Caring Homes Healthcare Group Limited

# Huntercombe Hall Care Home

## Inspection report

Huntercombe Place
Nuffield
Henley On Thames
Oxfordshire
RG9 5SE

Tel: 01491641792
Website: www.caringhomes.org

Date of inspection visit:
19 July 2017
20 July 2017

Date of publication:
14 September 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Inadequate |

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Huntercombe Hall Care Home 19 and 20 July 2017. Huntercombe Hall Care Home is a care home providing nursing and personal care for up to 42 people. The home supports people living with dementia. At the time of our inspection there were 38 people using the service.

At our previous inspection on 21 and 22 October 2015 we identified concerns around people's mealtime experience. This was highlighted again at our inspection on 29 November and 2 December 2016. At the inspection on 29 November and 2 December 2016 we found that people did not receive food and drink in a way that was person-centred. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. The provider had been made aware of this issue at the previous two inspections. However had still not taken appropriate action to ensure the quality of the mealtime experience was improved. The systems in place to monitor the quality of the service were not always effective.

There was a registered manager in post. 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. However we were informed by the registered manager that they would be de registering to allow the new home manger to become the registered manager. The new home manager had worked at the home previously.

People were not always treated with dignity and respect as we saw that some of the language used by staff was not always appropriate. People's privacy was not always upheld.

Staff told us, and records confirmed they did not always receive effective support. Staff did not always receive regular supervisions. A supervision is a one to one meeting with their line manager. Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. However some staff were not up to date with the provider's mandatory training.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance.

There were sufficient staff to meet people's needs. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. People were supported by staff who had been trained in the Mental Capacity Act (2005) and applied it's principles in their work.

Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who understood the dietary needs of the people they were catering for. Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed. The service sought people's views and opinions.

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

Good

The service was safe.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

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

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement

The service was not always effective.

People did not receive food and drink in a way that put people at the centre of their care.

The service worked with other health professionals to ensure people's physical health needs were met.

### Is the service caring?

Requires Improvement

The service was not always caring.

People were not always treated with dignity and respect as we saw that some of the language used by staff was not always appropriate.

People's privacy was not always upheld.

People's independence was promoted.

### Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People's needs were assessed prior to admission to the service

to ensure the service could meet their needs.

There was a range of activities for people to engage with.

## Is the service well-led?

**Inadequate**

The service was not well led.

Systems to monitor and improve the quality of the service had not been improved despite previous requirement orders for breaches of legislation and were not always effective.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

Accidents and incidents were recorded and investigated.

# Huntercombe Hall Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place 19 and 20 July 2017 and was an unannounced inspection. This inspection was conducted by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. Prior to the inspection we spoke with commissioners of the home to get their views on how the service is run.

We spoke with seven people, three relatives, five care staff, three nurses, the chef, the home manager and the registered manager. We reviewed nine people's care files, six staff records and records relating to the management of the home.

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.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Comments included: "I am safe here", "They look after me here", "I feel safe here" and "They're very kind. As you can see, they look after me. Aren't I lucky". Throughout our inspection we saw that people had access to call bells to gain assistance from staff and that call bells were responded to within a reasonable time frame. Relatives told us they felt their family members were safe. One relative told us "I am confident that mum is safe and well looked after here".

Some staff had completed safeguarding training. Staff we spoke with were aware of types and signs of possible abuse. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff told us that if they had any concerns then they would report them to the manager. One member of staff told us "Types of abuse include physical, financial, sexual, psychological and neglect". Another staff member said "I would report it to my manager and discreetly speak to the person in a way not to jeopardise any future safeguarding investigations". Staff were also aware they could report abuse allegations externally if needed. One staff member told us "I would report it to the safeguarding team".

People's care plans contained risk assessments which included risks associated with; moving and handling, choking, pressure damage, falls, personal care and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, some people were at risk of falls. Peoples care records gave guidance to staff on how to support them effectively such as ensuring that peoples walking aids were within reach. Throughout our inspection we observed staff following this guidance.

