Koinonia Christian Care

Koinonia Christian Care

Inspection report

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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 19 and 20 January 2014 and was unannounced.

At our previous inspection in July 2014 we identified several breaches of the Regulations. We asked the provider to carry out improvements in the areas of medicines management, the prevention and control of infection, the care and welfare of people who use the service and assessing and monitoring the quality of the service provided. We received an action plan from the provider that said these actions would be completed by 31 October 2014.

At this inspection we that sufficient action had been taken to address the issues with medicines management and the prevention and control of infection. These standards were now met. However we found that there were continuing issues with delivering person centred care and with the ways in which the service was quality assured.

Koinonia Christian Care is a care home without nursing that is registered to provide care and accommodation for 39 older adults. The home has a Christian ethos and people choose to live at Koinonia Christian Care for that

Summary of findings

reason. At the time of our visit there were 34 people living at the home. Some of the people in residence were living with dementia. The building consisted of five large Victorian terraced houses combined into one building. There had been a recent addition of a house specifically designated for people living with dementia.

The service had a registered manager. 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.

People were not receiving person centred care. Risks had not been thoroughly assessed and care not planned in detail. A paperwork system had been introduced to do this but was not being implemented consistently. This meant there was no assurance that people's care and welfare needs were being met. Observations of care being given to people living with dementia showed us that care was not always personalised and that there was an absence of social stimulation.

Staff had not received up to date safeguarding training and the registered manager was not aware of the multi-agency arrangements for safeguarding people from abuse. There were no instructions for staff regarding reporting safeguarding concerns and the safeguarding policy was out of date.

Medicines were managed and administered safely but **we recommend** the provider re-evaluates their policy and training for their staff in the area of retaining medication when refused for later administration.

We saw caring interactions between staff and people living at the home. Staff had not received consistent training and staff were not adequately trained in some areas. Staff were not always able to respond to the needs of people living with dementia.

People felt that they were cared for and that staff were kind. People valued the Christian ethos of the home. They told us that they felt respected and their dignity was upheld. They said that they were given choices around food, meal time and bedtimes and were supported to be independent.

People had access to healthcare professionals including GPs, community nurses and a chiropodist.

There was no clear process and thorough system in place to manage and monitor the quality of the service being provided at Koinonia Christian Care. Audits of practice had not been carried out consistently to assure the manager of the quality of service provision.

The manager told us that further work was needed to ensure the service was safe, effective and well led. They described ongoing areas of work in the training of staff, demonstration of the care being provided and robust systems for assessing the quality of the service.

We found several breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010, including two continued breaches since our previous inspection. You can see what action we have asked the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Some risk assessments and care plans were in place but had not always been completed in full or regularly reviewed to ensure people were protected from harm.

There were enough staff on duty

Safeguarding training was not up to date and understanding of partnership working was limited.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely. Systems and training were in place to ensure the prevention and control of infection

Is the service effective?

Requires Improvement

The service was not effective.

People's care plans lacked detail which put them at risk of receiving inconsistent or unsafe care. Records of the care delivered were not always complete which meant that changes in their health may not be quickly identified.

People's nutritional needs were not always being met.

New staff received limited induction training and staff supervision was not happening in a regular basis and was not recorded. Training opportunities for staff were inconsistent.

People had access to health care professionals.

Is the service caring?

Requires Improvement

People told us that staff were kind and caring.

We observed people being treated with dignity and respect.

There was inconsistent care provided to people living with dementia and some staff lacked skills in understanding and responding to people's needs.

People attended residents meetings. We could not see that people were involved in the planning of their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's nutritional needs were not always being met.

There were resident meetings for people to offer feedback but no other formal ways of gathering people's or their relative's opinions about the service.

Summary of findings

People, their representatives and staff felt able to approach the registered manager if they had a concern.

Is the service well-led?

Requires Improvement

The service was not well led

Audits and quality assurance processes were not effective at ensuring improvements were made to the delivery of the service.

The registered manager had not ensured that care plans provided detailed information about people and that they were reviewed regularly to reflect current need.

The registered manager had not ensured that identified changes to improve the service were followed through.

Koinonia Christian Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 January 2015 and was unannounced. On 19 January two inspectors and an expert by experience visited. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the 20th January an inspector and inspection manager visited.

We looked at the previous inspection report and the action plan that had been submitted This ensured we were addressing potential areas of concern.

Before the inspection we reviewed the information we held about the home including previous inspection reports and any concerns raised about the service. We also looked at notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed.

