

Miltas Limited

Newbridge Towers

Inspection report

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15 April 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Newbridge Towers provides accommodation and personal care for up to 20 older people. People who live at the home access nursing care through the local community healthcare teams. At the time of the inspection 18 people were living at the home.

We undertook an unannounced comprehensive inspection on 10 and 15 April 2019.

People's experience of using this service: People were supported for by a staff team who were kind and caring. Staff had good relationships with people and knew them well.

The provider and senior staff had completed audits on the home to support quality checks. However, these checks had not prevented repeated and new shortfalls in the quality of service provision. The provider had also failed to conspicuously display their last inspection rating on their website as required by regulations.

There were enough staff to meet peoples' basic needs. Staff training was provided but did not always ensure people's specific needs were covered. Staff recruitment procedures were not always followed appropriately. Staff had received regular supervision.

Care plans were not consistently person centred and there was a lack of detailed guidance within peoples' risk assessments for staff to follow. There was some unhygienic storage of food and poor cleanliness and infection control measures in place. Radiators were not covered to prevent burns to vulnerable people.

People had access to healthcare professionals and medicines were stored safely. Some improvements are required in relation to medicine administration and documentation.

People did not have regular access to the local community and activities were limited.

The provider protected the rights of people living in the home in line with the Mental Capacity Act 2005. DoLS applications had been made for all people that required them.

Rating at last inspection: Requires Improvement (report published May 2018.)

Why we inspected: This inspection was scheduled based on the previous rating.

Enforcement: We found five breaches of The Health and Social Care Act Regulations (2014).

Follow up: We are now considering the appropriate regulatory response to resolve the problems we found.

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

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below

Requires Improvement ●

Newbridge Towers

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:

The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's experience was related to the care of older people.

Service and service type:

Newbridge Towers is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity was carried out over two days on 10 and 15 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection in April 2018.

We looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider Information return (PIR). We used this information to plan our inspection.

During the inspection we spoke with nine people who lived at the service and four relatives. We spoke with

six members of staff, the registered manager and the quality lead manager. We reviewed five people's care and support records and six staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At our last inspection in April 2018, this key question was rated 'Requires Improvement'. Risks relating to people's safety had not always been identified, rectified or reduced. People living in the home were vulnerable to risks from hot surfaces as radiators were uncovered. People's care records did not always contain comprehensive risk assessments and management plans. Not all areas of the home were suitably clean. At this inspection, we found the service had not taken sufficient steps to improve in these areas. Shortfalls identified at the last inspection had been repeated in addition to a further breach of regulations. The rating for this key question is still 'Requires Improvement'.

Assessing risk and preventing and controlling infection.

- ☐ At the last inspection uncovered radiators were highlighted as a risk. At this inspection we found that all radiators were still not covered and those in communal areas and the bathrooms were hot to touch. There were also no individual risk assessments for people who may be at higher risk from this. Therefore, there was a risk people could be burnt.
- ☐ At the last inspection risk assessments did not identify risks to people clearly and contain measures to reduce risk. At this inspection this was repeated. For example, there were two people with mental health conditions for whom there was no guidance for staff on how to identify deteriorating mental health and any risks. One of the plans stated that staff should 'Offer psychological support' but did not state what this consisted of for that person.
- ☐ At the last inspection people's care records did not always contain management plans. This was repeated at this inspection. One person had diabetes. There was no information within their care plan about how their diabetes should be managed or signs or symptoms to look for to maintain their health.
- ☐ People were not protected against the risk of infection as the service was in places not suitably clean.
- ☐ There were not clear workflow systems to separate clean and dirty laundry to reduce the risk of contamination.
- ☐ The laundry was unclean and dusty, clean clothing was drying next to dusty items which were being stored in the laundry. Work surfaces, the floor and the walls were cluttered and unclean.
- ☐ In the kitchen the flooring was unclean and there were cobwebs in the ceiling corners. One fridge had raw meat juices leaking within it. In other fridges and freezers food was uncovered and unlabelled. Some frozen meats should have been disposed of as they were out of date. In the larder area large bags of sugar and flour had been left open. We have advised the Food Standards agency of our findings.
- ☐ There were personal toiletries left in shared bathrooms.
- ☐ There were cobwebs on ceilings and dirty standing water in one shared shower room.
- ☐ All the above issues presented a risk of cross contamination and the spread of infection.
- There were not effective systems in place to prevent and control the spread and risk of infection.

Infection control audits were not being undertaken regularly. The last audit had been completed in January 2019 and had not picked up on the longstanding issues found within the laundry.

