Kingsthorpe Care Limited

Boughton Lodge Care Home

Inspection report

105 Boughton Green Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

About the service
Boughton Lodge Care Home provides accommodation and personal care for to up to 19 older people. The service comprises of one adapted building. At the time of our inspection there were 17 people using the service.

People's experience of using this service and what we found
The provider and registered manager failed to have sufficient oversight of the health and safety of the service. They failed to have systems to monitor and maintain the fire and water safety, gas, electric, equipment and health and safety checks.

The provider and registered manager failed to monitor staff practice in preventing and controlling infection or to monitor the cleanliness of the home; they did not have systems to recognise when improvements were required.

The provider and registered manager failed to monitor recruitment procedures which meant they did not identify they had failed to follow safe recruitment procedures.

People were not always protected from harm and abuse as staff did not always understand how to recognise and report any concerns. The provider and registered manager failed to have systems to monitor and analyse accidents and incidents to gain the insight into trends and patterns to improve the service.

There were not enough staff deployed at night to meet people's needs or to maintain the health and safety and cleanliness of the home.

People's risks were not always reviewed when their needs changed.

Although staff had received training, the provider and registered manager did not check staff competencies in safeguarding and medicines management. People did not always receive their medicines as prescribed; the provider audits failed to detect missed medicines.

The provider's and registered manager's pre-assessment of needs was comprehensive and gathered information from relatives and relevant professionals.

People received food and drink that met their needs and preferences.

Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported to access healthcare appointments when they needed them.

People received care from staff they knew, who were kind and compassionate. People's privacy and dignity

was respected.

People and their families were involved in creating their care plans. People were supported to continue to practice their cultural faiths. People's communication needs were understood and supported.

People and relatives knew how to make a formal complaint. The provider used the information from complaints to review and improve the service.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last inspection was rated good, published 12 January 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well sections of this full report.

We have identified breaches in relation to health and safety, medicines, recruitment and governance at this inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect. You can see what action we have asked the provider to take at the end of this full 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Boughton Lodge Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team
The inspection was carried out by 1 inspector.

Service and service type
Boughton Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boughton Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however, they had applied to de-

register and the provider had employed a new manager.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 5 people who used the service to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine.

We spoke with 11 members of staff including the registered manager, the new home manager, care staff and cleaners. We also spoke with the nominated individual's representative. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included accident and incident records, care and medicine records, audits and 3 staff recruitment files and 2 staff agency files.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider and registered manager failed to follow safe recruitment procedures and failed to follow their own recruitment policies.
- The provider and registered manager did not always carry out the necessary Disclosure and Barring Service (DBS) checks before staff commenced employment or renew existing DBS checks on a regular basis. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider and registered manager failed to have evidence of photographic identity checks or suitable references for new staff or have systems to assess the risk of not being able to obtain suitable documents. People were at risk of receiving care form staff that had not been proven to be of a suitable character.

The provider and registered manager had failed to follow safe recruitment procedures to ensure staff were of good character. This was a breach of regulation 19(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were not enough staff deployed at night to ensure people's needs were met. The provider allocated domestic tasks to night staff, which meant they were to leave the building to do laundry. This meant only one member of staff was in the home during night when during these tasks and staff breaks.
- The provider and registered manager failed to employ enough domestic staff to maintain the cleanliness of the home. The provider and registered manager did not ensure maintenance staff had the skills, experience or support required to carry out key health and safety checks and repairs to the service.

The provider and registered manager had failed to deploy sufficient numbers of staff at night, or always deploy staff with the skills to carry out their roles. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider carried out an audit of all staff files. The provider applied for the new DBS checks, obtained photographic identity and carried out risk assessments for those staff that did not have suitable references. They employed also new maintenance staff, advertised for additional cleaning staff and used regular agency staff to ensure they were familiar with people's needs. .
- After the inspection, the provider told us they planned to arrange for a call bell to be installed in the laundry so staff could hear if a person used their call bell at night and staff took their breaks in the home at night and were available if needed.

Using medicines safely

● People did not always receive their medicines as prescribed.

● Staff had not administered time critical medicines on time which led to deteriorating health. For example, one person had not received their Parkinson's medicines on time and had begun to experience increasing symptoms of their disease and required a review by their GP.