People who were at high risk of pressure damage had accurate and up to date repositioning charts in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from the tissue viability team. This included the use of pressure relieving equipment.

We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given.

One person initially refused their medicine. Staff spoke with this person and explained what the medicine was for and why it was important to take the medicine. As a result the person took their medicine. We observed staff speaking with this person in a warm and gentle manner whilst maintaining a clear focus on the person finishing their medicine.

Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them. Staff were trained to administer medicine and their competency was regularly checked by the provider. A G.P visiting the home told us "Ward round is well organised" and "The nurses know all the patients". Medicines

were stored securely and in line with manufacturer's guidance. Controlled drugs were managed safely.

We spoke with staff and relatives who gave a varied response about staffing levels. Comments included "Staffing is O.K.", "It's the staff shortages that concern me", "There are not enough staff" and I feel there is enough staff". However, we observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The manager used a 'dependency tool' when carrying out initial assessments on people's care needs. This enabled the manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regularly by the management team. Staffing rotas evidenced that the assessed staffing levels had been achieved on most occasions. On occasions where staffing levels were not been achieved the provider had taken appropriate action to access additional staffing. During the day we observed staff having time to chat with people.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Requires Improvement

# Is the service effective?

## Our findings

At the previous inspection on 29 November and 2 December 2016 we found that people did not receive food and drink in a way that was person-centred. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the staff had made improvements to the dining experience of those people living on the ground floor of the home. However not all the necessary changes had been made to bring the service up to the required standards. The dining experience of those people living on the unit supporting people living with dementia was not delivered in a way that was person-centred.

We noted that people who were eating their mid-day meal required supervision and support with their food. However, staff responsible for this often stopped supporting people to address behaviours from other residents that staff may find challenging. Once staff had attempted to address these behaviours they did not always return to the task of supporting people. For example one member of staff was supporting a person with their meal when another person stood up from the table. The staff member stopped the supporting task and moved at a fast pace towards the other person stating "Sit, sit" whilst pointing at a chair. The person refused. The staff member then stated again "Sit, sit". At this point the person became aggressive towards the member of staff, refused to sit down, turned away from them and walked into a corridor. The staff member did not return to the person they were initially supporting but instead went and sat with another person who did not require support at that time. The person who the staff member was initially supporting was left unsupported and fell asleep.

During our observations we noted that one person started pouring their drink and another person's soup onto their lunch. The person did this on three occasions, however it was not until the third occasion that a staff member noticed this and raised it with a more senior staff member. Who replied "She likes to mix and match" and "She is always doing it, this is how she is". We spoke with both members of staff who told us that this was a type of behaviour that the person often displayed. However we checked this person's care records and communication sheets and there was no evidence of this behaviour ever being recorded. Therefore we could not identify what action had been taken to support the person from not doing this. We raised this with the home manager who also looked at the person's records and confirmed that this information was not present. There was no evidence that consideration had been given to why the person was doing this.

During the course of the lunch time meal we witnessed interactions that were not person centred. Meals were often placed in front of people with little or no interaction. For example during our observation we observed a staff member supporting a person with their soup. The staff member remained standing throughout the task whilst the person remained seated; there was little eye contact with this person and the staff member kept putting it to the person's mouth on a spoon and stating 'soup'.

One person who was living with dementia repeatedly asked staff "Can I go home now". One staff member responded to this person by saying "You're going home at the end of the day" and "You can go home once the children have been [This was a reference to an activity that was taking place in the home that day]".

However the staff member did not follow this up with any redirection or distraction techniques. This approach is not in line with dementia best practice.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We gave the registered manger and home manager feedback on our findings throughout the first day of the inspection. On the second day of the inspection the home manger was visible during the mid-day meal on the unit supporting people living with dementia and led by example in that, they supported people appropriately by recognising people's adult status, using appropriate language, lowering themselves to eye level when interacting with people and treating people as individuals, whilst mentoring staff in a supportive way. We spoke with the home manager who told us "This is how it should be and this is how it is going to be from now on".

