

A&N Transforming Lives Limited

Bournedale House

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 ●

Summary of findings

Overall summary

About the service

Bournedale House is a residential care home providing personal care for up to 11 people who may be living with dementia. At the time of the inspection, 11 people were living at the home.

People's experience of using this service and what we found

Staff were aware of the types of abuse people could be at risk of but measures in place to keep people safe from harm had not been consistently followed. There was not an effective system in place for the assessment and monitoring of risks to people. Care plans did not contain all the required information needed to guide and inform staff.

People were observed to be comfortable in the presence of the staff who supported them and people approached them for reassurance and support.

Recruitment systems were not always robust and there was no dependency tool in place to assess staffing levels. Audits had failed to identify areas for improvement in relation to medicine management. Staff had access to Personal Protective Equipment (PPE) and had received training in this area. Concerns were raised regarding the promotion of safety through hygiene practices in the home.

Staff felt supported and well trained. Where possible, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat and drink and maintain a balanced diet. Referrals were made to a variety of healthcare professionals where required to ensure people's healthcare needs were met.

People and relatives told us staff were caring. However, staff had not been provided with information regarding people's choices in relation to their religious and cultural needs. We observed staff speak kindly to people and recognise when they were distressed and offer comfort.

Systems were not in place to support staff to communicate effectively with people. There were a lack of activities taking place that would interest people and occupy their day.

Audits in place had failed to identify a number of areas of improvement that were found on inspection. The provider was responsive to the feedback provided and demonstrated a willingness to address the concerns raised.

This service was registered with us on 2 February 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 25 July 2018.

Why we inspected

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

The inspection was prompted in part due to concerns received about infection control, nutrition, staffing levels and staff competency levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulations 9, Person-centred care and Regulation 17, Good Governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Bournedale House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Bournedale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the provider and three members of care staff and the cook. We also spoke with a visiting healthcare professional. We observed people and staff interacting, to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with two relatives and continued to seek clarification from the provider to validate evidence found



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff told us they did not feel there were enough staff to support people in the manner they wished to support them. A member of staff told us, "Two care staff is not enough; it's difficult because people need so much support. We are just managing at the moment." There was no dependency tool in place to assess staffing levels.
- Staff were expected to assist in daily cleaning and laundry duties, as well as caring for people living at the home. There were only four dedicated domestic hours per week and no additional arrangements had been put in place in terms of cleaning routines to reduce the risk of infection during the pandemic.
- We observed staff respond to people's needs and worked hard to ensure people were supported appropriately. For example, one person required particular support every two hours and staff on shift ensured this took place. However, it had recently come to light that two people required additional support during the day, reducing the amount of time staff were able to spend with people. We observed staff leave a communal area for a short time to support other people, leaving a member of the inspection team to try and intervene and reassure a person who was trying to stand unaided.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

- Recruitment systems in place were not robust. We looked at two staff files. In one staff file, there was no evidence that gaps in employment history had been queried and it was not clear if a Disclosure and Barring Check (DBS) had been received prior to the member of staff commencing in post. We raised this with the provider who agreed to look into this immediately and provided assurances the appropriate action had been taken. There were systems in place to ensure DBS checks were kept up to date for existing members of staff.
- A relative told us, they felt the home was well staffed and had no concerns regarding staffing levels.

Systems and processes to safeguard people from the risk of abuse

- Concerns were raised during the inspection that measures in place to keep people safe from harm had not been consistently followed. This information prompted the inspector to raise a safeguarding concern with the local authority. The provider took the concerns seriously and responded appropriately to them.
- Staff were aware of the types of abuse people were at risk of and told us they would report any concerns to the registered manager and were confident they would be dealt with appropriately.
- Two relatives told us they were happy with the care their loved ones received and felt the home was safe. One relative commented, "They [care staff] are very good and constantly monitoring, they know [person]

really well." We observed people were comfortable in the presence of staff who supported them and approached them for guidance or assistance.

