Bethany Homestead

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

Summary of findings

Overall summary

About the service
Bethany Homestead is a residential care home supporting younger adults, older people, people living with physical disability, people living with sensory impairment and people living with dementia. At the time of our inspection 35 people were living at the service which can support up to 38 people.

Bethany Homestead provide accommodation across 2 floors with a lift to the second floor. People with higher dependency needs are accommodated on the ground floor. All rooms have private en-suite facilities.

Bethany Homestead also provides a domiciliary service for the regulated activity of personal care to people living in their own homes within the grounds of Bethany Homestead. At the time of our inspection no one who used the domiciliary service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were not always safe. Staff were not always following safe moving and handling techniques and the competency of staff was not monitored effectively. People had incurred injuries when being supported with changing position. Accident and Incident forms were completed, but the registered manager had failed to identify themes of poor practice.

The provider continued to place people at risk from cross infection when being supported with moving and handling.

Medicines were managed, stored and disposed of safely.

People told us they felt safe and there was enough staff to meet their care needs.

The provider was working in partnership with healthcare professionals. However, people with swallowing difficulties were not consistently referred for professional support.

Staff were friendly with people and treated them in a kind and respectful way, promoting their privacy and independence. People felt able to approach staff and express their views and wishes.

People were offered choice and their preferences were reflected throughout their care plans. People were offered the opportunity to take part in a variety of activities both within the home and in the community.

People's end of life wishes had been discussed where appropriate and there was information in their care plans.

A complaints procedure was in place. Formal complaints were not always fully managed in line with the complaints policy.

The registered manager had quality monitoring systems in place to monitor the standards of care. However, we found these tools were not robust enough to highlight some issues we found on our inspection.

At the time of inspection the registered manager was in the process of making improvements in staff training and supervision, this would need to be continued and embedded in practice.

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

Rating at last inspection
At our last comprehensive inspection published 11 September 2018 this service was rated as Requires Improvement . A focussed inspection was carried out in November 2018 and the service was rated Requires Improvement in Safe and Well-led (latest report published 14 December 2018) with a breach in regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection there was not enough improvement sustained and the provider was still in breach of regulations. The service remains rated Requires Improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to safe care and treatment of people using the service, how quality and safety of the service is monitored and improved and staff training.

We have also asked the provider for an explanation of why they had failed to notify us of safeguarding incidents and a Deprivation of Liberty Safeguards (DoLS) authorisation. We will review their response and if required undertake any appropriate enforcement action.

Follow up
We have requested monthly action plans from the provider to monitor the progress of improvements. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Bethany Homestead

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.

Inspection team
The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Bethany Homestead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bethany Homestead also provides domiciliary care and supports people living in their own homes within the grounds of the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about

important events which the provider is required to send to us by law. We sought feedback from the local authority, the local authority safeguarding team, the fire service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

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
During the inspection we spoke with 10 people who used the service, two relatives and two friends of people who used the service about their experience of the care provided. We spoke with seven staff including the registered manager, senior care workers, care workers, domestic staff, kitchen staff and the chef. We used the Short Observational Framework for Inspection (SOFI) as a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. We looked at five people's care records and multiple medication records. We also reviewed a variety of records relating to the management of the service; including policies and procedures, staff recruitment records, accident and incidents records, training records, complaints and quality assurance and audit records.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We requested further information regarding professionals' input, training information, recruitment resources and mental capacity records. We also spoke to the local authority to seek feedback from a moving and handling audit carried out in response to our inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. 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.

At the last inspection we found that staff did not always follow the measures in place to reduce risks to people's safety. Not enough improvement had been made at this inspection.

Assessing risk, safety monitoring and management

- Staff were not consistently monitored in safe moving and handling and we observed incidents of poor practice during the inspection. We saw accident and incident forms that showed that several people had been injured while staff were supporting them with moving and handling. Individualised risk assessments were in place, however for people's moving and handling needs we found they lacked detail on how to support people safely.
- People living with dementia or confusion were at risk of accessing chemicals and cleaning equipment as these were not always stored safely. We observed a cleaning trolley with chemicals to be stored in an open room. We raised our concerns with the registered manager and they mitigated the risk effectively in a timely manner ensuring these items were locked away securely.

Preventing and controlling infection

- At the last inspection we found that people were not always protected from the spread of infection. We found the registered manager had since implemented an action plan which had not been effective. Peoples individual hoist slings were not being laundered and returned to their rooms and one person's room had an overwhelming odour. The person was moved from their room during the inspection for the floor to be replaced as a matter of urgency. Cleaning rotas that were in place were no longer being followed by staff, this meant we could not be reassured improvements had been made for infection control.
- Staff were aware how to control the spread of infection, however did not always follow infection control processes. We observed staff failed to change their gloves or wash their hands between supporting people with moving and handling.