The lack of appropriate risk assessments, poor cleanliness and poor infection prevention and control measures meant people were still at risk of the spread of infection and receiving unsafe care. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had safe recruitment processes in line with current legislation. However, these had not been followed to ensure staff employed were suitable for the role.
- We looked at three staff recruitment files and found for two staff a two year and seven-year gap in employment had not been accounted for during the recruitment process. For one of these people there was also no evidence of an interview or that their competency had been checked prior to their employment.

The lack of robust recruitment of staff meant people were at risk of receiving care from unsuitable staff. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing numbers were assessed and determined in accordance with people's needs. However, although people's basic personal care needs were met, we observed that staff were task orientated and did not spend time with people other than when performing a task. People said "I don't think there are enough staff. I think they could do with another person. There are only two of them on duty and it's a lot of work for them" and a relative said "Staff are a bit thin on the ground in the mornings, but they respond to alarms quickly." Staff said, "We're always chasing our tail, bells go all the time." "No harm but there is an impact [social interaction with people]," and "We need three staff on at night [due to one person's specific needs]."

Using medicines safely

- Medicines were mostly managed safely; the member of staff who had overall responsibility for managing medicines had detailed knowledge of people and their needs. Medicines were obtained, stored and administered safely by competent staff.
- For PRN medicines (prescribed 'as required') staff had not always completed PRN protocols with sufficient detail. For example, there was not always guidance about when to give which type of medicine if two were available. Some PRN medicines were being administered regularly. We recommend that the service consider current guidance on giving 'as required' medicines and take action to update their practice accordingly.
- People had not always received their antibiotic medication at appropriate intervals. This type of medicine is most effective when given at evenly spaced intervals. One person was receiving this medicine insufficiently spaced with a gap of over 12 hours between doses at night.
- People received their topical medicines as required. However, there were two recording systems in place and sometimes staff only completed one system. This had the potential to create confusion regarding application of creams. The provider changed the system during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and appeared comfortable when staff were present. One person said "Yes I feel very, very, safe here. Being here has settled me and I am not anxious anymore."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.

Safety monitoring and management and learning lessons when things go wrong.

- ☐ Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing and portable appliance testing. We noted that the annual gas check for the cooker had not taken place and advised the registered manager of this. The check was then completed during the inspection.
- ☐ Fire safety systems were serviced and audited regularly. People had personal evacuation plans that detailed the support they would require in an emergency.
- ☐ Staff recorded incidents or accidents when they occurred, and the registered manager undertook investigations to prevent similar occurrences.
- ☐ The registered manager analysed accidents and incidents and shared learning across the staff team.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ Staff said that they gained people's consent to receive care and support however we observed people were told what was going to happen to them rather than them being asked for their consent. For example, we observed a member of staff enter the lounge and tell two different people "I will take you to the dining room for lunch, it is lunchtime."
- ☐ We looked at a mental capacity assessment and a related best interest decision; we found that it did not clearly identify if the person had capacity. The related best interest decision did not detail who was consulted and the response of the person involved. There was a lack of understanding by the senior staff as to how the process should be completed.
- ☐ Where restrictions had been placed on people's liberty to keep them safe, authorisation by the local authority had been applied for.

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

- ☐ Care assessments identified people's needs and regular care reviews ensured people's changing needs were quickly identified. However, staff did not have full information on how best to meet these needs and people's choices in line with best practice guidance and people's preferences. Information on supporting people living with specific health conditions was not always available. This meant staff did not have the guidance to ensure they provided appropriate and person-centred care according to individual needs. There is further detail about this in the responsive and safe sections of this report.

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

- There was a dining room on the ground floor. Stairs, and a chair lift provided access to the other floors. Sliding doors had been put into bathrooms to give easier access for people using walking frames.
- In the past year, the service had installed a new driveway, replanted the front garden and replaced a balcony however these spaces were not used by all people in the home. The rear garden was inaccessible to people and had been for a number of years. Plans had been discussed over a period of years to make the garden a useable space for people as this had been a frequent request of people. This has not been completed or initiated to date.
- The registered manager told us they had plans to continue with their ongoing maintenance. As people had left, some rooms were redecorated.
- People's bedrooms were personalised, and people had items that were important to them.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood them. One person said "Staff are well trained as far as I know. They listen, and I wouldn't be afraid to approach them about anything."
- All new staff completed a full induction process. Staff received training through the provider's essential training programme which included safeguarding, fire safety, and moving and handling training. Training specific to people's needs such as Asperger's, Epilepsy, Schizophrenia training had not been given to all staff to ensure they were able to meet people's individual needs.
- Staff told us they had the skills and knowledge to meet people's needs effectively.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role.