Assessing risk, safety monitoring and management

- The provider's risk assessments had not identified the potential risk to people due to window restrictors not being in place. Immediately following the inspection, the provider arranged for this work to be carried out.
- People's care records identified the risks to people, but there was a lack of information and consistency in detail regarding how to support people safely. A member of staff told us, "They [care records] could do with more detail." Despite staff telling us how they supported people safely, the level of detailed information they knew was not reflected in people's care records and risk assessments. For example, where one person may display behaviours that challenged others, clear advice on potential triggers to these behaviours and how to respond to them, was missing. This meant people could be placed at risk of harm due to inconsistent care being provided by different members of staff.
- One person's bedroom held pictorial laminated information about the person and their needs. The information was out of date and incorrect regarding how they should be supported. This placed the person at potential risk of harm if supported by members of staff who were not familiar with them.
- Relatives told us they had no concerns when it came to how staff supported their loved ones. One relative told us, "I have never had any issues or concerns."

Using medicines safely

- We observed staff supporting people to take their medicines as prescribed. Staff took their time and encouraged the person to take their medication, with a glass of water.
- We saw medicines records indicated that people had received their medicines as prescribed. Where a gap in a Medication Administration Record [MAR] had been identified, the registered manager had identified this on an audit for immediate action.
- Protocols were in place for 'as required' medication. However, we saw two protocols had failed to provide sufficient guidance on the circumstances in which the medication should be administered. Staff were able to describe the circumstances in which these medicines would be administered, but the lack of information available to staff regarding this meant there was a risk that the same processes may not be consistently followed. This could result in people not receiving their medication as prescribed or most effectively.

Preventing and controlling infection

- The service had previously received an Infection Prevention Control [IPC] inspection in January 2021 and at that time we were assured regarding IPC procedures in the home.
- At this inspection, we were somewhat assured that the provider was preventing visitors from catching and spreading infections. Relatives confirmed they were provided with boxes of lateral flow tests to complete prior to visiting. One relative told us, "The [care staff] have done everything to the right [Government] standards." We saw visitors had provided negative Lateral Flow Tests and completed health questionnaires, prior to visiting loved ones. However, on the day of the inspection, inspectors and other health care professionals who visited the service did not have their temperature routinely taken and were not asked any questions regarding their own health on arrival.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Social distancing was difficult to maintain due to the layout of the building and lack of communal living areas.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE (Personal Protection Equipment) effectively and safely. We observed staff wearing PPE as required. Staff confirmed they had received additional infection control training.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were only four hours dedicated domestic cleaning hours a week allocated to the home, and all staff were expected to maintain cleanliness across the home, including the laundry. There were no additional cleaning routines put in place to reduce the risk of the spread of infection during the pandemic.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. On the day of the inspection, there was confusion around one person who was self-isolating. Staff told us the person was self-isolating due to displaying symptoms and they were awaiting results of a COVID-19 test. However, the person's bedroom door was left wide open, increasing the risk to others. During the inspection we established the person had received a negative test result three days previously, but staff were not aware of this.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives spoken with confirmed this.

We discussed with the provider the need to ensure staff had all relevant information in place regarding testing and results. We discussed providing additional dedicated cleaning staff and the provider was looking into this.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Although individual actions were taken when accidents and incidents took place, the provider confirmed there was no overall analysis of the information. This meant opportunities were lost to ensure lessons were learnt and appropriate action taken when things went wrong.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed by the provider prior to them receiving care. However, there was a lack of consistency in completing the assessment and some areas lacked detail, including information regarding people's choices in relation to their religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the provider and had received training to develop their skills and knowledge. One member of staff described how the provider had arranged for additional training recently and how they had benefitted from this. They told us, "[The provider] arranged the training and it was really good, especially for when supporting new people."
- There was a training matrix in place to provide management with oversight of staffs training needs.
- Staff told us they had felt supported by the previous manager, but now they had left, they had no concerns approaching the provider for support. Supervision meetings were in place providing staff with the opportunity to raise any concerns they may have.
- Staff confirmed the former registered manager had spent time observing their practice.

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

- We observed people enjoy their lunch, but no condiments were placed on the table prior to people eating. People were asked their meal choices in the morning and lunch was then prepared. For those people who chose to eat their lunch in their rooms, meals were plated and covered before being taken to them.
- We saw people's feedback had been obtained with regard to menu choices, but no evidence on what actions had been taken in response to this. The previous registered manager had arranged for menus to be updated with seasonal dishes.
- The cook was aware of people's dietary requirements including those for religious and medical reasons. They told us they were kept informed and up to date regarding people's dietary needs.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Staff were aware of people's healthcare needs, but there was little guidance available in people's care records to show staff how to support people with those needs. For example, one person was diagnosed with a particular health condition which affected their daily life, but there was little guidance for staff to follow on how to actively support the person during their daily routine.
- Systems in place to share information across the home were not robust. Areas for action were noted in the

communication book but there was no evidence that staff had taken responsibility for the areas identified and acted on them. For example, information regarding a COVID-19 test result had not been clear and led to staff confusion.

