

Mrs A Kelly & Mr A Kelly

# Lancaster House

## Inspection report

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Date of inspection visit:  
03 May 2016

Date of publication:  
17 June 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on the 03 May 2016.

Lancaster House is a care home providing personal care and accommodation for up to 13 adults with a mental health needs. The home is a large semi-detached house and is situated on the main bus routes close to a busy slip road leading off Eccles Old Road onto the A6. The driveway and back garden are shared with Cairn House, which is also a care home owned by the same provider. The manager for both homes is located in Lancaster House.

There was no registered manager in post at the time of our inspection, however the current manager for the service was in the process of registering with the Care Quality Commission (CQC) at the time of the inspection. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We looked around the premises to ensure it was clean, safe and properly maintained. We found that the building in places together with the general décor was neglected and in a poor state of repair throughout. In one bedroom we visited the inside of the wooden window frame was black with mould. The bedroom wall paper was extensively stained with damp and mould patches, which were unsightly and posed a health risk to the occupant of the room.

We found further examples of where the internal décor had been neglected, with evidence of damp patches visible on the walls with wall paper peeling off both in private bedrooms and bathrooms. In other areas we saw evidence that the plaster was blistering off the wall.

Externally on the ground floor, we saw that wooden window frames were completely rotten in places. Throughout the building including communal areas and bedrooms, we saw repeated examples of stained and worn carpets, worn and stained furniture and broken bedroom sink units and storage cupboards.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment. This was because the service had failed to ensure the premises and equipment were properly maintained. CQC are currently considering their enforcement options in relation to the failure to meet the requirement of regulations in this instance.

We found the service could not demonstrate that staff had received the appropriate support and

professional development to undertake their roles. Following initial induction training, there was limited evidence of further training having been provided in relation to specific areas such as medication and safeguarding. Of the four members of staff trained in first aid, we found their qualification had since expired. This meant there were no members of staff currently certified to administer first aid in the home in the event of an accident or emergency.

We saw that two members of staff received medication training in 2006, another two member of staff received their training in 2009 with another member of staff receiving their training in 2010. No refresher training had been sourced since then to ensure staff were following up to date guidance and procedures when administering medication.

All staff we spoke with confirmed they received supervision with the manager. However when we reviewed personnel records, supervision records were inconsistent with some staff not having had any recent supervision.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate that staff received the appropriate support and professional development.

We found the service undertook a limited number of audits and checks to monitor the quality of services provided. We were told that daily monitoring of medication was undertaken, which had not been recorded. The last medication audit we looked at was dated December 2015. We found no evidence of any audits relating to the maintenance of the home or evidence that training needs were regularly monitored to ensure staff were suitably trained to undertake their roles. We found the service lacked effective auditing systems to monitor the quality of service provision.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

We found people were protected against the risks of abuse, because the service had appropriate recruitment procedures in place.

We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely.

During our inspection we checked to see how people's nutritional needs were met. Staff prepared meals for people with choices available. We found that people's individual nutritional needs were assessed and planned for by the home.

People told us that staff treated them respectfully, were friendly and helpful.

During the inspection we saw people were offered choices around how they wished to spend their day, or what they wanted to eat for lunch.

Staff we spoke with demonstrated a good knowledge of person-centred care principles and the importance of respecting peoples' rights and preferences.

The structure of the care plans was clear and easy to access information. All care plans were reviewed

annually with other professionals.

The home arranged 'Keyworker Sessions' with people to meet people's specific needs. A member of staff would be assigned to a person to provide one-to-one support for certain areas of need or development.

We found the service routinely and actively listened to people to address any concerns or complaints.

Staff told us they believed there was an open and transparent atmosphere in the home, they felt supported in their role and that the manager was very approachable.

The home had policies and procedures in place, which covered all aspects of the service, however these were in need of review and updating to ensure they covered the most recent best practice guidance.

## 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. We found that the building in places together with the general décor was neglected and in a poor state of repair throughout.

We found people were protected against the risks of abuse, because the service had appropriate recruitment procedures in place.

We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely.

### Is the service effective?

**Requires Improvement** ●

Not aspects of the service was effective. We found the service could not demonstrate that staff had received the appropriate support and professional development to undertake their roles.

Supervision records were inconsistent with some staff not having had any recent supervision.

