

Mrs Anjani P Patel & Mr P Patel

Ashview Nursing Home

Inspection report

Ware Road
Widford
Hertfordshire
SG12 8RQ

Tel: 01279842458

Website: www.westgatehealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 09 February 2017 and was unannounced.

Ashview Nursing Home provides accommodation and care to 32 older people including those who require nursing care and may live with dementia. There were 29 people accommodated at the home at the time of this inspection.

The home did not have a registered manager at the time of this inspection however; there was a recently recruited manager in post who had started the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

When we last inspected the service on 12 August 2015 we found the home was meeting the required standards at that time with some areas of improvement required to ensure that people continued to receive a safe service. At this inspection we found that improvements had been made in the previously identified areas however we noted that staff did not always use safe moving and handling practices and did not always escalate issues of potential concern to nursing staff as prompted to by care plans.

People felt safe living at Ashview Nursing Home. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and people who used the service, their relatives and staff were comfortable to speak with the manager if they had a concern. The provider had arrangements to

regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Risks to people's health and well-being had been identified however, staff members had not always noted and escalated concerns in accordance with the guidance provided for them.

Staff members had been provided with training to enable them to support people to transfer by means of a mechanical hoist however, they did not always work in accordance with this training.

Staff members were able to describe what constituted abuse and said that they would not hesitate to escalate any concerns.

There were sufficient numbers of staff members on duty to meet people's needs.

People who used the service told us they felt safe at Ashview Nursing Home.

The provider operated robust recruitment processes.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were asked their consent to before care and treatment was delivered.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with care, dignity and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Visitors were encouraged at any time.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in a range of activities to provide them with engagement and stimulation. The activities provision was under review and further development at this time.

People's concerns were listened to and acted upon in a timely manner. People and their relatives were confident to raise any concerns with the management team.

People's care was planned and kept under regular review to help ensure their needs were met.

Is the service well-led?

Requires Improvement ●

There was a range of audits in place to help ensure the safe running of the service however, some issues were noted at this inspection that had not been identified through this system of routine monitoring.

The management team were proactive in response to concerns raised with them by external bodies and took timely action.

There was a new manager in post who had not yet submitted their application to register with CQC but had started the process.

People who used the service, their relatives and the staff team praised the manager for being approachable, caring and supportive.

People who used the service and the staff team felt that their opinions and suggestions were listened to and taken seriously.

Ashview 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 was 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 09 February 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 11 January 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, six staff members, an external pharmacist, a representative of the senior management team and the manager. We spoke with six relatives of the people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and two visiting health professionals. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People were not always protected from risks and avoidable harm. We observed staff assist people to transfer between armchairs and wheelchairs using a mechanical hoist. In most instances this was done safely with staff members reassuring people throughout the procedure. However, we observed one transfer where staff did not ensure the sling was positioned appropriately for the person's comfort and did not have the wheelchair positioned close to the armchair. Instead the person was moved an unnecessary distance whilst suspended from the mechanical hoist. We discussed this with the management team who undertook to look into this area of poor practice. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely.

We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition. However, an assessment undertaken at admission for one person had identified that there were red areas on the person's heels and sacrum. This indicated that the person's skin could be at risk of developing pressure ulcers in these areas. The resulting care plan directed staff members to observe all pressure areas when assisting with personal care and to report any concerns to the nurse in charge. However, the deterioration of the person's skin had not been noted and reported as directed which had resulted in a significant wound.

These issues represented a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The physical layout of the building meant that there were a number of ramps in communal hallways to facilitate movement from one level to another without the need for steps. We asked the management team if these areas had been risk assessed in relation to the risk of falls for people who used the service and for staff members manoeuvring wheelchairs, medicine and food trolleys. The management team were unable to confirm if these areas had been assessed in relation to the potential risks and undertook to review this and develop risk assessments as a matter of priority. Following the inspection the management team forwarded a detailed risk assessment which showed that they had reviewed potential risks associated with carrying hot food and drinks on trolleys and the potential for risk to staff when pushing or pulling equipment such as food trollies, wheelchairs and hoists.