We observed care and spoke with people, their relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at five care records, four staff files, medication administration records (MAR), monitoring records such as of food and fluid, accident and incident records, minutes of meetings, audits of care practice and staff training and supervision records.

During our inspection, we spoke with ten people using the service, one relative, the registered manager, four care staff, and one cleaner. After the inspection, we contacted a trustee from the provider, a GP and community nurses who had involvement with the service to ask for their views.

Requires Improvement

Is the service safe?

Our findings

People living at Koinonia Christian Care told us that they felt safe. One person said, "I feel absolutely as safe as anything" and another person said 'I feel completely safe'. However we found that some aspects of the service put people at risk of harm.

Staff knowledge of safeguarding varied considerably. Some were able to describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Others did not demonstrate that they had sufficient knowledge to safeguard the people. The safeguarding policy was dated 2010 and had not been tailored to the service. There was no information on display for staff to describe the action they should take, or which external agencies they could contact if they needed to report safeguarding concerns. On the second day of our inspection the registered manager had devised a leaflet telling people who they could speak with if they had a concern and with contact numbers of external organisations if needed.

The registered manager told us that that she had not raised any safeguarding concerns with the local authority and were not aware of their safeguarding multi-agency policy and procedure. She told us that she knew the contact number for the local authority and had discussed concerns in the past. We looked at staff training records and saw that safeguarding training was not up to date and that some staff who had been working at the service had never received training in safeguarding adults.

The above demonstrated that the registered manager had not made suitable arrangements to ensure that people were safeguarded against the risk of abuse. Staff did not have access to the necessary training and multi-agency processes to understand their role and responsibilities in safeguarding adults at risk.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at five people's care records which consisted of an individual file for each person and the day to day records of care delivery. Where risks had been identified there was no information for staff to describe how to support the person. This presented a risk that staff would provide inconsistent or unsafe care to people because staff did not have guidance to ensure safe care delivery. For example where someone had been assessed as at risk of falls there was no care plan to minimise the risk of falls. Where someone had been assessed as having memory difficulties and disorientation there no information was in place to address these needs.

People's care had not been planned to ensure their safety. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the record of accidents and incidents for October, November and December 2014. We saw that these had been completed and were initialled by the registered manager. We did not see any further actions documented for example whether further medical treatment was needed or whether a risk assessment or care plan needed to be updated as a result of the incident/accident.

Risks were not being assessed or managed following the recording of accidents and incidents to ensure people received safe care and treatment. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were enough staff on duty. The registered manager used a dependency tool to assist in analysing the number of staff needed to meet the needs of people living at Koinonia Christian Care. Dependency tools had been completed. There were seven staff on each of the two day shifts and four staff on the night shift. People we spoke with told us that there were enough staff on duty. Staffing in the house for people living with dementia was calculated as one member of staff per three people. This had been assessed due to the higher needs of people living there. On the days of our inspection we observed that there were enough staff on duty to meet people's needs and that staff responded in a timely manner to requests for help.

Safe recruitment processes were in place and the required checks were undertaken prior to staff starting work. This included obtaining two references and completion of Disclosure and Barring service (DBS) checks for working with adults at risk. People were protected against the risk of unsuitable staff being recruited to the service.

As a result of our inspection in July 2014 we set a compliance action due to concerns regarding the management of medicines. Medicines were not being

Requires Improvement

Is the service safe?

signed for and the medication room did not have a log for recording temperatures. At this inspection, we found that sufficient steps had been taken and that the compliance action was met.

Medicines were stored and administered safely. Repeat prescriptions were sent to the GP surgery and the pharmacy delivered medicines weekly. Senior carers administered medicines and we observed the medicines round at lunch time. We observed senior carers administering medicines safely and checking the medicines records to ensure the right medicine and dosage were given to the right people. People had medicine cabinets in their rooms and evening and morning medicines were administered from these cabinets which were otherwise locked. MAR (Medication Administration Records) charts had been completed. People with PRN (as required) medicines received this safely and in line with their intended purpose. For one person who had medicine administered covertly, a capacity assessment had been carried out by a GP and a best interest decision made.

A log of room temperatures was kept which ensured medicines were stored at the correct temperature. Controlled drugs were stored appropriately and, when administered, two staff members signed to indicate this. During the medicines round, we observed one senior carer offer pain medicine to a person who refused it. We observed the senior carer put the tablet in a pot and they said they would try and administer again later. They told us that when people refused medicine, they would usually put the tablet back into the blister pack and tape it back down. This was not good practice and not in accordance with medication policies and guidelines.