- The service worked closely with other health care professionals to ensure people received appropriate care. This included GPs, District Nurses, Speech and Language Therapy (SALT) and physiotherapy teams who we spoke with on the day.

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

- We looked at how people's individual needs were met by the design and decoration of the home. We observed the home was in need of redecoration and the provider acknowledged this. They told us, "We want to give residents somewhere fresh to live." They advised quotations had been sought for replacement carpet and their intention was to involve people living at the home in the redecoration of their rooms and communal areas.
- The physical environment had not been decorated to take into consideration the needs to people living with dementia and there was a lack of signage in place to support people to navigate around the home.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff spoken with understood the importance of gaining consent from people before offering support and we observed this.
- Systems were in place to ensure, where people had been assessed as potentially receiving care that restricted their liberty, DoLS applications were in place.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff were not confident in their knowledge regarding people's religious and cultural needs and care files failed to provide them with this level of detail. This meant opportunities to support people to engage in activities that were important to them could be lost.
- Staff did not consistently respond to relatives' request for information in a kind and caring manner.
- We observed staff speak to people in a kind and caring manner, taking the time to listen to them and people responded positively to this. One person repeatedly told us, "I'm happy" and another pointed to another member of staff and told us, "I like this woman."

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

- Due to the increased care needs of some people living at the home, staff felt they did not always have the time to provide people with the care and support they wished to provide. One member of staff told us, "We are doing our best, but it's too much for us and we don't have that much time to spend with [person]; we need that time and it's not there."
- Relatives told us they were involved in the development of their loved ones care records. We saw people had been asked their opinion of the service and the majority of the responses were positive, but there was no evidence of analysis of the information or actions taken in response to information received.

Respecting and promoting people's privacy, dignity and independence

- We observed people's bedroom doors were propped open, but no evidence to demonstrate that people had chosen this and the people in those rooms were unable to communicate with us that this was their preference.
- Staff recognised when people were distressed and required reassurance and comfort. However, for one person, staff did not consistently provide the same response to the person when they became restless resulting in an increase in their distress.
- Staff supported people to maintain their independence, where possible, for example with their personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care records did not hold any information that would demonstrate they were receiving care that was personalised specifically for them. People's history, preferences, interests and how they wished to spend their time, had not been recorded. Staff spoke kindly of people, but when asked about how people liked to pass their time, they were unable to tell us. Relatives confirmed they had been involved in the development of their loved one's care plans, but there was no evidence people living at the service had also been involved.
- One person told us, "There's nothing to do really besides sitting in the big room." People were not supported to take part in activities which followed their interests. An activity chart was on display in the lounge but there was no evidence that people were supported to carry out these activities. We observed people were supported to play a ball game in the lounge. We were told the activities co-ordinator had recently left the service.
- On the day of the inspection, the weather was pleasant and warm, but no attempt was made to open the doors to the garden and encourage people to access this space.
- At a meeting in January 2021 for people living at the service, it was suggested that an incubator be purchased with a view to hatching some chicks. People were keen for this to happen, but the provider told us unfortunately nothing came of this. Following the inspection, the provider advised they were arranging for more activities to resume following a relaxation of restrictions, including a singer visiting the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had not fully implemented the Accessible Information Standard to identify and meet the communication needs of people living at the service. For those people whose first language was not English, there was no clear guidance in place for staff to follow to communicate effectively. We observed staff using facial expressions and hand gestures in an attempt to communicate with one person, but they were unable to tell us how the person could communicate with them if they were in pain, for example. We were told there had been a discussion about using communication aids to assist staff but nothing had been put in place.
- Where particular arrangements had been put in place to safeguard a person, there was no evidence that this information had been communicated with them in a manner they understood.
- There was no easy ready or pictorial signage around the home which would assist people to navigate their

environment. Further, there were several calendars throughout the home, and all had different dates, including two calendars side by side in the dining room. This had the potential to confuse people and affect their ability to orientate into day and time.