Where potential risks to individual people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

People and their relatives told us that they felt there were enough staff available to meet their needs. However, staff members said that there were some instances where they were short staffed. For example, on the day of this inspection an agency staff member had been booked for the morning shift but had failed to arrive and the agency had not been able to find cover for the afternoon shift. This meant that some people did not receive their care and support at the time they wished but we noted that the staff worked together as a team and people received the support they needed albeit a little later. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. One person told us, "Staff come quite quickly when I ring the bell. It varies but they are quite good really."

The manager told us that a successful recruitment campaign had been undertaken with a new care staff member due to start imminently and three further new recruits were due to start once the necessary checks had been completed. There had been significant improvements as six months previously the whole staff team including the manager, nurses, care staff, domestic staff, activities and kitchen staff were temporary agency staff.

Staffing hours had been looked at creatively in an attempt to address times of peak demand such as early in the morning to support people who wished to rise early and later in the evening to support people to go to bed when they wished. These actions had been taken in consultation with the staff team and showed us that the management team had been pro-active in trying to provide the right support at the time that people needed it.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including two written references and criminal record checks.

People told us that they felt safe living at Ashview Nursing Home. One person told us, "Yes, I suppose I do feel safe here." A relative of a person who used the service told us, "I do feel that [relative] is safe here. The staff team go above and beyond to care for people and that gives the whole family peace of mind."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. An external pharmacist was at the service during the course of this inspection to undertake a comprehensive audit of all the medicines held at the home. The pharmacist cross referenced the physical stock of medicines against the records and found no discrepancies. We noted that the medicine administration records were fully completed when people's medicines were administered and where people had been prescribed medicines in a variable dose the records clearly showed the amount that had been administered.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Ashview Nursing Home was appropriate to meet people's needs. One person said, "On the whole the staff are very good and most have a fine sense of humour."

Staff received training to support them to be able to care for people safely. The manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. These included basic core training such as moving and handling, infection control and safeguarding as well as some specific training modules such as end of life care and dementia awareness.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we noted that 12 applications had been made to the local authority in relation to people who lived at Ashview Nursing Home and all were pending authorisation at the time of this inspection.

People told us, and our observations confirmed that staff explained what was happening and obtained people's consent before they provided day to day care and support. For example one staff member was heard to say, "[Person's name], can I put a clothing protector on for you? I would hate for your lovely top to get dirty." Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a choice of food and that they were supported to choose where they wanted to eat their meals. We noted that some people opted to eat in the dining room, some people in the lounge area and some people chose to eat in their rooms. The management team advised that they had identified that this was an area that they could improve upon because the staff team were not able to effectively support people in these three areas at the same time. A period of consultation with people who used the service and their relatives had commenced with a view to closing the communal lounge for mealtimes and delivering the lunchtime meal over two sittings so that people could receive the support they needed to enjoy their meal safely. This showed that the provider took appropriate action encouraging people's views and feedback in order to help ensure that people received the support they needed to enjoy a healthy diet.

People's feedback about the quality of food they received was mixed. One person said, "The food is adequate." Another person said, "Normally the food is quite alright. Sometimes the agency cooks are not so good." The manager told us that the fulltime cook had recently left the service and that they were in the process of recruiting to the position.

We observed the lunchtime meal served in the dining room and the lounge area. We noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. The manager reported that they reviewed people's weights monthly and liaised with the chef to help ensure that people received fortified foods and a diet appropriate to their individual needs.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One person said, "We only have to say if we feel unwell and the staff will make sure we see the doctor." We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. We spoke with two visiting healthcare professionals during the course of this inspection who gave us positive feedback about the service provided. One person said that the staff were knowledgeable, they had all the relevant information to hand and the call had been made appropriately.