During our inspection we checked to see how people's nutritional needs were met. Staff prepared meals for people with choices available. We found that people's individual nutritional needs were assessed and planned for by the home.

### Is the service caring?

**Good** ●

The service was caring. People told us that staff treated them respectfully and were friendly and helpful.

During the inspection we saw people were offered choices around how they wished to spend their day, or what they wanted to eat for lunch.

Staff we spoke with demonstrated a good knowledge of person-centred care principles and the importance of respecting peoples' rights and preferences.

### Is the service responsive?

**Good** ●

The service was responsive. The structure of the care plans was clear and easy to access information. All care plans were reviewed annually with other professionals.

The home arranged 'Keyworker Sessions' with people to meet people's specific needs. A member of staff would be assigned to a person to provide one-to-one support for certain areas of need or development.

We found the service routinely and actively listened to people to address any concerns or complaints.

**Is the service well-led?**

Not all aspects of the service were well led. We found the service lacked effective auditing systems to monitor the quality of service provision.

Staff told us they believed there was an open and transparent atmosphere in the home, they felt supported in their role and that the manager was very approachable.

The home had policies and procedures in place, which covered all aspects of the service, however these were in need of review and updating.

**Requires Improvement** 

# Lancaster House

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We also reviewed information we held about the home, which included statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and local commissioning teams. We also reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 13 people living at the home. Throughout the day, we observed care being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bedrooms and bathrooms of people. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

During the inspection, we spoke with six people who used the service at Lancaster House and two visiting social health care professionals. The service employed a total of 12 staff who worked in both Lancaster and Cairn Houses. During the inspection we spoke with the registered manager, the provider and five members of care staff.

## Is the service safe?

### Our findings

Most people we spoke with told us they had been resident in either Lancaster House or Cairn House for a number of years. Without exception, people told us they felt safe living at Lancaster House. One person told us that they had lived at Lancaster House for 4 years and felt safe there. They said staff treated them very well with dignity and respect and that they had no concerns about the service. Another person who used the service told us they had been a resident at Lancaster House for 2 years and prior to that a resident at Cairn House for 4 years. They had always felt safe using the service and that staff were approachable and respected their space.

During the inspection, we looked around the premises to ensure it was clean, safe and properly maintained. We found that the building in places together with the general décor was neglected and in a poor state of repair throughout. In one bedroom we looked at, we found that the bath panel was broken and that the bath did not have a cold water tap. We asked the person who used the room how they regulated the water temperature before being able to have a bath. They told us, "I just let the water cool down, I have plenty of time."

In another bedroom we visited the inside of the wooden window frame was black with mould. The bedroom wall paper was extensively stained with damp and mould patches, which were unsightly and posed a health risk to the occupant of the room. We asked the provider to immediately address the build up of mold located on the window frames.

In other bedrooms we visited, we found further examples of where the internal décor had been neglected, with evidence of damp patches visible on the walls with wall paper peeling off both in private bedrooms and bathrooms. In other areas of the building we saw evidence that the plaster was blistering off the wall in places.

Externally on the ground floor, we saw that wooden window frames were completely rotten in places. Throughout the building including communal areas and bedrooms, we saw repeated examples of stained and worn carpets, worn and stained furniture and broken bedroom sink units and storage cupboards. In the main lounge, we found that a leg castor was missing from a chair, which made it unstable.

Both the home manager and staff acknowledged that the premises was in need of upgrading and decoration. One member of staff said "I believe people are safe and happy living here in the home. I have no concerns with residents, it's just the quality of the environment." Another member of staff said "I'm very aware the environment is grim, carpets and walls are dirty and stained. It must impact on people's quality of life." Other comments included, "The environment needs updating."

The nature of the concerns were such that we asked the provider to accompany the inspector around the building in order to highlight the concerns. We were subsequently informed that a builder had been engaged to explore the roof and chimney areas for leaks and make suitable repairs. We were told by the manager a programme of repairs, upgrading and decorating would take place.



This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment. This was because the service had failed to ensure the premises and equipment was properly maintained. CQC are currently considering their enforcement options in relation to the failure to meet the requirement of regulations in this instance

We found people were protected against the risks of abuse, because the service had appropriate recruitment procedures in place. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file contained job application forms, proof of identification and suitable references. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. CRB and DBS checks help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable adults.