Staff we spoke with gave a varied response about feeling supported. Comments included "I don't feel supported", "A lot of people have left, because there was no support from the management", "Support is hit and miss", "I feel supported", "I haven't had supervision but I do feel supported" and "They have been here for me when I have needed them".

Staff told us, and records confirmed they did not always receive effective support. Staff did not always receive regular supervisions. A supervision is a one to one meeting with their line manager. When we reviewed the provider's supervision folder, we saw that six staff supervisions had taken place in 2017, including one on the morning of our inspection. There was no record that registered nurses had received supervision in 2017. We saw a plan for supervisions from July to December 2017 but these had not yet taken place. When we discussed supervision with the manager, who was in their second week in post, they told us "It hasn't happened before". They told us "I've started doing supervision with everybody." They added that "Three nurses did training yesterday (on supervising care staff)".

Staff completed training which included Mental Capacity Act (MCA), food and fluids, infection control, first aid, medication, dementia and pressure care. One staff member told us, "I loved the manual handling training, it's more practical". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us "I have started my NVQ level two".

At our previous inspection we found that people who chose to eat their meals in their rooms did not always receive food that was hot. At this inspection we found improvements had been made. For example the home had sourced a trolley that was designed to keep people food warm whilst it was delivered to people's rooms.

The meal experience of people having their meals in the conservatory had improved. People who were eating their breakfast meal in the conservatory required supervision and support with their food. Where people needed assistance with eating and drinking they were supported appropriately. People having their breakfast in the ground floor conservatory were offered a choice of meals by staff.

During the mid-day meal in the conservatory we observed people who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the needs of the people they were supporting. People told us they enjoyed the food provided by the home. One person told us "The food is really good". Another person said "Very reasonable, you couldn't complain". A

relative told us "The food is fine".

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. One person who's capacity was known to fluctuate had been assessed as sometimes requiring to have their medicines covertly [medicine which is put in food or drink without the person knowing]. Records confirmed that mental capacity assessments and covert administration assessments had been completed and were reviewed regularly by the home. We noted that the person's family, G.P and community pharmacist had been involved in best interest meeting to ensure that the decision to carry out covert medication was the appropriate decision for the person.

Another person's care record highlighted that they lacked capacity to take particular decisions in relation to the use of bedrails. This person's care records demonstrated that a mental capacity assessment had been carried out and that the person's family had been involved in a meeting. This demonstrated that the service had involved relatives in identifying the least restrictive options that were in the person's best interests.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All registered nurses we spoke with had a good understanding of the Act. One staff member we spoke with told us "Everyone must be assumed as having capacity until proven otherwise".

We observed staff gaining consent to ensure that people had agreed to support being provided. For example, one person had split some food on themselves, a staff member asked the person "[Person] can I give you a wipe". Initially the person refused and staff acknowledged this and returned to their tasks. The staff member then returned after a short period of time knelt down to the person eye level and asked the person again. This time the person consented and the staff member supported them effectively.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS. At the time of our inspection the service had made DoLS applications for 12 people.

People had regular access to healthcare professionals such as, G.P's, occupational therapists, dieticians, physiotherapists and other professionals from the care home support team. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

Requires Improvement

# Is the service caring?

## Our findings

People were not always treated with dignity and respect as we saw that some of the language used by staff was not always appropriate. For example a staff member who was supporting a person with their meal shouted out to another staff member "I need some big [incontinence pads] so I can change [person] before we go down stairs".

People's privacy was not always respected. For example, in the downstairs dining room we observed food and fluid intake and repositioning charts for two people. These were left on a mantelpiece for over two hours, in a communal place where they could be seen by anybody visiting the home.