We recommend the registered manager ensures all staff understand good practice in managing medicines which people refuse.

As a result of our inspection in July 2014 a compliance action was set due to concerns regarding the prevention and control of infection. There was not an effective procedure in place for cleaning commodes and there was no lead person for the oversight of the prevention and control of infection. At this inspection, we found that sufficient steps had been taken and that the compliance action was met.

People were protected by the systems for prevention and control of infection in place. The general environment at Koinonia Christian Care was visibly clean and discussions with staff confirmed that they had adequate equipment, such as gloves and aprons to provide appropriate, safe care. There was a cleaning rota in place with allocated times and descriptions of cleaning tasks required. We observed staff wearing protective aprons when they provided personal care. There was a designated bathroom for the use of cleaning commodes. Building work to install a sluice had started. A staff member had been allocated as the lead for infection control and we saw that they had been booked onto specific training in this area.

On the day of our inspection we observed two bags of open clinical waste in one of the communal bathrooms. This could have posed an infection risk to people or staff who used this bathroom. By the second day of our inspection we saw the bags had been removed. We alerted the registered manager to this observation who said she would remind staff of their responsibilities for safe waste removal.

Requires Improvement

Is the service effective?

Our findings

People were not always protected from the risks of inadequate nutrition or hydration because monitoring was inconsistent. Risk assessments regarding nutrition and hydration were not clear and where a MUST assessment (Malnutrition universal screening tool) had been completed they had not been reviewed recently and therefore were not up to date. For people who had food and fluid charts we saw that there were gaps in recording. This meant it was not clear what people's nutritional needs were and if they were receiving adequate nutrition and hydration.

We observed one person who was demonstrating confusion around how to eat refused his meal and was given a biscuit as an alternative. This was not an adequate meal for this individual. This person was documented as having difficulties with swallowing and it was not clear if a biscuit was an appropriate food for them. We observed other people with dementia being left with their puddings unassisted.

The above demonstrated that people were at risk or receiving unsafe or unsuitable treatment in relation to their nutritional needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they had received training to carry out their roles and duties including topics such as moving and handling, dementia awareness, infection control, diabetes and medication. Staff had not received up to date safeguarding training or training in the Mental capacity Act 2005. Staff had the opportunity to follow NVQ (national Vocational Qualifications) which showed us that further training opportunities were available. When we looked at training records it was difficult to ascertain what training each staff member had received and training received by individual staff was inconsistent. The registered manager had a training matrix to monitor staff training but this was not being completed so she could not be assured what training had been received and what was outstanding. The registered manager said that all staff had been requested to complete an induction handbook but there was no evidence that these had been completed.

We saw that staff had received appraisals in January 2014 but we saw no records of supervision. The registered manager told us that staff received three monthly supervisions when they started with the organisation from the senior carers. The registered manager told us that this was not recorded. The registered manager could not demonstrate that staff knowledge and competency was being checked. Staff had not received consistent training and supervision to enable them to deliver care and treatment to service users safely and to an appropriate standard. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that they felt supported to carry out their roles. The registered manager told us that staff received an annual appraisal and one supervision session per year. When asked whether they felt supported to carry out their role one staff member said "definitely" and that there was "good teamwork" at Koinonia Christian Care.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). Care homes, in order to ensure people's rights are protected, must make a formal application and have authorisation to impose restrictions on people's movement. Care homes have to apply for authorisation when restrictions are imposed on people to keep them safe when they do not have the capacity to consent to these restrictions. The manager was aware of a revised test for deprivation of liberty following a ruling by the Supreme Court in March 2014 and had taken action in respect of this. The manager had made seven applications for DoLS (Deprivation of liberty Safeguards) and had received one authorisation.

The registered manager told us that they were undertaking training in the Mental Capacity Act 2005 (MCA) and that this would enable them to share this knowledge with the team. Staff had not received training in the MCA. The registered manager had followed the requirements of the Mental Capacity Act 2005 in relation to people who did not have the capacity to consent to certain care or treatment decisions. Where people did not have capacity, a best interest meeting was carried out with relevant professionals and relatives to ensure a decision is made in the person's best interest. For example, there was evidence of a capacity assessment and best interest decision carried out by a GP regarding the need to administer covert medication for one person.

Requires Improvement

Is the service effective?

Staff asked people how they were, what they wanted and obtained consent to deliver care and treatment. For example when administering medication they explained what it was for, offered PRN (as required) medicine and respected people's decision to refuse medicine.