The provider had failed to ensure people had been fully involved in planning their care and had not provided people with the opportunity to receive care that was person-centred.

This was a breach of Regulation 9 Person-centred Care of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

- Relatives confirmed during recent lockdown, efforts were made to maintain relationships with loved ones through phone calls, video calling and later, as lock down eased, restricted visiting following government guidance.
- A relative told us they were confident staff knew their loved one well, adding, "[Person] likes to have the little necessities, like a cup of tea and biscuits, they are really switched on to their needs and I am pleased with the standard of care."

Improving care quality in response to complaints or concerns

- Relatives told us they had no complaints about the service but were confident if they raised concerns they would be listened to and acted on appropriately.
- Where a complaint had been raised via CQC, the provider had responded appropriately, and action was taken to address the concerns and lessons were learned.

End of life care and support

- At the time of the inspection one person was being supported with end of life care. We saw the provider had made arrangements for appropriate healthcare professionals to support the person whilst alternative arrangements were being made to find a suitable placement.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had two registered managers, one who worked at the service and the other was the service provider. The day before the inspection, the registered manager who ran the service had left after fulfilling their notice period.
- The former registered manager had provided a comprehensive handover document. However, this was given by the provider, to a member of care staff with no experience in management and no induction arrangements in place. We discussed this with the provider, who was also a registered manager for the service. They told us it was their intention to support the member of staff whilst a new manager for the service was sought.
- Audits in place were not robust and did not give the provider adequate oversight of the service. Audits had failed to identify a number of areas for improvement that came to light on inspection.
- Audits had failed to identify concerns regarding medicines management. For example, 'as required' (PRN) protocols lacked information to guide staff of the circumstances in which to administer these medications and one person's 'as required' protocol remained in place for a medication that had not been prescribed since November 2019.
- Audits had failed to identify care records in place were not person centred and did not provide staff with clear guidance on how to support people and meet their individual needs. People's care needs had been listed under 'strengths' in their care records. Care records failed to provide staff with consistent, detailed information on how to respond to people to alleviate their distress.
- Communication systems were not robust and failed to ensure staff were provided with the most up to date information regarding people's COVID-19 test results.
- The lack of dependency tool in place to assess safe staffing levels meant staff struggled to provide care to people as required. Systems had not taken into consideration the need for additional cleaning arrangements to be in place in order to protect people and staff from the spread of infection.
- Audits had failed to identify the potential environmental risks to people living at the home.
- Where accidents and incidents took place, there was no analysis of this information to identify themes and trends and act appropriately to reduce the risk of reoccurrence.
- Recruitment processes and procedures were not robust.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider took steps to address the environmental risks to people living at the home. The provider confirmed a new manager had been appointed and work was commencing on addressing the areas for improvement that had been identified on inspection.

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

- Prior to the inspection, the provider had failed to notify CQC of an incident as required in our regulations. The provider followed this up appropriately and lessons were learnt.
- The provider had on display the last inspection rating of the service which had been carried out under the previous provider. We requested that this be removed on inspection as it did not relate to the current provider.
- The provider was responsive to the feedback provided on inspection and demonstrated a willingness to address the concerns identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements were required to ensure people were routinely involved in the planning of their care, for example, providing information in more accessible formats to enable them to become involved and communicate their preferences and choices.
- People's views of the service had been sought through surveys and meetings. However, there was no evidence to demonstrate this information had been reviewed and responded to, for example, regarding menu choices and activities. We found a number of positive comments from people, including "Staff are lovely here" and "I like to have a chat with staff and have a laugh."
- Relatives spoke positively about the service and told us they had been kept informed of events during the pandemic by the former registered manager.
- Staff told us they enjoyed their work and felt supported by the provider.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, such as social workers and the local authority.

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 18 HSCA RA Regulations 2014 Staffing Systems and processes were not in place to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times.

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 Systems and processes were not in place to ensure people's care and treatment met their needs and reflected their preferences.

The enforcement action we took:

The provider was served with a Warning Notice in order to address areas of concern raised on inspection and to meet the requirements of the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and process were not operated effectively to ensure there was effective governance of the service.

The enforcement action we took:

The provider was served with a Warning Notice in order to address areas of concern raised on inspection and to meet the requirements of the regulation.