One person who had a specific set of dietary needs was "allowed" as stated by staff to have their favourite drink once a day. During our observations we witnessed a staff member telling the person "If you don't drink your water, then you are not having your [favourite drink]". The person became agitated and refused to drink their water. We were confident that this interaction was not malicious. However this comment was inappropriate and did not respect the person's adult status.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People were complimentary about the staff and told us staff were caring. One person told us "They are very good staff". Another person said "The staff do their best. A relative we spoke with told "The carers here are nice people, caring".

During our visit we saw some people were treated in a caring and kind way. Some staff were friendly, polite and respectful when providing support to people. Some staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, during our observations of the breakfast meal in the conservatory we witnessed one person becoming confused and agitated. A staff member took time to reassure this person and engaged in meaningful conversation. This person became settled. The staff member then asked them if they would like some support with their breakfast. The person agreed and the staff member supported them appropriately.

One person with communication difficulties became happy to see the registered nurse that had arrived to support them with their medicine. Whilst the nurse approached the person they stated "Where is my big smile today". The person gave the nurse a big smile and reached out for their hand and held it. The nurse knelt down to the person's eye level and carried out the task of administering the person medicine in a way which was supportive and not rushed. Following the task the nurse took time to sit with the person and speak to them. Throughout this interaction the person held the nurse's hand in warm and meaningful way.

Staff told us they respected people's privacy and dignity. One staff member told us "We close curtains and doors". Another staff member said "We use towels to protect people's modesty".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member told us ""We must keep informing people of what's happening, so they are aware of what's happening. For all you know you could be taking people back to a bad time in their life". Another staff member said "It protects people and keeps them and us safe".

People's independence was promoted. We saw people using mobile call bells whilst in the communal areas. This allowed them to do what they chose knowing they could call for staff for help if needed. People's care plans guided staff on promoting independence. For example, one person's care plan stipulated the personal care tasks that they wished to carryout themselves. Staff we spoke with were aware of this guidance and told us they followed it.

We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. For example, we observed a staff member knocking on a person door before entering.

Good

# Is the service responsive?

## Our findings

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. We spoke with one relative of a person that had been admitted to the home that day and they told us "The assessment was very good. He was made to feel really welcomed".

Staff were responsive to people's changing needs. We noted the service had responded to six people's needs in relation to weight loss. Following these changes the staff arranged for a G.P to visit the people and re assess their needs in relation to nutrition and medication. The impact of this was that the people's quality of care improved.

Another person's needs had change in that they had developed swallowing difficulties. The home responded by making a referral to the Speech and Language Therapy (SALT). This person's care plan contained details of recommendations made by SALT and we saw staff following these recommendations.

We observed one person displaying behaviours that may challenge others. Staff and the manager were responsive to this persons change in needs. De-escalation techniques were used to settle the person. Staff kept other people and the person concerned safe during the incident. The techniques used by staff matched those in the persons care records.

Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained person specific information that captured people's previous employment, people's favourite foods, significant events and people that were important to them.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff told us about what a person enjoyed to eat, a significant life event and their personal care preferences. The information shared with us by the staff member matched the information within the person's care plan.

During our inspection we observed another member of staff engaging in conversation with a person about their life and things that were clearly important to them. People's care was regularly reviewed and updated to ensure their needs were met.

People had access to activities which included bingo, gardening, church services, flower arranging and manicures. During the first day of our inspection the home had arranged for a band from the local primary school to attend and play some music for people at the service. It was clear from our observations the people were clearly enjoying the activity.

The home sought people's views and opinions through satisfaction surveys. We noted that the results from these surveys were positive.

People knew how to make a complaint and information on how to complain was available in the home. One

person told us, "I would get them told if I wasn't happy". A relative told us, "I haven't made a complaint but I would contact the manager if I needed to. Records showed that complaints had been dealt with in line with the provider's complaint procedure.

