Care Quality Commission

Stanwell Rest Home Limited

Stanwell Rest Home

Inspection report

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Southampton,
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Date of inspection visit: 7 & 10 July 2015
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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**

Overall summary

This inspection took place on 7 & 10 July 2015 and was unannounced. The home provides accommodation and care for a maximum of 38 older people. Some people may be living with dementia or mental health illness. There were 30 people living at the home when we carried out our inspection. Accommodation is provided in either the main building or a second building in the grounds providing eight individual "apartments".

At the last inspection on 27 & 29 January 2015, we issued compliance actions for care and welfare of people using the service, management of medicines and cleanliness and infection control. The provider send us an action plan and stated they would be compliant by 14 June 2015.

At this inspection we found some improvements had been made, such as cleanliness, infection control and medicines. However, there was insufficient action taken to meet the regulations in other areas assessed. The action plan had not been followed and people remained at risk of not having all their care and welfare needs met.

The home had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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.

The risks of people choking were not managed safely and advice was not always followed or risk assessments updated to reflect people's current needs.

Risk assessments had been completed for the environment and safety checks had been conducted regularly of gas and electrical equipment. However, various hot water tanks around the home were not secure. They could be accessed easily and presented a risk to people.

The provider had introduced a series of audits and had improved their quality assurance systems. However, these had not picked up the issues we identified relating to the quality and safety of the service provided. Quality systems were not always effective in driving improvements within the home; actions that were outstanding were not followed up.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Care plans were not always representative of people's current needs and although some contained a lot of individual detail others did not have the current information. Where care plans had been reviewed, this did not necessarily mean the information in them had been update

The provider had made improvements to manage infection control risks and staff demonstrated a good understanding of infection control procedures.

The provider had made improvements to ensure people received their medicines safely from suitably trained staff. There were enough staff to meet people's needs. Relevant checks were conducted before staff started working at Stanwell to make sure staff were of good character and had the necessary skills. Staff received regular supervision and support where they could discuss their training and development needs.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. When people lacked the ability to make their own decisions these were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff. Staff members knew about people's lives and backgrounds and used this information to support them effectively.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People liked living at the home. There was an open and transparent culture at the home. Staff and people were encouraged to talk to the manager about any concerns.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Not all aspects of the service were safe.

Procedures had not ensured that all risks, such as the risk of choking were managed effectively.

Emergency information was out of date and hot water tanks were assessable to people in the home.

People told us they felt safe and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and recruiting practices were safe.

Requires improvement

Is the service effective?
Not all aspects of the service were effective.

Care plans did not contain sufficient information about people's nutritional needs.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments

Requires improvement

Is the service caring?
The service were caring.

Staff were caring and people were treated with kindness and compassion.

There were no restrictions on visiting the home and relatives were always made to feel welcome.

People's privacy and dignity was protected.

Good

Is the service responsive?
Not all areas of the service was responsive.

Care plans were not fully completed which put people at risk of receiving inconsistent care.

People had access to a wide range of activities.

The provider sought and acted on feedback from people. An effective complaints procedure was in place.

Requires improvement

Is the service well-led?
Not all areas of the service was well-led.

Requires improvement

Summary of findings

The quality and monitoring system was not effective in order to ensure necessary changes were implemented.

There was an open and transparent culture with links to the community.

Staff spoke highly of the registered manager, who was approachable and supportive.

Stanwell Rest 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We last inspected the home on the 27 & 29 January 2015 and found concerns. This inspection was to see if the provider had met the three warning notices issued after the inspection in January 2015 and to assess compliance with other essential regulations.

This inspection took place on 7 and 10 July 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist nursing advisor and an expert by experience in dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 to us.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people living at the home, and six family members. We also spoke to the registered manager and seven staff members. We looked at care plans and associated records for eight people, five recruitment files, accidents and incidents records, policies and procedures, minutes of meetings and quality assurance records. We observed care and support being delivered in communal areas. We also spent time observing the lunchtime meals and people receiving their medicines over two days and medicines management. Following the inspection, we spoke with three health care professionals.

Requires improvement

Is the service safe?

Our findings

People and their relatives said they felt safe living at the home. One person told us, "I feel very safe. It is very good here. The girls know me well and what I need." Another person said, "Not had any problems it feels safe because there are always staff around should I need any help."