On the day of our inspection a GP visited the service along with two district nurses, Staff and people living at the home told us they had access to visiting professionals. For example where people had difficulties with swallowing we saw that a speech and language therapist had been consulted and an assessment carried out. Information from the district nurses was contained in separate files for people.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were caring. One person said "The staff are very caring, very helpful" and another said "These people are very kind to me". However we observed that people living with dementia did not always experience a caring approach from staff.

We observed an area of the home designated for people living with dementia and saw that some staff were not able to offer reassurance to someone who was distressed and saying that they wanted to return home. Staff were not able to take practical action to relieve people's distress or discomfort. Training records indicated that staff working on this unit had not received training in dementia care and therefore did not have the knowledge and skills to respond to people with this need. Staff had also not received supervision to check whether their practice was appropriate. This had an impact on their ability to provide appropriate care to people living with dementia. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed examples of staff speaking to people in a kind and gentle way, helping them to armchairs and responding positively to questions that were asked. On the second day of the inspection whilst carrying out a SOFI at lunch time on the dementia unit we observed staff chatting to people and staff responding with humour and kindness when a person asked for their back to be rubbed several times. This demonstrated a good relationship between this person and the staff members on duty.

We saw minutes of three residents meetings held over the last year. We saw examples of how people were included in decision making, for example, choosing the colour of the walls in the lounge, discussions regarding a Christmas coffee morning and the time of epilogue (a Christian service held every evening). The registered manager told us that she joined people every Monday for a coffee morning to discuss any issues people may have. People we spoke with did not mention these coffee mornings and there was no record of the meetings or any actions agreed.

People valued the Christian ethos of the home. Everyone we spoke with mentioned the fact that Koinonia Christian Care was a Christian home, the value they placed on being with other Christians and the importance of spiritual life.

People said that they felt respected and that their dignity was upheld. One person said "There's absolute respect for people's dignity". People also said that they were encouraged to be as independent as possible. One person said "We are encouraged to be as independent as we can-but never any pressure". We observed one person putting their clothes away following being laundered and one person told us that they still had a car and parked at the home. Other people told us that they were able to manage their personal care and were encouraged to do this. A staff member talked to us about "respecting people's wishes" and encouraging people "To be as independent as possible". A relative told us, "They care for [him] as an individual and care for [him] in a very lovely manner and respect [him]".

The registered manager could not demonstrate how people were involved in the planning of their care and decisions made regarding this in people's care records.

Requires Improvement

Is the service responsive?

Our findings

People's care records did not demonstrate good planning and information For example there were gaps in fluid and nutritional monitoring. For one person there was no care file completed. We saw that care record templates were in place that prompted the recording of person centred care but this had been part completed or not completed at all. In some files people's likes and dislikes were recorded and in other's this was absent. Risk assessments and care plans had not been signed or dated by people living at the service and often not by members of staff. We were therefore unable to ascertain whether people had been involved in their care planning and whether staff understood the content of the care plans. People's care records were not always updated when their needs or risks changed.

Gaps and inconsistencies in care records meant the registered manager could not be assured that the service was responsive to changes in people's care needs and reviewed these regularly. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were insufficient activities for people living with dementia. We observed people in the dementia unit being given paper and pencils but no guidance or support to use them and engage in a meaningful activity. People were left for long periods of time without any social stimulation. There was a programme of activities arranged at the home, but these were not always appropriate for people living with dementia. There were limited activities available to stimulate and engage people with this need in a way that was personalised to them. The social stimulation available did not meet the individual needs of people living with dementia. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people felt that there was enough to occupy them and were happy to spend time by themselves or in their room. One person told us "There are various things to occupy you during the week, exercises, quizzes". The registered manager told us that there were keep fit classes twice a week and someone who came to run an art classes twice a month. 'Informative talks' were arranged once a month, for example there had been a recent talk on the Chelsea flower show. From April outings have been arranged once a month. These were engaging and positive for people who were able to participate.

People told us that they had been asked about their likes and dislikes and that this was followed through by staff. One person said "They remember what you do-how you like your tea and such like". People also said that they were free to stay up as late as they wished .The time they got up in the morning was determined by the time they had chosen to have breakfast.

People's rooms were personalised. They had brought their own furniture and furnishings and this helped people to feel like they were at home.