Inadequate

# Is the service well-led?

## Our findings

At our previous inspection on 21 and 22 October 2015 we identified concerns around people's mealtime experience. This was highlighted again at our inspection on 29 November and 2 December 2016. The provider had been made aware of this issue at the two previous inspections. However had still not taken appropriate action to ensure the quality of the mealtime experience was improved.

Following our inspection on 29 November and 2 December 2016 the provider submitted an action plan dated 20 February 2017. The action plan clearly stated that a review would take place in relation to the dining experience and "Throughout the review of this service, each meal service in the respective areas will be reviewed, feedback from Residents. Relatives etc". However we saw no evidence that a review had been carried out in the unit where people living with dementia were residing.

We were informed by the registered manager that the provider had recently undertaken a review of the dining experience and subsequently written a report highlighting actions that needed to be taken. The registered manager sourced this report. However the report only contained information relating to the dining experience on the ground floor and did not include the unit where people were living with dementia. We spoke with the registered manager about this and they told us "Looking at it, I don't think it was upstairs that [provider] did. It looks like it was just downstairs". The system the provider had implemented to ensure that improvements were made in relation to the quality of the dining experience had not been effective.

The systems in place to monitor the quality of the service were not always effective. For example a recent audit titled "Homepride audit" carried out by the registered manager on 7 July 2017 highlighted the dining experience and had scored maximum points. These were for having menus on display, flowers on the table, the tables were made up, the area was clean and tidy and free of litter. We did not observe the dining room on the unit where people were living with dementia to be in this state. During the course of our inspection we found two breaches relating to person centred care and dignity and respect. Therefore the systems the provider had in place to ensure the requirements of the regulations were met had not been effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

There were some effective systems in place to monitor the quality of the service provided. For example, a range of audits were conducted by the provider that included care plans, staffing, training and complaints. One recent audit carried out by the provider had raised concerns in relation to the risk of skin damage to people. A result the provider developed an action plan. We saw evidence on the day of our inspection that these concerns had been addressed. The provider also monitored accidents and incidents and analysed information to look for patterns and trends.

There was a registered manager in post. 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. However we were informed by the registered manager that they would be de registering to allow the new home manger to become the registered manager. The new home manager had worked at the home previously.

Staff were genuinely pleased with the new appointment of the home manager they told us "She is like a breath of fresh air", "I have worked with this manager before and it's great to see her back. I know things will change", "She only been here a week and a half and already she is coming across as supportive" and "She's good it's great to see her back here".

Since being in post the home manager had carried out a number of audits. These included audits of Topical Medicine Administration Records (TMAR), medicine administration records (MAR), and staff supervision. The home manager had used the information from these audits to improve the quality of the service. For example following inconsistencies with peoples TMAR the home manager had developed a competency check list to follow up with all staff to identify any further training needs. The home manager was also reviewing the TMAR form.

The home manager had also identified the concerns relating to supervisions as well as implementing a timely schedule they were in the process of developing and implementing a practical supervision competency checklist, which would be used to carryout observations on staff practices to ensure they had the correct skillset. We also saw evidence of how the home manager was going to re-introduce morning meetings for staff. The home manager told us "It's nice to get together and see what's happening".

Accidents and incidents were recorded on the provider's electronic system. This information was used to identify trends and patterns. The registered manager analysed the accidents and incidents to mitigate the risk of further incidents. For example, one person had experienced a fall. The manager then used this information to make the appropriate referrals to other healthcare professionals.

The service used information from the investigations to improve the service. For example, following a number of incidents that involved a person falling. The registered manager highlighted different times of the day in which this person was more prone to falling. The manager then used this information to make the appropriate referrals to other healthcare professionals.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>People were not always treated with dignity and respect as we saw that some of the language used by staff was not always appropriate.<br><br>People's privacy was not always upheld. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems to monitor and improve the quality of the service were not always effective. |

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 |
| Treatment of disease, disorder or injury | People did not receive food and drink in a way that was person-centred. |

**The enforcement action we took:**

We issued a Warning Notice