● Staff administered 'as and when required' medicines without following the correct protocols. For example, one person had been given a sedative regularly, but staff had not recorded why they gave the maximum dose, what had led to them giving the medicine, or the effect it had. People were at risk of being sedated unnecessarily as staff were not following the 'as required' medicines protocols designed to protect people from harm.

● The electronic medicine records showed staff had not administered all the prescribed medicines or had administered some medicines late. This meant some people were at risk of deteriorating health due to missed or late medicines.

● The registered manager's medicines audits had failed to identify people had not always received their medicines, not received their medicines on time, or not been given their medicines safely.

The provider and registered manager had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the provider carried out a medicines audit to identify where people had not received their medicines; they referred people to the GP where this had been identified.

Assessing risk, safety monitoring and management

● People's risks were not always reviewed when their needs changed, for example when they returned from hospital. People whose mobility had improved did not have risk assessments or updated plans of care to mitigate the risks of them accessing open stairways. Staff did not have the information they needed to mitigate the risks of people using the stairs.

● People were at risk of not being kept safe in the event of a fire as the provider's fire risk assessment did not consider the changes that had been made to the home since 2022. For example, there were no fire exit signs in communal areas and there was conflicting information about fire evacuation due to the changes in room numbers.

● The provider and registered manager had failed to ensure water safety measures were in place. There were no regular checks on the temperature of the hot and cold water to ensure these were kept at a temperature that reduced the risk of Legionella bacteria. The provider and registered manager had not carried out the weekly hot water safety checks to ensure people would not be scalded. There were no records of the water system being flushed, showers descaled, or the boilers and water tanks checked.

● The provider and registered manager failed to ensure all radiators were covered to prevent the risk of skin damage. One person's bed was up against an electric radiator; they were at risk of injury from a hot surface.

● The provider and registered manager failed to ensure all cleaning products were stored safely, as people had access to these in unlocked cupboards in corridors and bathrooms.

The provider and registered manager had failed to assess, monitor and mitigate risks to people and to the environment. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they knew people's needs and preferences because care plans and handovers were detailed.

● During the inspection the manager reviewed one person's risk assessments and updated them to reflect

changes to their mobility.
● After the inspection the provider installed fire exit signs and arranged for a fire assessment, gas checks, hot water checks in people's rooms and improved the infection prevention in the laundry. The provider had received a quote for works on the electrical safety and arranged for a Legionella test on the water. The provider turned off the uncovered radiators and locked away the cleaning products.

Preventing and controlling infection
● Staff did not always follow infection prevention measures when disposing of used PPE or separating dirty and clean laundry. There was a risk that people were not protected against the spread of infections.
● The provider and registered manager did not have systems to deep clean people's rooms or communal areas. There was a risk of spread of infections as these areas had not been deep cleaned since a recent episode of infections.

The provider and registered manager had failed to assess, monitor and mitigate risks to people regarding infection prevention. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● People were not always protected from harm and abuse as staff did not always understand how to recognise and report any concerns to the registered manager, provider and relevant professionals.
● Safeguarding incidents had not always been recorded or reported. There were three unexplained injuries recorded within the daily notes, since 30 July 2023 but staff failed to complete an incident report. The registered manager failed to identify these injuries as a safeguarding concern. One incident related to injuries incurred from entrapment in bed rails.
● The registered manager kept records of safeguarding concerns that had been reported, but these were not complete as they did not include all concerns that had been raised and did not include the corresponding investigations or outcomes.
● The provider's safeguarding policy and file contained out of date information about who to report concerns to.

The provider and registered manager had failed to report safeguarding concerns to the appropriate authorities immediately upon becoming aware of possible abuse. This was a breach of regulation 13(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our feedback, the provider updated the safeguarding records to include all safeguarding concerns and updated the policy in the file.
● People and their relatives told us they felt safe. The registered manager had referred the three unexplained injuries to the GP for review and treatment at the time of each incident.

Learning lessons when things go wrong
● There was no reliable system of recording all accidents and incidents as staff did not always record these, or report these. The provider and registered manager did not have all the information they required to analyse incidents to gain insight into trends and patterns.
● The provider and registered manager did not have systems to gather the information they required to assess and improve the safety of the recruitment, medicines management or infection prevention and control.
● The provider's and registered manager oversight of the environmental safety failed to identify where things went wrong with the monitoring of health and safety and maintenance of the service.

