always been fully completed to confirm each person's input or people had refused diet and fluid and this had not been documented. One person had lost weight and this had been reported to their GP. However, another person had gained a stone in weight and no action had been taken regarding this. There are risks of being overweight that can include: heart disease, diabetes and poor mobility. The registered manager told us that they would look into the issues that we identified. A person informed us that they liked the food and drink provided. They said, "I always have the food I like vegetarian food pasta and things like that". Another told us, "The food is lovely". We observed at breakfast time that people chose different cereals and at lunchtime a person had sandwiches crisps and salad. They said, "This is nice". We observed that people were offered and encouraged to have drinks. We observed that a staff member sat near to one person to support them to eat and drink safely. We saw that meals were discussed in meetings for people and that they were encouraged to choose meals. We found that people had generally been referred to external healthcare professionals when there was concern regarding a risk of choking and for dietary advice.

A staff member said, "I had a good induction. I had training and was supported by the manager and other staff, I looked at care plans and worked alongside staff who had worked here for a long time". Staff records that we saw confirmed the induction processes. The registered manager told us that new staff who had not already achieved a recognised vocational qualification in adult social care had worked to complete the Care Certificate. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member said, "I do feel supported". Other staff we spoke with also told us that they felt supported on a day to day basis. Staff told us and records that we looked at confirmed that staff received supervision sessions to give them feedback on their performance and identify any training needs. The registered manager told us that a manager was on call for staff to call upon evenings, nights and weekends. This was confirmed by staff we spoke with.

A person told us, "The staff know all about me. They know how to look after me". A relative said, "I think the staff have the knowledge they need". Staff told us that they had received the training that they needed. A staff member said, "Since I started here I have had a lot of training". Another staff member said, "I can do my work well". Staff training records that we looked at confirmed this. We saw that the registered manager maintained records to demonstrate the training that staff had received and when refresher training was next due.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person told us, "I am not kept in. I am free to see my family and go around the home". We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. We found that MCA assessments had been carried out so that staff knew people's individual decision making strengths. The registered manager told us and records that we had been provided with confirmed that applications for eight people had been made to the local authority for assessment to consider DoLS authorisations. Staff we spoke with were aware of the principles of MCA and DoLS and gave us an explanation of their purpose. All staff knew that people should not be unlawfully restricted in anyway.

One person said, "The staff ask before they help me and I say yes or no". We heard that staff asked people before they gave support with helping them to get ready to go out. We heard staff reminding people that they were going out. We saw that people gave implied consent by getting ready and smiling to show that they were happy with the arrangement.

A person shared with us, "I see the doctor if I am ill and have my eyes checked. A relative said, "They [person's name] do attend medical appointments with the staff when they need to". Staff we spoke with told us that people had regular access to a range of healthcare services and records that we looked at confirmed this. Records that we saw confirmed that people had received an annual healthcare review by their doctor and had been offered an annual influenza injection to help prevent ill health. Where staff had concerns about people's health they had secured input from a range of services including; hospital consultants, occupational therapy and the dietician. Staff were aware of people's changing needs. For example, one person's health needs had changed and an assessment of the changes had commenced by healthcare professionals. The registered manager told us that this assessment was still in progress. The person's relative and records that we looked at confirmed this.

## Is the service caring?

### Our findings

A person said, "The staff are very nice". A relative shared with us, "Caring staff". A provider feedback form completed by a relative read, "All staff are very caring I cannot fault them". A staff member told us, "The staff here are all kind". We observed that staff were friendly to people and showed an interest in people smiling at them and asking them how they were and giving them the time to reply. Whilst we found that the individual actions of staff were kind and caring our findings established that the provider had not promoted a caring environment. They had failed to promote some aspects of health and safety and they had not ensured that people's needs would be met and that people would be consistently safe due to night staffing levels.

A person told us, "I have friends here". They told us the names of their friends and that they chatted and watched TV together. Early morning before people went out into the community we heard people chatting together and smiling. A relative told us, "They [the staff and registered manager] treat me like a family member". This showed that the registered manager promoted a friendly atmosphere within the service.