During the inspection we checked to see how people who lived at the home were protected from abuse. We looked at the service whistleblowing and safeguarding policy. Staff were able to explain to us what action they would take if they suspected any form of abuse. One member of staff told us, "If I had any safeguarding concerns I would report to the manager. If I suspected the manager I would report to the owner. If I thought I wasn't getting any joy I would contact the Police or social services. I'm confident management would respond positively if I raised any issues." Another member of staff said "If I suspected someone was being abused, I would report to management straight away. I would also ring the social services telephone number and the out of hours number if I felt it was serious enough. I really feel management would deal with issues properly."

As part of the inspection we checked to see how the service managed and administered medication safely. We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely. We looked at a sample medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. These records were up to date without omissions.

We looked at a sample of five care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe. These included mobility, medication, nutritional, personal hygiene, and mental capacity. Risk assessments provided guidance to staff as to what action to take to ensure people remained safe. Staff we spoke to demonstrated a good understanding of the risks people faced and the actions they needed to take to reduce such risks. One risk assessment we looked at provided staff with guidance in managing excess alcohol consumption with medication for one person who used the service.

We asked people for their thoughts about the current staffing levels at the home. People who used the service stated that they had no concerns about staffing levels. The manager told us that a member of staff was on duty throughout the night at Lancaster Houses. We spoke to the member of staff who had worked nights who told us, "One person is more than enough at nights as people are very independent here. One member of staff also lives in Cairn House (next door) and is available if I need support. The owner and manager are always available if required." Another member of staff said "During the day we have two members of staff on, the manager and another member of staff next door in Cairn House. The owner is often here. I have no concerns about staffing levels." We found there were sufficient numbers of staff on duty during our inspection to support people who used the service.

## Is the service effective?

### Our findings

As part of this inspection, we checked to see how the service ensured staff had the required knowledge and skills to undertake their roles. The manager told us all new staff undertook an induction programme, which included training in safeguarding, medication and fire safety. Staff we spoke to confirmed that they had received induction training. One member of staff told us, "I had a three day induction, which involved shadowing experienced staff. I had training in fire safety, medication and safeguarding. I have also since completed my National Vocational Qualifications (NVQ) at level two and three." Another member of staff said "I was shown around the home and introduced to residents. I spent time shadowing more experienced staff. I did training in fire safety, health and safety, medication and food hygiene. I have also an NVQ at level three."

We also looked at the service training matrix and spoke to the manager about training provision for staff. We saw most staff had achieved an NVQ in social care, however following initial induction training, there was limited evidence of further training having been provided in relation to specific areas such as medication and safeguarding. Of the 12 members of staff who currently worked for the service, including the manager, we found that only four members of staff had undertaken first aid training. Of those four members of trained staff, the qualification in first aid had since expired. This meant there were no members of staff currently certified to administer first aid in the home in the event of an accident or emergency.

We saw that two members of staff received medication training in 2006, another two member of staff received their training in 2009 with another member of staff receiving their training in 2010. No refresher training had been sourced since their initial training to ensure staff were following up to date guidance and good practice when administering medication. There was no evidence that staff had been trained in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Only one member of staff had received recent training in 2014 for mental health awareness, in a home which supported people with mental health needs.

One member of staff told us, "I've never done first aid. I haven't received much training in the last 7 years and I think I need first aid. Last time I had medication training was 7 years ago." The manager confirmed that there had been little refresher training provided to staff following initial induction training. They also reassured us that immediate steps would be taken to address these deficiencies.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. All staff we spoke with confirmed they received supervision with the manager, but did not receive annual appraisals. However, when we reviewed personnel records, we found supervision was inconsistent with some staff not having had any recent supervision. Though staff told us they felt valued and supported by the manager and provider and that they were always available to provide advice and guidance, evidence of formal documented supervision was limited.

In one personnel file we looked at, records indicated that supervision had taken place once in January 2011 and once in November 2015. In another personnel file we looked at, records indicated that one supervision had taken place in July 2014 and again in October 2015. We discussed this with the manager, who told us they were introducing steps to formalise the supervision process and would ensure it was undertaken on a regular basis.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate that staff received the appropriate support and professional development.