These findings constitute a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risks of abuse or improper treatment. For example, the registered manager and staff had not recognised the injuries incurred through poor moving and handling as safeguarding issues. Staff had completed safeguarding training and had access to policies within the home, however we could not be assured issues were always acted upon accordingly. One staff member said, "I completed an online course when I first started, if I have any concerns about anybody or a visitor that may

be a concern I report it to senior staff or the manager."
● People were supported in reporting concerns of abuse. Information about safeguarding was displayed throughout the service, for the benefit of staff and visitors.

Learning lessons when things go wrong
● The provider had not always learnt lessons when things had gone wrong. There were failures to address ongoing incidents of injury from moving and handling resulting in repeated injuries to people. There were also ongoing infection control issues despite this being raised at the previous inspection. However, the registered manager had identified an issue with people's call bell pendants and addressed this promptly to ensure people were safe and had implemented a check sheet to ensure this was not repeated.

Staffing and recruitment
● The provider had policies and procedures to ensure safe recruitment of staff. Pre-employment checks were carried out and effective processes were in place for checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
● People shared mixed views in relation to staffing levels, however the majority told us they felt there was enough staff. One person said, "Yes there are enough staff. There are quite a lot". Another person said, "Short staffed. They come in and out quickly."
● The registered manager used a dependency tool to determine the level of staff required to meet peoples care and support needs. There was evidence of this being reviewed regularly and amended as required. The registered manager had recently recruited staff for weekend shifts to help resolve issues.

Using medicines safely
● Medicines were managed, stored and disposed of safely. Regular temperature checks of the medicine storage room and refrigerators ensured medicines were stored in line with the manufacturer's instructions.
● The registered manager and CHAP representative had provided opportunities for people who use the service and their relatives to discuss their medicines. This had been effective in ensuring that medicine was only prescribed as necessary.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
- Staff were not effectively supported with ongoing training to maintain their skills. For example, infection control training for all staff had not been completed.
- Staff skills had not been regularly assessed to ensure they were following safe practices in carrying out their roles. This meant people were at potential risk of being supported by staff that did not have the skills to meet their needs.

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

- Staff had an induction before they started working with people. This included shadowing members of staff to get to know people and reading policies and procedures. Staff received supervision and appraisals and felt able to request additional training when needed.

Supporting people to eat and drink enough to maintain a balanced diet
- People were not always supported effectively with food and drink. Records showed that people are not always meeting their drinks targets. We discussed this with the registered manager who said they were monitoring records weekly and liaising with staff to improve this, however improvements had not been achieved at the time of inspection. This meant people were at potential risk of dehydration. People we spoke to felt they got enough to drink.
- Pureed meals were not presented in an appetising way. The registered manager said they had worked with the healthcare professionals to determine how best to present food to people. However, there was no evidence available to support this.
- People's mealtime experience depended on where they chose to eat their meals. We observed some people eating independently in their rooms who were not always adequately supported. For example, one person told us they were hungry, and we found their meal to be cold on the table and out of reach. People assessed as requiring one to one assistance were supported. We also observed the meal time experience in the dining room and saw people were well supported and not rushed. People liked their food and had choice. One person said "There is a very good choice of food. Four choices for the mains". Another person said "Marvellous the food. They cater for what I eat". Peoples preferences on where they chose to eat their meal was supported. One person said, "I can choose to have my breakfast in my room or the dining room."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

● Staff had not always sought advice from specialists such as the speech and language therapist for those with swallowing difficulties. This meant people were at potential risk of choking.

● People had access to healthcare services when needed. Records showed input from a range of health and social care professionals. This included dieticians, GP, district nurses, opticians and the local pharmacy. One person said, "[Staff] treat my legs with a special cream every morning and night. The district nurse came to check today, they said the treatment is going well."

● Peoples oral health had been considered and planned into care. The home could request referrals for dental appointments to be facilitated in the home to ensure this need is met.

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

● Dementia friendly signage to help people with orientation was in some areas, such as people's bedrooms, however, this was not consistent around the home. Further development was required to promote a dementia friendly environment. People had brought their own furniture and possessions for their rooms. This meant that rooms felt more personalised.

● People had access to quieter areas such as a library and conservatory, communal areas and the grounds where they could choose to spend their time. The home had a dedicated room for hair salon facilities and hairdressers came in on specific days for people to access if they chose to.

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 found they were.