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A person told us, "I am very happy, the staff are kind. My room has just been refurbished, I like it. I am quite satisfied." Another person told us, "The staff are very good indeed."

A relative told us, "I have nothing but good to say. The staff work as a team, they seem happy in their work. The care is genuinely caring, nothing is too much trouble. The girls are angels, they are so easy going and they really take care." Another relative told us, "The staff are very attentive and clearly have people's best interests at heart, they are also very informative."

Staff respected people's dignity at all times and made sure they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way. We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. However, there were some areas that had been identified as being in need of refurbishment. The manager told us of a rolling documented programme of painting and decorating of rooms and communal areas for 2017. We noted that the communal dining area had been decorated and was now a much brighter and more pleasant place for people to enjoy their meals.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. For example choices were offered in relation to food and drinks and where to sit which contributed towards people feeling that they had some element of control in their lives. However, one person told us, "I can choose when I go to bed but not so much in the morning, it depends on the staff." We noted that this person was still waiting to be supported to get up and ready for the day at 10:45 am, staff told us that this was because an agency staff member had not arrived for duty.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was closed when staff were not using it. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

People who used the service had relatives to represent them if they did not have the capacity to make

important decisions for themselves. The manager told us that external advocacy services would be secured if people were admitted to the home that did not have the support of relatives or significant others.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives. One relative said, "We are very happy and have no concerns at all. They look after people really well here and we are always kept involved."

People's care plans were sufficiently detailed to be able to guide staff to support people's individual care needs. For example, a care plan for a person who used a colostomy bag included very detailed and clear guidance to support staff to remove the bag, clean the stoma site and to fit a replacement bag. Another example was a care plan for a person with a pace maker, there was information available about any potential risks and the signs to look out for that could indicate the pacemaker could be failing.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People told us that their daily routines were arranged around their wishes and needs. For example, one person told us, that they were a 'night owl' and were able to sit up watching television until they felt they wanted to get into bed. However, we saw an example where a person's admission assessment had indicated they enjoyed having a glass of whisky at night before they went to sleep. The care plans that had been developed from the assessment did not include any reference to this and the person told us they had not been offered a nightcap but that they would really like it. We discussed this with the management team and they undertook to look into this matter.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Ashview Nursing Home. We saw that people were provided with feedback on actions taken as a result of issues raised in these meetings. For example, we saw meeting minutes that showed that people had received feedback around staff recruitment issues and refurbishment plans for the home. This showed that people were able to positively influence the service they received.

There were limited activities taking place throughout the home during the course of the inspection, we were told that this was because an agency care worker had been booked for the morning shift but had not arrived. During the morning the activity co-ordinator had tried to read aloud to people in the communal lounge however, they had been constantly distracted from this to help transfer people from wheelchairs into armchairs. During the afternoon the activity person offered people the opportunity of having their nails done, the rest of the time we saw that people dozed in their armchairs or just looked around the room.

We saw an activity schedule that included such topics as painting, nail care, board games, music, puzzles and films. The provider had identified activities and engagement as an area for improvement across all their group homes. We saw the minutes of a meeting held at the end of January 2017 where the activity co-ordinators from all homes in the group joined together to share ideas and the provider shared their ethos of making activities the daily focus for all staff and people who used the services. For example, one initiative arising from the day was that each staff member was to ask to one person who used their service what was their secret ambition, and then try and make it happen. The activity co-ordinator from Ashview Nursing Home told us that they had found this an interesting day and looked forward to further developing the activity provision at the home in a more person orientated way.

There was a seasonal newsletter created at Ashview Nursing Home and this was distributed to relatives of people who used the service to help keep them abreast of activities that had taken place at the home and those that were planned. For example, the winter newsletter included information about some refurbishment that had taken place, new staff members that had started to work at the home, some awards achieved by members of the staff team, and feedback about events that had taken place over the festive period.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the manager. For example we noted that a relative had raised a concern about the lack of staff available to meet people's needs due to staff training taking place at the home. The manager had acknowledged the concerns and apologised for the incident. We saw that the manager invited people's relatives to come and meet with them to explore any concerns in greater detail.