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

- People made variable comments about the food; "The food is OK; not like you would get at home." "The food is fine. The menus are OK. I eat in my room and the food is always hot" and, "The food is nice, there is enough of it and I get a good choice." A relative said "[Person's name]'s dietary needs are difficult to meet but the Chef meets them, he will do whatever [Person's name] fancies at the time."
- We observed the lunchtime meal on the first day of inspection. When plates of food were served to people only one staff member explained to people what the food was. Other staff just put the plates down in front of people. Dessert was brought out and put in front of people. People had not pre ordered dessert, but no choice was given. There were choices on the menu, but this was not offered or explained. Everyone was given the same dessert. No one was told what it was other than "Here's your pudding."
- All people we spoke with confirmed that they were offered enough to eat and drink throughout the day. A jug of squash and glasses were available in the lounge all day and hot drinks were offered throughout the day. People in their bedrooms also had access to drinks and had jugs of water available.
- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks.

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

- Staff were able to quickly identify when people were unwell. Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, the home had liaised with community psychiatric team to assist with people's mental health.
- People were supported to see health care professionals to ensure their healthcare needs were met. Records showed staff assisted people to see the dentist, the chiropodist and the opticians.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People and their relatives told us staff were kind and caring. People said "Staff are all lovely here. They put their arms around me and say "Are you alright [person's name]? You couldn't have a better place." Relatives comments included "Staff are lovely, they have good banter with [person's name]."
- ☐ Staff were interested in the people living at Newbridge Towers. We found the maintenance man had put up a bird box containing a camera in a tree just outside the lounge windows. He explained that because people rarely went outside they would be able to watch the bird's camera footage from a screen in the lounge.
- ☐ Staff told us they enjoyed supporting people and spoke about them with affection. One staff member said, "I look at everyone as my family and how I would like my mum and dad to be treated" another staff member said, "The rewards are seeing residents with a smile on their face and enjoying themselves."
- ☐ Observations showed people were treated with kindness and respect. There was a relaxed atmosphere between people and staff. Whilst undertaking tasks staff showed an interest in what people were doing and there was friendly conversation.
- ☐ Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- ☐ People were encouraged to make decisions about their day to day routines and express their personal preferences.
- ☐ People and their relatives had not been involved in care planning; the registered manager told us future review meetings would include people and their relatives.
- ☐

Respecting and promoting people's privacy, dignity and independence

- ☐ Observations showed people's privacy and dignity was respected. Staff knocked on doors and waited for a response before entering.
- ☐ People were encouraged to be independent and do as much as they could for themselves.
- ☐ People were supported to maintain relationships with those close to them. Relatives were made to feel welcome and told us how they could visit at any time.
- ☐ Important information about people was stored securely and confidential

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At our last inspection in April 2018, this key question was rated 'Requires Improvement'. Care plans were minimal and generic and did not accurately reflect people's needs and preferences. At this inspection, we found the service had not taken sufficient steps to improve care plans. Shortfalls identified at the last inspection had been repeated. The rating for this key question is still 'Requires Improvement'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support.

- ☐ At the last inspection we highlighted that care plans were lacking information about people's specific needs and conditions. For example, one person had a specific condition. There was no information about what this condition was or how to provide support. At this inspection the information was still lacking.
- ☐ Another person had epilepsy however there was no information on what steps to take if the person experienced a seizure, or how to keep them safe. A further person's care plan stated that they experienced 'sensory delusions' however there was no explanation of what these are or how the person may present.
- ☐ We looked at the care plan for one person who had a stoma bag in situ. There was no guidance for staff on how to care for the stoma bag. Guidance relating to the signs and symptoms of infection or the stoma bag not working correctly had not been documented.
- ☐ Care plans were not consistently person centred. Plans did not always provide information about people's choices and preferences. For example, plans referred to people enjoying a hot drink with no reference to what that drink was. Other people had no likes or dislikes written into their plan or food preferences.
- ☐ Not all care plans included life histories and family information was brief. For example, one care plan referred to a 'brother' but no name or any other detail.
- ☐ Care plans were regularly reviewed and updated however people told us they were not involved and were unaware of what was in their care plan. All but one person said they had any input into their care plan.
- ☐ Care plans did not indicate if information which was shared with people was made available in formats which met their communication needs in line with the Accessible Information Standard. People's care plans did not include this information.
- ☐ No one at the service was receiving end of life care at the time of our inspection, however there was a lack of information in people's care plans about their end of life wishes.
- ☐ Where people had 'do not resuscitate forms' on file there was not always evidence to show that the person concerned had been consulted about their wishes. The registered manager told these would be reviewed post inspection.
- ☐ Person centred activities were not taking place. People who did not undertake the group activities lacked social stimulation. In addition, there was no regular access to the local community despite people being able to be involved. Activities were not effectively monitored by the provider for their suitability or for their

provision particularly for people who stayed in their rooms or in bed. People described limited activities; "We play Hoopla with the two students quite often and once a week I play Scrabble in the dining room. We went on a trip last year which was very pleasant" and "The TV [in lounge] is on all day, they don't ask us what we want to watch. It's usually on BBC1."