● People, where appropriate, had consented to the care and support provided. Where people did not have capacity, assessments of capacity had been completed and best interest discussions had been held.

● Staff had received training in DoLS and were able to demonstrate an awareness of the MCA and understood consent.

● The registered manager had sought advice from the local authority DoLS team as required to ensure people's rights were being protected.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt staff were caring. One person said, "They treat me well. [Staff] is like a granddaughter to me". Another person said, "They are kind and caring and treat me well." We observed people to be relaxed with staff and their interactions were friendly. People's friends and relatives also felt supported by staff. One friend said, "They treat [person] well. They also treat me well."
- People's care notes included a 'Life history' page. This provided individualised information about the person, their family, careers, family life, names of people important to them and sign posted staff to items such as boxes of photos in the person's room. One person said "They [staff] get to know my background."

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

- People were involved in making decisions about their care. People's care plans showed people had their care plans discussed and agreed with them.
- People's choices and preferences were supported. One person said, "I can get up and go to bed when I want", another person said, "If I change my mind from what I chose for lunch it is ok." Information in care records helped staff to meet people's specific needs. One care plan documented "[Person] has not eaten meat for some years now. Staff are still to take [person's] preferences into account when choosing from the daily menu with [person]", another care plan documented "[person] should wear their hearing aids but does not like to. [Person] wears their glasses most of the time."

Respecting and promoting people's privacy, dignity and independence

- People's records were not always stored securely. We saw on inspection that one filing cabinet with confidential information was accessible and was not securely locked. We raised this with the registered manager who arranged for this to be fixed.
- People felt staff treated them with privacy, dignity and respect. One person said, "They do treat me with dignity and are respectful", another person said, "They respect my privacy. If I have visitors, they will come back and do things."
- People's care plans to promote independence are supported by staff. One person said, "I am asthmatic, and I have my inhaler next to me."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

● The registered manager failed to fully investigate and have oversight over a formal complaint. Systems in place did not always ensure all issues with appropriate actions to put them right. This meant that people could not always be assured that their complaints would be fully investigated and acted upon to improve the quality of their care.

● People had been provided information in their service user guide about what to do if they wished to make a complaint. This was also displayed clearly in the home. People's feedback during the inspection indicated they had no issues or concerns about their care or staff. One person said "No concerns or complaints. I would go to [registered manager]", another person said, "Any minor concerns sorted out."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care records contained information for staff about people's preferences and choices to care and how to support them in a personalised way. People had 'This is Me' information in their rooms with personalised simple read information about their likes, dislikes and preferences. The registered manager had worked with people and those involved in their care to promote choice and control with their preferences and needs with medicine and treatment.

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.

● People's communication needs had been identified and recorded about how people should be supported. Care plans also identified specific details about sight and hearing to help staff support meeting this need. For example, one care plan documented "[Person] wears glasses to aid their sight (bifocals)". Another care plan identified "[Person] can follow close objects and people in their right eye."

● People had access to simple read or large print documentation at the home including a resident handbook. There were also hired talking books provided for people to use at their leisure.

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 were supported to take part in regular activities such as going armchair exercises, quizzes, bowls, music groups and gardening. There were organised trips such as a day out at the seaside with invites extended to family and friends. One person said "I take part in activities, skittles and do quizzes. I go out with

my family", another person said "I've made pots. I have gone on trips. I go to church services, at least once a week."

● The chapel within the grounds accommodated a variety of religious services for the people at the home. People were supported to access these services and families were also welcomed to attend.

● People were involved in local events facilitated by the home including charity table top sales and the recent 'Northampton Flowers in Bloom' competition.

● People are supported to maintain relationships with family and friends. We saw visitors to the home during inspection and friends and relatives felt welcomed at the home. People were supported to use Skype communication to keep in touch with their family and friends. One care plan documented "Staff are to Skype [person's relative] every Wednesday at 8am."

End of life care and support

● At the time of inspection no one was receiving end of life care. People had been involved in discussions about their end of life care to explore their preferences and choices. One person said, "I have discussed end of life care and it has been written down", another person said, "Yes they talk to me about my wishes for the end of my life".

● The registered manager had attended the Gold Standards Framework training to be able to support a systemic, evidenced based approach to optimising care for all people approaching end of life. Staff also liaise with healthcare professionals when required to support people at the end of their life to have a comfortable, dignified and pain free death.

● Some staff had completed end of life awareness training. Staff we spoke to felt able to support people at their end of their life, staff said "We are there for families. We want the person to be comfortable, to look nice and to care for them", and "we allow people time to speak with us, to support the families as well."