The provider and registered manager failed to have systems to evaluate and improve the service. This was a breach of regulation 17(2)(f) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The provider and registered manager failed to ensure the environment and equipment had been suitably assessed and maintained for safety.
- There were no regular health and safety checks in relation to , electrical, gas, appliances and boiler safety; regular safety inspections had not been carried out. People were at risk of harm from unsafe installation and use of equipment.
- The provider's and registered manager's health and safety risk assessment failed to identify the positioning of the electric fuse box and inlet was stored in an unsuitable location and did not comply with current safety standards.
- The provider and registered manager did not have any records to demonstrate wheelchairs and bed rails had been regularly maintained and were safe to use.
- People were at risk of harm from the lack of protection from environmental hazards. There was not always access for emergency vehicles as the driveway was blocked by cars and people had access to unprotected staircases, the kitchen and uneven paving in the garden.
- The call bell system did not provide the information staff needed to know if a sensor mat had been triggered or there was an emergency.

The provider and registered manager had failed to ensure the environment and equipment was suitably used and properly maintained. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People used the communal areas to socialise, carry out activities and relax.
- People's rooms reflected their lives and personalities.

Staff support: induction, training, skills and experience

- Staff had not received specific training in record keeping or recording accidents and incidents. This meant staff were inconsistent in recording care and incidents.
- The provider and registered manager did not check staff competencies in safeguarding and medicines management. This meant staff had not always carried out the administration of medicines or raised safeguarding concerns in line with their training or the provider's policies.
- The registered manager's supervision of staff had failed to identify where staff were not providing care in line with their training or the provider's policies.

The provider and registered manager had failed to ensure staff received the required training and support to carry out their roles. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● New staff received an induction to the service and shadowed experienced staff until they were competent to work alone. One member of staff told us, "I worked with [Staff name] for a couple of days to get to know residents."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider had applied for the appropriate legal authorisations to deprive a person of their liberty where required.
● Mental capacity assessments were carried out where applicable. Where people lacked capacity to make specific decisions, this was documented clearly and best interest meetings were held to record decisions about people's care with the least restrictive options.
● People were asked for their consent for staff to provide their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider's pre-assessment of needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.
● People needs were assessed with evidence-based assessment tools to safely assess people's current needs. This included the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs and the Waterlow score to assess risks to people's skin integrity.
● We observed staff providing people's care that reflected their recorded preferences, such as how they like to be addressed.

Supporting people to eat and drink enough to maintain a balanced diet
● People received food and drink that met their needs and preferences.
● People received the support they required to eat and drink from staff that were trained to do so. We observed staff supporting people with their meals or prompting them to eat where this was required.
● Where people had been assessed to be at risk of choking, their meals were prepared in a specific way. For example, food was cut into smaller pieces or soft. Kitchen staff had the necessary information to ensure they prepared meals to meet people's dietary requirements.

● We observed people being offered drinks and snacks between mealtimes. Where people were cared for in their bedrooms staff supported people with their meals and drinks.

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

● Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported to access healthcare appointments when they needed them.

● The provider worked with the University of Northampton to host physiotherapy students undertaking their Masters degree. These physiotherapists had worked with staff to improve people's mobility and quality of life.

● People had access to their GP as they visited the service weekly; staff could request reviews of people's health.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good, the rating remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the service. One person told us, "I'm happy, I've made a lot of friends. Staff are nice people."
- People received care from staff that knew them well. Relatives said they were very happy with people's care, one relative said, "Staff know [Name] well, they understand what they like and what they need." We observed staff speaking to people in a positive and encouraging way which people responded to.
- People were involved in their care planning. Staff had a good understanding of people's diverse needs how they wished to be supported. People's care notes showed people's preferences in how they received their care, for example, one person had stated they wanted staff to stand outside the bathroom when they were using it. We observed staff do this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff spoke with people discreetly to ensure other people were not aware of their need for support, for example, with personal care.
- People were supported to be as independent as possible. Where safe to do so people were encouraged to mobilise and undertake and activities which supported them to retain their independence.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remains good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that met their needs. People and their families were involved in creating their care plans. These care plans provided information for staff on how to provide care that was personalised and met people's needs.
- People were assessed for their potential to improve their mobility by physiotherapists who provided advice and guidance to staff to help improve people's strength and balance. Some people had improved their mobility and had become more independent.
- The provider had recently employed a member of staff to provide activities that interested people. They had an area allocated in the home for activities. We observed people taking part in group craft activities and music.
- People were encouraged to socialise and maintain those relationships important to them. People's relatives and friends were made to feel welcome and take part in the home's activities. When people went out with their family and friends staff ensured they were prepared for these trips.
- People were supported to continue to practice their cultural faiths. One person's care record showed they took part in holy communion at the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported. The provider had implemented an electronic care system which had the ability to read out people's care plans in English or in people's native language. This had proven useful for one person who required this facility to help them communicate their needs with staff.
- Care plans identified people's communication needs. Where people required hearing aids and glasses, we saw they were being worn.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a formal complaint. The provider's records show only one complaint had been received in the last year.
- The provider's complaints policy had been followed and complaints had been resolved. The provider used