A family member told us, "When I leave here I feel that they are in good hands. Staff know them well and are always checking to see if they are alright." Another family member said, "Since coming here, they have started to settle really well and is a different person. They feel safe and secure and are much happier."

At our last inspection in January 2015, we issued a warning notice for care and welfare of people using the service and the provider was required to become compliant by 17 April 2015.

One person was at risk of choking on their food and drinks because; they did not always receive the care and support they required. The specialist advice for this person stated "staff should observe from a distance due to risk of aspiration and choking." We saw that staff were not observing this person while eating and drinking, and that the person was not provided with the recommended fork mashable diet. We spoke to the cook who was unaware that this person should be on a fork mashable diet just that should not have brown bread. Records showed that this person had had brown chicken sandwiches and other foods which were not fork mashable. People were at risk of choking and were not receiving the care they required to minimise the risk.

We spoke to the registered manager about our concerns who told us, the person had chosen to not follow guidelines and consultation had taken place with the person, their family and the speech and language team. We had not updated our paper work to reflect these changes, but will straight away and put in new safety measures to make sure we monitor them while eating and I will be following this up in daily handovers and by carrying out direct observation at lunch times to ensure this happens.

Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. Staff had received fire training every six months and all staff we spoke with were fully aware of what to do if the fire alarms sounded and confirmed they had all received fire training. Fire safety equipment was maintained and tested regularly. However, we found that people could access various hot water tanks around the home which were not secure, presenting a risk to people with dementia. We spoke with the registered manager about our concerns who arranged for all hot water tanks to be fitted with combination locks, so people could not access them.

The failure to fully assess and manage risks to people's health and wellbeing was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been undertaken for the management of risk. Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risks. These included the risk of people with, skin integrity, being harmed by falls and risks posed by the environment. Records showed the necessary actions were followed by staff. An example of this was a person with reduced mobility had been moved to a ground floor bedroom as no longer able to manage the stairs and the stair lift frightened them.

There were plans to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire and safety equipment was maintained appropriately. People had personal evacuation plans, which included details of the support they would need if they had to be evacuated. However, some people's personal evacuation plans were not all accurate in respect of the support individual people would need if they had to be evacuated. These were dated January 2015; they had not been updated when people changed rooms or when new people were admitted. The registered manager was in the process of updating these records at the time of our visit.

At the last inspection we found procedures to manage medicines were not always safe and we issued a warning notice. At this inspection we found, appropriate arrangements had been put in place to manage medicines. People we spoke with told us their medication was delivered on time and that they understood what the medicines was for. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administering records (MAR) confirmed people had received their medicines as

Requires improvement

Is the service safe?

prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. The registered manager was carrying out detailed audits of medicines every month. However, MAR charts were inadequate to enable staff to record the number of variable dose tables people had received. The registered manager agreed it was unclear, and has subsequently informed us they have contacted the dispensing pharmacist to amend the MAR charts. This will ensure records are clearer for recording and auditing purposes.

At the last inspection we issued a warning notice as procedures to manage infection control were not always safe. At this inspection we found, arrangements were in place to manage infection control risks. One person told us, "I have a very nice room here and I am very happy. "Staff followed a daily cleaning schedule and most areas of the home were visibly clean. However we did notice that a under bath seat in the bathroom of the new extension was not clean. The registered manager took immediate action to rectify this. Mattresses were clean and were being checked on a regular basis. The laundry room was in the process of being renovated with new celling and the walls were being fitted with an easy to clean wall covering. Additional storage had been purchased due to the high level of clothing contained in soiled bags. . An action plan had been completed and was supported by infection control risk assessments and cleaning schedules which detailed how each area of the home should be cleaned. Check sheets recorded all cleaning had been completed as planned. The provider was completing regular cleaning checks with the infection control lead.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. They used this when appropriate and followed best practice guidance when handling soiled linen. Clinical waste was stored safely and disposed of by an approved contractor.

At this inspection we found, incidents of potential abuse were correctly responded to an appropriate action on any concerns was taken. All staff had been trained in safeguarding adults from abuse and one staff member told us, "I would not hesitate to report any concerns to the senior on duty. If they did not listen to me I would follow the safeguarding policy and refer the situation to the local safeguarding team, I would be nervous but I would still do it." Staff were aware of the provider's whistle blowing policy and how to access it as well as all other polices relating to safeguarding people.