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection we found the provider did not have effective systems and processes in place to ensure the safety of people using the services. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider continued to be in breach of regulation 17.

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

- Quality monitoring checks had not improved since our last inspection in relation to infection control. New systems and records had been introduced to monitor infection control procedures, but the provider and registered manager had failed to ensure these continued. Risks to people around manual handling were also ongoing. There were no systems in place to review accidents, incidents or complaints therefore trends were not identified, and people were left at risk of harm. Staff were not effectively monitored and continued to carry out unsafe moving and handling practices. Where staff had had their competency checked in this area the assessors were not suitably trained to make a judgement.
- Prior to the inspection the registered manager had failed to identify potential risks to people in the environment, we highlighted concerns for people having access to scalding hot water from urns in kitchenettes on both floors and access to chemicals exposing them to risk of burns and potential ingestion of chemicals. After raising this with the registered manager, they took remedial actions to ensure peoples safety was maintained.

These findings constitute an ongoing breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager carried out monthly audits to assess and monitor the quality and safety of the service. Where risks were identified outcomes were openly communicated at monthly staff meetings. The registered manager had identified additional training needs for staff in meeting nutritional needs following concerns with fluid intake and record keeping. There is no evidence to determine if this has been effective at time of inspection.
- The home was visibly clean. One person told us, "My room is vacuumed every day." and another person commented, "It is clean and well maintained. The cleaners are good." The kitchen was clean and well

organised. Staff were observed to be following correct processes when handling food.
● The registered manager has been working towards implementing a system to monitor staff in relation to supervision and task competencies. This had not yet started and was not embedded in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had not raised any safeguarding alerts since our last inspection, however during our inspection we identified notifiable records of accidents and incidents for people to the local safeguarding authority and to CQC. The registered manager had also failed to notify CQC of a person's authorisation for DoLS. This meant we could not be assured the provider fully understood their legal responsibility.
● The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology. The registered manager had awareness of duty of candour and this had been demonstrated in outcomes for safeguarding investigations within the service.
● It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. The rating from the previous inspection was displayed on the provider's website and at the service.
● The registered manager was open and honest about required improvements and was open to feedback to mitigate risks to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People were comfortable to approach staff and the registered manager with any concerns they had, and people said the home was well managed. Staff told us they felt confident to raise any concerns with the registered manager and that these would be listened to. Staff attended regular team meetings to discuss themes such as outcomes of audits, improvements needed and ways to work well as a team. One relative of a person that uses the service said "They work well as a team. There is good staff morale here".
● People felt the service had an open culture. One person said, "There is an open and transparent culture at the home". Another person said "They are an open service. They let me know what is going on." People said they were kept informed about any updates within the home, one person said, "A leaflet comes out every week and tells us what is going on".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
● People shared mixed views about being involved in decisions about the service. One person said, "We are involved in decisions about the home", another person said "I am not involved in decisions about the home. I don't think there are residents' meetings". The registered manager sought feedback from people through surveys and an annual resident meeting with the board of trustees was carried out.
● Since the last inspection the home has had refurbishments in all communal areas and the front reception. The registered manager said people have been involved in the furniture choices in the conservatory and the themes for the pictures on the walls have been chosen by the people using the service. People with an interest in gardening were also supported to maintain the grounds with help from volunteers.

Working in partnership with others
● The registered manager had worked with other agencies regarding the care and quality of the service, including the local authority and local safeguarding team. Healthcare professionals had been involved to support some of the needs for people using the service.
● The provider had supported the 'Princes Trust' charity scheme through their recruitment of some staff and

facilitated school and college volunteers to gain experience working in a care setting. One person said, "The volunteers have a great attitude".

● The fire service had carried out inspections of the premises and identified any actions required for the home to meet fire safety requirements. This was last carried out in April 2017. The local fire service had also facilitated the training for staff on fire safety and fire evacuation within the home. People's personal emergency evacuation plans had accurate information about their mobility and the service had a 'Zone Mapping Fire Risk assessment' in line with the local Fire Brigade requirements. This meant in the event of a fire, people could be evacuated safely and effectively.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure care and treatment were always provided in a safe way The provider failed to ensure persons providing the care or treatment had the competence, skills and experience to do so safely.

The enforcement action we took:

We imposed conditions on their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems in place to asses, monitor and improve the quality and safety of the services provided.

The enforcement action we took:

We imposed conditions on their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff training, learning and development needs were reviewed at appropriate intervals. The provider failed to ensure staff were being supervised to demonstrate required/acceptable levels of competence to carry out their role unsupervised.

The enforcement action we took:

We imposed conditions on their registration.