the information from complaints to review and improve the service.

End of life care and support

● People expressed their preferences where they wanted to receive their care. Relatives were kept informed of people's conditions.

● Staff received support from the GP and district nurse team to assess people's symptoms and maintain people's comfort.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager failed to have all the systems required to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, placing people, staff and visitors at risk of harm. This meant the provider and registered manager did not have all the information they required to learn and continuously improve the service.
- The was no system to monitor staff competence in identifying safeguarding concerns or to check people's care records for information indicating unexplained injuries, accidents or incidents. This meant people were at risk of injuries from incidents that had not been recorded, investigated or measures put in place to prevent reoccurrence.
- There was no system to monitor the safe recruitment of staff, staff competencies in medicines management or infection prevention and control. People were at risk of harm from receiving care from staff that were not proven to be suitable or skilled to carry out their role.
- There was no system to monitor water safety. People were at risk of harm from drinking and bathing in water that had not been proven to be safe from bacteria or delivered at a safe temperature to prevent scalding. There were no systems in place to assess, monitor and mitigate the risks relating to fire, electrical, gas, appliances, bed rails and boiler safety as regular safety inspections had not been carried out. People were at risk of harm from unsafe installation and use of equipment.
- The provider's environmental checks had failed to identify staff cars blocked emergency access to the home, cleaning materials were stored in unlocked cupboards, uncovered radiators, unprotected staircases, and the constant use of the kitchen as a thoroughfare. People were at risk of harm from the lack of protection from environmental hazards.
- There was no system to monitor the storage of sensitive information. People's paper care notes, staff contact details and personal belongings had been stored in areas accessible to people, staff and visitors.

The provider and registered manager failed to have all the systems required to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, staff and visitors. The provider had failed to have systems to evaluate and improve the service. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed a new manager. They had begun a comprehensive assessment of the service and were compiling an action plan to improve the service.

● After the inspection, the provider told us the paper care notes had been moved and were stored securely and an area had been allocated for staff belongings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. The registered manager had kept people and their family informed and had apologised to them for incidents that had occurred.

● The registered manager had not always raised the relevant referrals to the local authority or submitted notifications to CQC when required. These related to safeguarding incidents. The registered manager had notified CQC of other matters as required.

Working in partnership with others

● The provider had a good working relationship with other professionals such as GP's, the University of Northampton who placed physiotherapy students undergoing their Masters degree at the service.

● The provider and registered manager had successfully implemented an electronic care records system. The registered manager had transferred most of the paper records onto the electronic systems and ensured all staff understood how to use the system and communicate people's changing needs during handovers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were asked for their views in meetings, but these meetings were not held very often.

● Relatives visited the service often, some daily. They told us they were involved in the provision of people's care. The feedback we received about the care people received was positive and complimentary.

● Staff were also supported to give their views through regular team meetings and supervision. One member of staff told us, "My suggestions are taken into consideration."

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 The provider had failed to assess, monitor and mitigate risks to people, to the environment, infection prevention and ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to report safeguarding concerns to the appropriate authorities immediately upon becoming aware of possible abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the environment and equipment was suitably used and properly maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to follow safe recruitment procedures to ensure staff were of good character.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to deploy sufficient numbers of staff at night, or always deploy staff with the skills to carry out their roles.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to have all the systems required to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, staff and visitors.

The enforcement action we took:

We issued a Warning Notice requiring the provider to be compliant with Regulation 17 by 10 January 2024.