The process to recruit staff was safe and helped to ensure staff were suitable for their role. Interviews included relevant questions to assess the applicant's knowledge and attitudes. Essential checks were completed to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. Staff confirmed this process was followed before they started working at the home.

There were sufficient staff to meet people's needs at all times and we observed people were attended too quickly. One person told us, "Day and night, there's always help if you need it. The girls are so good." Another person said, "Most of the time people come pretty quickly if I need anything." All the staff member's we spoke to felt staffing levels were sufficient. Following our last inspection the provider had increased the care staff on night duty, so they now had four members of staff on night duty. The hours of the house keeping staff had also increased to include an extra evening shift between 4 and 7 pm.

Requires improvement

Is the service effective?

Our findings

People told us, "I know that if I ask for help, I will get it from people who know what they are doing. It is reassuring."

Most care plans we looked at provided sufficient information about people's nutritional needs. However, the care plan for one person showed they needed assistance as "has diabetes, ensure I eat and drink regularly" but no reference to a individualised diabetic diet. The provider used a 'daily record sheet' which included meal times and what support was needed. The form was not clear and as a consequence staff recorded, some food and fluid offered, but the information was not always completed. The lack of information in care plans meant the provider could not be sure people always received appropriate meals, with appropriate support from staff.

At the last inspection we found that staff supervisions were out of date and training records showed essential training had not been completed. At this inspection, we found the provider had made improvements. Staff supervisions were being kept up to date as well as the provider's essential training.

We found staff were supported appropriately in their work. They had one-to-one sessions on a regular basis, a yearly appraisal and regular staff meetings. These provided opportunities for them to discuss their performance, development and training needs. One member of staff told us, "I have supervision once every six to eight weeks, and it's nice to get feedback, really helpful. It's encouraging to know I'm doing things right, and if something is wrong how can I improve it."

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. They were up to date with all the providers' essential training, which was refreshed regularly. In addition a high proportion of staff had completed or were undertaking diploma's in health and social care. New staff completed an induction at Stanwell before they were permitted to work unsupervised and had completed the care certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care. A staff member said, "If there is a training course you are interested in, you can speak to management and they will help you."

We found people's ability to make decisions were in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people living with dementia.

One staff member told us, "We have been doing an awful lot on this since the last inspection and I would say we all know it off by heart." Another staff member told us, "From our point of view we have done a lot of this in training, in meetings and in one-to-ones, we all should be very confident in it and I think we are." Staff told us they had received MCA training during the last six months and they also said they had training in Deprivation of Liberty safeguards (DoLS) at the same time.

The provider had appropriate polices in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLs provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications were in place for eleven people who were being processed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People were supported by health professionals and staff knew how to access specialist services for people. Staff knew which professionals were visiting each day and arranged appointments for people when required. Staff had good working relationships with community mental health nurses (CMHN) and could contact them directly for advice. A visiting health professional confirmed this and told us, "I feel that the residents are managed fantastically. Our team have no concerns about Stanwell. The staff are brilliant."

People and their relatives spoke positively about the quality of the food. One person said, "The food is good and I do like my food." Another person told us, "Food's lovely here. Get nice meals and really tasty food." Another person

Requires improvement

Is the service effective?

told us, “It is very good food, traditional, but the sort of food that I enjoy.” People living with dementia were shown examples of the meals and were encouraged to make their choices in a supportive and unhurried way. Staff were encouraged to sit and eat with people, as this would encourage residents with reduced capacity to eat because they were able to follow the care staff example.

At our last inspection on 27 and 28 January 2015, we found the service was in breach of regulations. Staff supervisions were out of date; training records showed essential training had not been completed.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said of the staff, “Marvellous here, well looked after very good care.” Another person said, “People know how to care here.” Another person told us, “We are very well cared for here by these lovely people. So kind and thoughtful.” A family member told us, “The carers know him well and they know how he likes to be cared for. They have taken time to get to know him.” Another family member told us, “He tells me they are very happy here. That he has a nice room and that he is well cared for by lovely people.”