The person told us, "I tell the staff what I want to do and how I like things done. This is in my record". A relative told us, "I am very much involved in their [person's name] care planning. I like to be to ensure that things are right". Another relative told us, "We [family] are involved in care plans". The PIR stated, "Families are involved in the development of care plans of their loved ones and also in the planning and management of their health". We saw that care plans were available regarding a range of subject areas including, people's daily and night routines and were accurate to what people told us. One person came down into the lounge and told us, "I think I am going back to bed for some more time. I go to bed and get up whenever I want to". We saw that another person came into the lounge after other people as they had got up later. Records that we looked at detailed people's preferred rising and retiring times. One person in particular regularly got up early morning and stayed in the lounge. This showed that the staff supported people in the way they wanted to be supported.

A person shared with us, "They [staff] are friendly and polite to me. I would tell them off otherwise". They also told us, "Sometimes I like to spend time on my own in my bedroom. I can go there whenever I want to". People all had their own bedrooms which gave them their own personal space. We heard staff using people's preferred names as detailed in their care plans. Staff gave examples of how they promoted people's privacy and dignity. They gave examples of covering people when bathing and dressing and knocking bedroom doors before entering.

A person told us, "I am going for a shower and to wash my hair. I do this myself everyday". Another person told us, "I help wash up". We heard staff encouraging people to be independent by asking them to go and fetch their coats before going out. Staff told us that they encouraged people to do tasks for themselves wherever possible. One staff member said, "It is important for people to do things for themselves however small the task.

A person told us, "I dress myself every day and wear the clothes I want". Another person told us, "I get my clothes". A staff member told us, "We [staff] encourage people to choose their own clothing. If they are not

able to tell us we show them different clothing to pick". It was a warm day and we saw that people were dressed appropriately for the weather in light clothing. One person wore slippers with a motif on them. They smiled and looked pleased when we told them that we liked their slippers. Staff told us that it was important to people to look nice and supported people to maintain their appearance as they wished.

A person told us, "My family can visit me at any time". A relative told us, "There are no restrictions for visiting it is good. I come at different times every day". The registered manager confirmed that visiting times were open and flexible. Staff told us that they encouraged people where appropriate to remain in contact with their family.

We discussed advocacy input with the registered manager. The registered manager confirmed that some people had advocacy input in the past but not at the present time. They said, "Advocacy input is secured when it is needed. It is not generally available long term. People's family advocate for them most of the time". This was confirmed by a relative we spoke with who told us, "I speak and put my views across and give support". An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

## Is the service responsive?

### Our findings

A person said, "I have lived here for a long time. I have reviews and I go to them". A relative told us, "I am involved in everything. I attend the reviews that the staff here arrange and those held by consultants and other health staff". We saw that reviews of people's care had been undertaken regularly. Where concerns were identified these were referred to appropriate health and social care professionals and care plans and records had been updated. Staff told us that they knew people well and informed us of these for example, the staff knew that one person liked to dress in a particular way and supported them with that.

A person told us that they went to their preferred place of religious worship regularly. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff told us that only one person wished to follow their preferred faith and records confirmed this.

A person shared with us, "I go to the shops, out for a walk and see my family. I do those things". Other people told us, "I go out a lot. I like it", "I am going on holiday", "I like music" and, "I go bowling". On the day seven people went out to a day club. A person said, "I like going to the club". One person's records highlighted places that they had been to during a recent week and this included going to Stourbridge and shopping. Staff also told us that people regularly went to the cinema and to a disco. Staff confirmed that a pending holiday had been arranged for people in a chalet on the coast. Early morning, before they went out, a number of people sat in the lounge watching the television. They told us that they enjoyed watching particular programmes. One person put the radio on to listen to music. We saw that another person had accessed a game on their tablet [computer] device. They said, "I enjoy using this". As people were out at their club during the day we did not observe people participating with other in-house activities.