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. We were told that most people were independent and had capacity. The Manager explained that people could come and go when they wanted and therefore they did not feel it was an appropriate environment if a person was subject of a DoLS. Staff we spoke with had a limited understanding of the legislation and confirmed they had received no training in this area. One member of staff told us, "All our residents are independent and have full capacity, but have mental health issues." Another member of staff said "No training in MCA and DoLS, though I have an understanding of the legislation."

In respect of obtaining consent from people who used the service, one member of staff told us, "With consent, people living here have capacity and can provide verbal consent." Throughout our inspection we saw staff obtaining verbal consent from people before undertaking any tasks, such as entering rooms of supporting people. However, written formal consent had not been clearly documented in care files.

During our inspection we checked to see how people's nutritional needs were met. Staff prepared meals for people with choices available. We found that people's individual nutritional needs were assessed and planned for by the home. At lunch time we observed staff serving meals to people who were sat at tables. Staff were polite and courteous.

One person who used the service told us they were happy with the choice of food available and portion size. Another person told us the choice on the menu was good and they had no concerns about the quality of food provided. A third person told us that they have two choices on the menu, but sometimes if it is something they dislike, staff will always accommodate with different options. One member of staff told us, "They have a proper roast on Sunday at tea time. They have brunch at 12 noon consisting of a full fry up. They have choices of roasts in both houses. At Christmas people will have meals in Lancaster House, but they can chose where they want to eat though."

We found people had access to health and social care professionals to make sure they received effective treatment to meet their specific needs. One visiting professional told us, "I think staff have been very good with my client, who is private and independent. They have been very supportive. I have no concerns with the care and support here." We saw evidence that people who used the service had been supported to attend appointments with the GP, outpatients and optician. We found the service worked very closely with local mental health teams.

## Is the service caring?

### Our findings

Without exception, people told us that staff treated them with respect and dignity. One person told us that the staff treated them with respect and that they were always polite and well mannered. Another person told us that staff were very good with them and that whenever they need a chat with staff they were always willing to listen. A third person told us that staff were always there to listen and take on board any concerns and get situations resolved. They also stated they found staff friendly and approachable.

We found the interactions between staff and people who used the service were caring and respectful at all times. People were given time to communicate their wishes. It was apparent that relationships between people and care staff were kind and caring. We saw staff were unflustered if people demonstrated anxiety and exercised patience and understanding to reassure and support people's needs.

People told us they were treated with respect for their dignity and privacy. One member of staff told us, "I never just walk into people's rooms, I always knock. It is all about respect and dignity here. If I needed to discuss something confidential regarding a person, I would do it in private." Another member of staff said "I always knock and wait until they say come in. I'm respectful when helping with bathing and ensure they are covered up and not embarrassed and doors and curtains are closed."

During the inspection we saw people were offered choices around how they wished to spend their day, or what they wanted to eat for lunch. The television was also on in the lounge and we saw staff offering people the choice of what they wanted to watch. One member of staff told us, "We give people choices all the time, that includes food or what they want to do." Another member of staff said "Each year around July, everybody is given a choice of whether they want to go on holiday to North Wales or not."

Staff we spoke with demonstrated a good knowledge of person-centred care principles and the importance of respecting people's rights and preferences. Staff told us people were independent and went out when they chose. We asked staff to explain how they dealt with incidents if people had failed to return to the home. One member of staff said "If people are not back by 11pm, we contact the owner and start ringing around and will even consider involving the Police. People are signed in and out of the home so we can keep a track of everybody." During this discussion, one person who used the service told the member of staff they were off out to get a paper. The member of staff immediately recorded the details in the 'handover book'.

As part of the inspection we checked to see how people's independence was promoted and spoke with staff about their approach. One member of staff said "People are very independent and have active lives coming and going. However, some have more confidence than others, so we have 'key worker' sessions with people to help their confidence." This member of staff described an example of how they supported a person develop confidence in using public transport independently. Another member of staff said "Most people are independent here. People go out all the time to day centres, or shopping, some even go to the pub. We always encourage them and some do need more encouragement than others."

We spoke to two visiting professionals about the service their clients received, they told us that their clients

received good care and attention in a homely environment. One professional told us they never had any concerns about this survive and found any interaction a positive experience and that they found the home manager very professional.