Staff told us that privacy and dignity was adhered to and we observed care was offered discretely on order to maintain personal dignity. People’s privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people’s rooms.

The registered manager told us they had appointed a member of staff to act as the service’s dignity champion. A dignity champion should challenge poor care practice, act as a role model and educate and inform staff working with them. We spoke to the dignity champion for the home who told us, “I volunteered for the role since the campaign begin. I think it’s a fabulous role, I feel very passionate about it and have taken the role to promote dignity.” The staff member told us how she keeps up to date on training by attending a local network group every three months run by the Southampton City Council. She feels this is really helpful, and will then talk to staff about it at staff meetings.

We observed care and support being delivered in communal areas and saw good interactions with people. Staff were kind and compassionate; for example, staff spent time listening and talking to people in order to find out what they really wanted before delivering any kind of care. We also observed that when a person was disorientated all of the staff including the manager were attentive and kind to them.

Staff said they got on well with people and loved working at Stanwell. One staff member said, “The best thing about working here is seeing the residents smile. This is what motivates me.” Another staff member said, “This is a very happy home for people and we all, all of the staff do our best to keep it as happy as we can for the residents they are our priority, first and last. I love my work and I love the residents, it is a wonderful home, I do not think you will find better anywhere.”

There were no restrictions on visiting and visitors and relatives were made welcome. One family member told us, “I am involved with my Mother’s care planning and I am consulted if anything changes.” Staff had a good knowledge of people and knew what their likes and dislikes were. We observed people being offered an ice lolly on a hot afternoon. The staff knew which flavours people most liked and people seemed to enjoy these. One person told us, “I can get up whenever I like, go to bed when I like this is my home here.” People told us that they can make choices and that their decisions are respected.

There were links to the community through local church groups where people were taken to a local coffee morning twice a week. People were also taken to the local shops and tea shops and as well as a hairdresser visiting the home people were also offered the opportunity to attend a local hairdresser of their choice.

Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Requires improvement

Is the service responsive?

Our findings

At our last inspection on 27 and 28 January 2015, we found the service was in breach of regulations. Care plans were not fully developed to ensure people received care in a person centred way. We were unable to assess how complaints were dealt with and responded to. There were a lack of activities in order to offer people interest and mental stimulation.

At this inspection, we found care plans had been developed, and were personalised to support people to make choices. However, some care plans were not always up to date with current information, as staff did not always record all the information required.

People were not always adequately monitored in situations where their health may change such as following a fall. On one person's care plan it stated that they had had a fall which had resulted in a fracture. But when their falls risk assessment was updated there was no reference to the fall or fracture. On another person's records we saw that they had a bump on the head when they fell out of bed, but no record of care and support provided and no observations recorded. This meant that those risks to people were not continually monitored and prompt action taken to prevent further complications, by assessing and monitoring the risks. The registered manager told us they were going to speak to the team co-ordinator to make sure that all fall risk assessments were updated with current information.

We found that the registered person had not assessed and monitored the risks to people's health, safety and welfare. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found more activities were developed. People told us how much they enjoyed taking part in activities and how they provided them with a focus for the day and they were keeping them mobile. One person said, "There is usually something happening, I like music and a bit of dancing and we have people come in and entertain us and we enjoy it". The activities co-ordinator organises a range of activities, including exercise groups, trips to local places of interest such as the New Forest and the beach, shopping trips and accompanied walks of site. Tea dances take place regularly, where one person told us, "I really enjoy the dancing I used to go to tea dances with my late husband."

People received personalised care from staff who supported people to make choices and were responsive to their needs. One person said, "I have been asked who I would like to carry out my personal care, and I have the same people who provide most of my personal support." Another person said, "I mainly look after myself but I know that there are people there to help me if I need it and that's good to know."

At this inspection we found, the complaint procedure were clearly displayed and people told us that they knew how to raise concerns or make a complaint. People told us that staff and management were responsive if complaints were made. We looked at the complaints records which showed that complaints were formally recorded and investigated.

Minutes of 'residents' meetings showed people were encouraged to influence, and provide feedback about, the way the home was run. People told us their voice was heard and that their opinions are listened to. Minutes from minutes showed that a person would like to see a dog. This was then discussed and a dog was arranged to visit the person. People were reminded about the staff roles and the dignity and dementia champion for the home and were asked for suggestions for activities and food choices for the home.