A person told us that they attended meetings with the staff. One person said, "We have meetings to talk about food and holidays". Staff we spoke with confirmed that meetings were held and the registered manager confirmed that this was correct. We saw the minutes of the June 2017 meeting. This highlighted that people had been asked if they were happy and if they had any worries or concerns. The pending holiday had been discussed and people had confirmed that they had enjoyed using a foot spa as it relaxed them.

A relative told us, "I am kept informed generally and I am asked my view. The only thing is I would like a weekly sheet to be sent to me to let me know what they [family member's name] do every day. I used to have one but this has stopped". Another relative said, "I do fill in a form but would let the staff know if I wanted anything done". We saw that provider feedback forms had been completed by relatives. The feedback was positive. Comments made read, "Satisfied with the service" and, "I am informed of changes".

A person shared with us, "I would tell [staff members name] or the manager if I had a complaint. I have not got any though". A relative said, "I would be more than happy to raise any complaints with the manager or staff. Small issues that I may raise are dealt with". We saw that a complaints procedure was available for people and their relatives to use if they had the need. The Provider Information Return [PIR] highlighted that no recent complaints had been received and this was confirmed by the registered manager on the day.

## Is the service well-led?

### Our findings

We saw that audits were undertaken relating to medicine systems and safety and health safety. We found however, risks to people's health and safety that the provider had not identified or properly acted upon. These included the storage and management of substances that could be hazardous to health and fire safety. We identified that day and night records detailed issues that should have been seen and acted upon by the registered manager but had not been. These included: details night staff members workload that identified that one staff member alone could not meet people's needs and keep them safe: an incident of aggression and potential harm between two people had not been reported to the registered manager or senior on duty as it should have been and that the 'weekly' water temperatures had not been tested in June 2017. We found that diet and fluid intake records had not always been completed fully: that no assessment had been undertaken regarding a person's skin who could have been at risk of developing sore skin or that staff had used inappropriate wording when they had described an incident when a person was 'stealing' biscuits. The registered manager told us that they had not looked at these situations or records as part of their quality monitoring. This showed that the systems in place to audit and check the safety and quality of the service had not been effective and the safety of people had not been assured.

Failing to have effective systems to assess, monitor and improve the quality or safety of the service provided or, failing to assess, monitor and mitigate the risks relating to the health, safety and welfare of people is a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

The Provider Information Return [PIR] submitted to us was very brief it did not give enough detail as to how substances that are hazardous to health are managed: how people are safeguarded to prevent harm and abuse: how staffing levels are determined and met and how the quality monitoring systems are operated.

The registered manager told us that no deaths or serious accidents had occurred that had required them sending a notification but they were aware that they must submit a notification if the need arose. However, we had not received a notification about the safeguarding we identified during the inspection. We raised this issue with the registered manager who then sent the notification to us albeit late.

It is a legal requirement that our current inspection rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the rating was on display within the premises. This showed that the provider had met that legal requirement.

A staff member told us, "The managers here are good". The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care staff.

A person said, "The manager is very kind and friendly". Relatives we spoke with knew who the registered manager was told us that they would be confident to approach him. The registered manager was visible within the service. We saw them speak and interact with people. We observed that people smiled and spoke with the registered manager and looked happy in his presence. Our conversations with the registered

manager confirmed that he knew the people who lived there well.

A staff member told us, "I think all staff are supported on-going we work to a good standard". Another staff confirmed that they had regular staff meetings where instruction and updates were given and feedback and prompts given where the registered manager had identified shortfalls.

The staff we spoke told us what they would do if they were worried by anything or witnessed bad practice. A staff member said, "I would report anything that I was concerned about". We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.



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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (d) HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to assess, monitor and mitigate risks within the premises relating to the safety and welfare of people.</p> |
| Regulated activity                                             | Regulation                                                                                                                                                                                                                                                                                           |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) (HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to ensure that an adequate number of staff were made available to meet people's needs and to keep them safe.</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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.</p> |

### **The enforcement action we took:**

We issued a warning notice.