People said that they could always ask questions and would have no concerns about raising issues or complaints at Koinonia Christian Care. In general people said that if they raised issues these were dealt with. One person said "If any problems, I would go to [the manager], I have complete trust in her". Another person said "If you ask for something, it's dealt with. It gets passed up the line and sorted out." The registered manager told us that they had not received any complaints in the last year and showed us a folder with thank you cards. There was a complaints policy in place and we saw that people were given a copy of this in the welcome leaflet when they moved in. This included telephone numbers for the local authority and CQC.

People gave feedback regarding the service at residents meetings and were involved in decision making about the home. There were no other formal forums for consulting people and recording their views.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2014 we found there were no systems in place to manage and assure the quality of the service being provided. We asked the provider to submit an action plan telling us what they were going to do to address this. The plan stated that audits would be introduced in different areas of service provision. At this inspection we found there were still gaps in quality monitoring procedures and the provider remained in breach of this standard.

Audits had been carried out by the registered manager for medicines management, assessment of the environment, nutrition, infection control and health and safety checks. The majority of these audits asked questions and responses were marked in a tick box. Where issues had been identified there was no plan in place to address these. Audits weren't signed or dated to indicate when they were done and who was responsible. There was no overall policy in place that addressed and explained the organisations approach to quality assurance and the methods for achieving this.

The registered manager had a training matrix in place to assist with the planning and monitoring of staff training. The majority of this document was blank so we were unable to see what training staff had received and how training was recorded and monitored. The registered manager was not able to use the tool to identify staff in need of refresher training and take action.

We looked at the record of accidents and incidents for October, November and December 2014. We saw that these had been completed and that the registered manager had initialled these. We did not see any further actions documented for example whether further medical treatment was needed or whether there was a change in the person's support needs as a result of the incident/ accident. The registered manager did not have a method in place for analysing incidents and accidents and identifying trends for individual people which may require a change to their delivery of care.

There was no system of questionnaires in place to gather feedback from people, their relatives or professionals that visited the home. This meant that people did not have an opportunity to share their views about the quality of the service in a more formal considered way.

The registered manager could not demonstrate adequate systems were in place that would assure the quality of the service being provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and staff spoke about the Christian ethos of the home and its importance for the people who lived there. People emphasised the value of this for them. Spiritual life was a part of the everyday routine; grace was said before meals and 'epilogue' (Christian service) happened every evening. The registered manager described an open culture at the home and that they were "hands on" in their management role with an "Open door policy for staff and residents". They told us they met with residents every Monday morning for coffee to discuss issues effecting people. Residents meetings took place and we saw minutes of three of these meetings where people were involved in decision making about the service.

When we talked to the registered manager about continued concerns about the delivery of the service she was aware of work that needed to be done to improve the quality of this. She agreed that that actions had not been fully completed since our previous inspection and felt this was due to time and workload constraints.

The registered manager told us that they had monthly supervision with one of the trustees and that the board of trustees were supportive of her role. We spoke to one of the board of trustees who told us he was aware of the work that needed to be done and the support that the registered manager would need to achieve this. He also reflected that the board of trustees would need to take on a greater role with assuring the quality of the service delivered at the home.

The registered manager had gaps in her knowledge regarding safeguarding procedures, training of staff and providing safeguarding policy information for staff. She also confirmed a learning need around the Mental Capacity Act 2005. Staff told us they felt clear about their roles and felt supported to do their jobs. We saw minutes from two team meetings over the last year and minutes from one meeting with the housekeeping team. This showed is that there was an opportunity for the manager to meet with the team and discuss their roles and the needs of people who lived at the home. We observed a handover meeting where there was clear discussion regarding the needs of people on that day and actions to meet these were allocated to staff. However

Requires Improvement

Is the service well-led?

staff were not receiving regular supervision that was documented and there was no evidence of the induction process for new staff. This meant staff told us they felt the service was well led but we saw gaps where the registered manger could not demonstrate how they managed and assured the quality of the service.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse 11(1)(a)(b) There were not suitable arrangements to ensure that people were safeguarded against the risk of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff 23 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were not suitable arrangements in place to ensure that staff received appropriate training, professional development supervision and appraisal.

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 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Care had not been planned and delivered in such a way as to ensure the welfare and safety of people or to meet their individual needs.

The enforcement action we took:
We issued a warning notice on the 12th March. The provider is required to become compliant with this regulation by the 12th April.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision People were not protected against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to regularly assess and monitor the quality of the services provided and to identify assess and manage risks relating to people's health welfare and safety.

The enforcement action we took:
We issued a warning notice on the 12th March. The provider is required to become compliant with the regulation by 12th April.