People's care was not planned and personalised to meet their needs and preferences. This was a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were encouraged to take part in social activities when they occurred. Activities included: Outside musical entertainers, ball games and newspaper reading. Activities which reflected people's interests were few as at the last inspection. There were foreign students on placement who were helping with a ball game during the inspection, however their language skills were not developed enough to interact with people well. We were told by the registered manager that there was an activity coordinator vacancy that they had been unable to fill.
- The home was taking part in an intergenerational project which involved school children spending time at the home. This has been a success with many people enjoying the children's visits.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns. People told us they'd never had to make a complaint. A relative said "We had an issue with meds last year, they were not using a medicine pot to distribute the meds. I complained to [the registered manager] and she dealt with it immediately."
- Where the service had received a complaint, this had been investigated and responded to appropriately.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection in April 2018, this key question was rated 'Requires Improvement'. Systems for monitoring the quality and safety of the service had not identified some issues. At this inspection, we found the service had not undertaken steps to improve its governance to ensure that shortfalls were identified and rectified. The rating for this key question remains 'Requires Improvement'.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The provider had failed to plan and promote high quality care. Required Improvements had not been made since the previous inspection in April 2018 with regard to breached regulations which affected the safety and effectiveness of the service. The provider and registered manager acknowledged that improvements were still required to bring the service up to the required standard.
- ☐ The provider's quality assurance systems and processes did not ensure that they were able to mitigate the risks relating to the health, safety and welfare of people and others who may be at risk in the service. The provider had undertaken quality audits covering a range of areas these had however failed to rectify known shortfalls and identify new ones. The quality assurance systems were ineffective in ensuring improvements were made within a reasonable timescale.
- ☐ Key safety measures such as the covering of radiators highlighted at the last inspection and by the local authority at their quality visits had not been undertaken.
- ☐ People's risk assessments did not contain the necessary guidance to ensure staff would be able to manage risks effectively.
- ☐ Person centred care planning had not been implemented. For example, we looked at the care plan of one person at the last inspection and at this inspection. At the last inspection we identified the improvements required however at this inspection the changes had not been made despite the care plan having been reviewed.
- ☐ Food storage was unhygienic, and parts of the service were unclean.
- ☐ Records relating to recruitment had not been checked robustly to ensure all necessary checks were undertaken.

The provider had failed to ensure their quality assurance systems prevented shortfalls in the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider failed to display the last inspection rating on their website conspicuously as required by Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was advised of their failure to display the rating appropriately during the most recent inspection and had not taken sufficient action.

The provider failed to display their rating as required. This is a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives and staff were positive about the registered manager. People said "[Registered Manager) is a lovely person, very nice, very helpful" and "I see her [Registered Manager] about. She is very approachable. She helped me during my transfer here."
- The registered manager was supported by a team of auxiliary and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Staff told us they worked well as a team and enjoyed their role. Staff said, "I can chat with the deputy or the manager if I am struggling", "I feel supported by the manager" and "I would recommend working here. The atmosphere is friendly, it's a lovely place to work."
- The home informed relatives of any concerns about people's health or if an accident had happened, fulfilling their duty of candour. A relative said "We have 100% confidence. They are good at phoning us if there any issues. "We have no issues talking to staff about problems, they are discreet in helping out,"

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

- The provider annually sought people's views by asking people and relatives for their views on various aspects of the home. For example, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were mainly positive. Where issues had been raised at resident meetings there was not always a clear action plan or response to issues raised.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they had input into the running of the home.

Continuous learning and improving care and working in partnership with others

- Records showed that staff had opportunities for additional training and received regular supervision and appraisal.
- The registered manager attended a local manager's network with other care professionals to improve information sharing and knowledge. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team at regular staff meetings.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that gaps in employment were accounted for through the recruitment checking process.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans did not contain the information and guidance necessary to ensure person centred care. Person centred activities were not provided or monitored for their suitability.

The enforcement action we took:

Variation to the conditions of registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a lack of detailed guidance within peoples' risk assessments for staff to follow. Food was stored in an unhygienic way and there was poor cleanliness and infection control measures in place. Radiators were not covered to prevent burns to vulnerable people.

The enforcement action we took:

Variation to the conditions of registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality monitoring systems had failed to rectify previously identified shortfalls and had not prevented new shortfalls in the quality of service provision.

The enforcement action we took:

Variation to the conditions of registration.