We also noted that many compliments had been received. We reviewed these and noted that the comments made related to the standard care that people had received during their time spent at Ashview Nursing Home.

Is the service well-led?

Our findings

There was a range of checks undertaken routinely to help ensure that the service was safe and appropriate to meet people's needs. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, observation of mealtimes and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. For example, concerns had been identified with the quality of the food provision, to address this the head chef from the provider group had been requested to visit and meet with the chef at Ashview Nursing Home. Concerns had been identified with the support that staff were able to provide people with at mealtimes so a review of the mealtime experience had been undertaken with people who used the service and their relatives. This showed us that the manager and provider were committed to providing a safe and effective service.

However, one issue had arisen where a person's care plan included instruction for staff to report any concerns with a person's health needs to the nursing staff. Some concerns had arisen but had not been identified and reported as instructed which had resulted in a negative impact for the person who used the service. The manager had identified this as an area that required improvement prior to our inspection visit. We also noted an incident of poor moving and handling practice involving a care staff member and an agency staff member. We discussed this with the manager who acknowledged the shortfall and undertook to address the matter.

The manager had started to work at Ashview Nursing Home in September 2016. Initially the manager had been recruited to manage another of the provider's services and had been supporting Ashview Nursing Home on a temporary basis. However, the decision had recently been made that the manager would stay at Ashview Nursing Home in the interests of consistency for the service and the people who lived there. The manager had started the process to become registered with CQC.

People who used the service knew the manager by name and felt that they were approachable with any problems. One person told us, "The manager is excellent, her ideas and outlook is all for the patients. She is a very nice person and is always open to suggestions." Another person said, "[Manager's name] tries to make us as happy as possible. She gets little treats for us and arranges a little party now and then."

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw the manager interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member told us, "The manager is very supportive, really good. If I have an idea she will do everything she can, she will go the extra mile." Another staff member told us, "The manager is so good to work with and works alongside us

too."

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. The minutes of the staff meetings showed that ideas for improving the quality and efficiency of the service were encouraged. For example, care staff were asked for their ideas about how to improve the lunch service and we noted that medicine management and nutrition were topics explored at nurses meetings. We also saw that learning from such issues as medicine administration errors was cascaded during nurse meetings and discussion took place about ways of eliminating these.

The manager told us that they were proud of the staff team. They gave an example where a themed tea party had recently been held and people's relatives had been invited to join in. The staff team had dressed up as characters from Alice in Wonderland and the photographs of the event showed that all parties had enjoyed it.

There were regular meetings held between the manager and the provider's operations manager to discuss such issues as recruitment, the performance of the service and any other matters arising. The manager told us that they received support from all areas of the provider's organisation such as the quality team, human resources and maintenance. The manager said, "I feel very supported."

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals such as a chiropodist, a dentist and an optician. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the manager along with suggested actions. For example, the report of the findings from the survey undertaken in December 2016 noted that a person who used the service did not feel that they were able to influence the time that they got up in the morning. As a result of this feedback we saw that the manager's action plan included that staff were to consult with people about their rising and retiring times as part of the monthly review of care and amend people's care plans accordingly. This showed us that people and their relatives were able to positively influence the service provided.

The service had a Continuous Improvement Plan (CIP) which was regularly reviewed by the manager to ensure it captured all issues identified in the home satisfactorily and in a timely manner. The CIP included any issues identified through such avenues as the provider's quality assurance systems, local authority quality monitoring visits and stakeholder feedback.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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	People were not always protected from risks and avoidable harm. Staff did not always operate safe moving and handling practices and did not always identify concerns and report them appropriately.