## Is the service responsive?

### Our findings

People who lived at Lancaster House told us staff were always responsive to any needs they had. One person told us they had a call-bell in their room and that staff were always very responsive to any needs they had.

We looked at a sample of five care files. We saw that each care file highlighted people's preferences and their support needs. The structure of the care plans was clear and easy to access information. All care plans were reviewed annually with other professionals. We found care files provided clear instructions to staff of the level of care and support required for each person. This included detailed instructions on people's medication, psychological health, mental capacity social contacts, personal care and working and playing. Clear instruction existed for staff to prompt activity such as promoting healthy diets, personal care, social activity, cleaning rooms and encouraging people to stop smoking.

Staff maintained a 'handover book,' where daily activities, movements and personal needs were recorded. This provided the main source of communication between staff on different shifts and was also a contemporaneous record of where people were, or where they had said they were. One visiting professional told us they believed the service was very pro-active in monitoring people's mental health and would immediately report any concerns to care coordinating in commissioning teams. They described the service as having a pleasant atmosphere with a settled staff group and that residents had not raised concerns about the service or the care during reviews.

During our inspection we saw a lack of stimulus and rehabilitation care being delivered. Several people were sat around either alone or watching television. However, these people were seen coming and going throughout the inspection visit. One person told us they often went out for lunch with family, visited the super market and spent time with friends at the weekend. They would always provide an address and telephone number where staff could contact them. Other people told us they visited day centres and were free to do what they wanted. The manager confirmed that the home arranged and financed a holiday each year for people, who could choose whether they wished to go or not.

The home arranged 'Keyworker Sessions' with people to meet people's specific needs. A member of staff would be assigned to a person to provide one-to-one support for certain areas of need or development. The primary focus was on social needs, including working and playing, such as hobbies and activities in the community. One example we looked involved a person who was interested in the guitar and how he was encouraged to attend guitar lessons. The outcome was reported that the person attended each Tuesday and 'very much enjoyed this,' which also included a social side to the event.

We found the service routinely and actively listened to people to address any concerns or complaints. There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. People told us that if they had any complaints or concerns they would speak directly to staff or the manager. The home sent out customer surveys to relatives and people who used the service annually. We looked at returned questionnaires and found responses were

generally very positive about the quality of care being provided.

## Is the service well-led?

### Our findings

We found the service undertook a limited number of audits and checks to monitor the quality of services provided. These mainly related to environmental issues such as fire safety, fire equipment and weekly testing of fire and alarm and emergency lighting. We were told that daily monitoring of medication was undertaken, which had not been recorded. The last medication audit we looked at was dated December 2015. We found no evidence of any audits relating to the maintenance of the home or evidence that training needs were regularly monitored to ensure staff were suitably trained to undertake their roles. We found the service lacked effective auditing systems to monitor the quality of service provision.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

At the time of our visit, there was no a registered manager in place, however, the current home manager who had worked with the service for a number of years was in the process of registering with CQC. Immediately following the inspection we were informed that the successful completion of the registration had taken place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home manager was present throughout our inspection and was very responsive to any feedback we provided. Throughout the day we saw the manager engaging with people who used the service and staff. The atmosphere was relaxed and calm throughout our visit. Staff told us they felt valued and appreciated by the manager and provider, who were always available to provide advice and guidance. Comments from staff included "I have no concerns about how things are managed. People are safe here; it's like one big family." "I feel valued and supported by management." "I do feel valued and supported by management and the owner is fantastic and approachable."

Staff told us they believed there was an open and transparent atmosphere in the home, they felt supported in their role and that the manager was very approachable. We saw no evidence of any recent staff meetings having taken place. One member of staff told us, "We haven't had staff meetings, but we get a daily handover. This is to accommodate staff coming on duty, so everyone is fully aware of what's going on and it is fully documented."

The home had policies and procedures in place, which covered all aspects of the service, however these were in need of review and updating to ensure they covered the most recent best practice guidance. The policies and procedures included; safeguarding, whistleblowing and medication.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service failed to assess and monitor the quality of service provision effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider could not demonstrate that staff received the appropriate support and professional development.

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 15 HSCA RA Regulations 2014 Premises and equipment  The service had failed to ensure the premises and equipment was properly maintained.

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

N/A