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Requires improvement

Is the service responsive?

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Requires improvement

Is the service well-led?

Our findings

At our last inspection on 27 and 28 January 2015, we found the service was in breach of regulations. Internal auditing systems were not effective and did not identify shortfalls in care in order for appropriate action to be taken. An action plan had been developed but had not been followed and people were at risk to their health and welfare.

At this inspection we found the monitoring systems were not always effective and some concerns we had identified in our previous inspection, in relation to the safety and effectiveness of the service, had not been addressed.

The provider had introduced a series of audits and improved the way they monitored the quality and safety of the service. However, these had failed to ensure compliance with the regulations. For example, a recent audit of the environment did not identify, that people could access hot water tanks, and place people at risk of burns. Care plans were reviewed each month by senior staff, to ensure they were up to date and met people's individual needs. However, the reviews had not identified the risk assessments and associated records for a person who was at risk of choking. Care plan audits had not identified the lack of records for a person who had sustained a "bump to the head" or that a falls risk assessment had not been updated following a person falling resulting in a fracture. Therefore the systems you put in place to assess and monitor and mitigate the risks relating to the health, safety and welfare of people were not effective. The registered manager agreed records were not always up to date on care plans and informed us that she would work closely with the team of co-ordinators to make sure all care plans were audited so that future gaps and contradictions were identified and rectified in a timely way.

The audit for the environment did not pick up that in one person's room they had a frosted glass window in the door that could be seen through, and no curtain to close. There was a similar situation with a frosted glass window in a door in the communal toilet. We told the registered manager who arranged for a curtain to be placed in front of the door frame and for a temporary cover over the frosted windows in the doors pending a permanent solution.

The failure to have effective systems in place to mitigate the risks to people's health and safety and to assess, monitor and improve the quality and safety of the service effectively were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found, the registered manager understood the responsibilities of their registration with us. They were now reporting significant events to us, such as safety incidents, in accordance with the requirements of their registration.

The provider had a business plan in place for the current year, which was being progressed. This showed that improvements were needed and actions had been put in place with dates of when these actions would be completed. The business plan had identified that the registered manager required additional support and as a result a decision had been taken to recruit a deputy manager. The registered manager was now sending the Care Quality Commission (CQC) notifications of events at the home.

People told us there was an open culture within the home and that if they had any minor concerns that these were sorted out quickly by staff or management. Staff told us they felt supported by management. A staff member said, "You could not have a better senior team, they make you feel really important and that counts for a lot." Another staff member said, ""Feels supported 100%, feels listened to, and if any problems they get sorted." Another staff member said, "I feel it has improved since our last inspection, the paper work has improved and we are working as a team now."

Staff meetings were held once a month. Minutes from a meeting in April 2015 showed that care plans needed to be more person centred and that checks were being carried out every month on mattresses and linen. One staff member said, "You can put your ideas across, and have your say and you get listened to." One senior staff member said, "I find the manager very supportive, really wouldn't be in the role I am now in without the managers support." Another staff member said, "Manager brilliant, very good." The registered manager conducted a series of spot checks of key areas of work. Records confirmed that issues identified during the spot checks, for example around staff practices, were addressed immediately.

The registered manager carried out quality surveys with people and their relatives. The most recent of these was in

Requires improvement

Is the service well-led?

December 2014 and almost all people were happy with the care they were receiving at Stanwell Rest Home. Feedback from people indicated that they felt happy and enjoyed the food and activities that were on offer. An action plan had been developed from this survey stating that there is always room for improvement, and we will always use this as an opportunity to develop the home. Feedback from a relative survey suggested that the "home website is updated" and we were told this would be implemented this year.

The provider had appropriate polices in place for all aspects of the service which were reviewed yearly. Staff were aware of the polices and where to locate them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured that service users and others were protected by doing all that is reasonably practicable to mitigate any such risks Regulation 12 (1) and 12 (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The quality of the service was not effectively monitored and improvements were not made as a result Regulation 17 (1), (2), (a), (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The quality of the service was not effectively monitored and improvements were not made as a result Regulation 17 (1), (2), (a), (b)

The enforcement action we took:
We issued a warning notice to be met by 26/10/2015.