Care Quality Commission

Unity Homes Limited

Castle Grange

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 2 September 2015.

Castle Grange is located in a quiet residential area of West Derby, Liverpool. Castle Grange specializes in long term and respite care for people living with dementia. The home is well served by public transport and is within walking distance of local shops and amenities. Castle Grange has 40 rooms across three floors. At the time of the inspection the home was providing services for 40 people.

A registered manager was not in post. The current acting manager was in the process of making an application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the home told us that they felt safe. The views of people living at the home and their relatives

Summary of findings

were mixed regarding the suitability of staffing levels. At the time of the inspection there were six care staff on duty, plus an acting manager, a nurse, two kitchen staff, two domestic staff, a laundry assistant and a maintenance person. This reduced to one nurse and three carers in the evening.

The building had an emergency-call system to allow people living at the home to call for assistance from their bedrooms. We found that the bell rang for prolonged periods during the inspection. We did not see any regular monitoring of call-bells or staff response times. This meant that people could be left for undefined periods while waiting for assistance. You can see what action we have told the provider to take at the back of the full version of this report.

We saw five care plans which were detailed and included evidence of regular review. The files contained up to date information and had been checked daily. Risk assessments were comprehensive and were countersigned by visiting professionals. We saw evidence that some people and their relatives had been involved in the care planning process and the assessment of risk. The provider told us that other people living at the home had declined or were unable to participate in the process.

Although there was a general evacuation plan, people living at the home did not have personal emergency evacuation plans (PEEP) in place. This meant that they may be at additional risk in the event of a fire. We discussed this with the provider who told us that they would produce a PEEP for each person living at the home.

Medicines were stored and administered in accordance with best-practice.

Staff were inducted and trained through a mix of practical sessions and e-learning. Staff were trained in relevant social care topics including dementia. The training record indicated that in excess of 90% of staff were trained in relevant topics. The majority of staff training was completed in 2015. Some staff had completed, nationally accredited training at level two or above in health and social care. Two of the five staff files that we saw did not contain evidence of recent supervision. The staff that we spoke with were unsure about when formal supervisions should happen.

The dining room was bright and tables laid-out with table-cloths and cutlery. A menu was displayed next to the serving hatch. The meals provided were basic but nutritional. People did not always have the choice of meals explained to them in a way that they understood.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain.

Pre-admission assessments were detailed and included medical histories. There was evidence that further assessments were undertaken following admission.

There was some evidence that bedrooms had been personalised by the introduction of personal items and equipment. There was no significant adaptation of the environment to support the independence of people living with dementia.

Throughout the inspection we observed that staff had limited time to interact with people living at the home, but spoke in a caring and respectful manner when they did. People living at the home that we spoke with expressed mixed views on the quality of care provided. Relatives that we spoke with were positive about the quality of care.

Staff were able to explain the importance of privacy, dignity, choice and human rights in relation to the people living at the home, but this was not always evident in the delivery of care and support. We saw one member of staff talking to a colleague and failing to respond to a call-bell until prompted.

Staff communicated with people living at the home as they completed their duties but we saw that the quality of this communication was variable. Staff did not always explain what they were doing.

People were not always given information in a way that they understood. Written information was available in the form of notices and letters. There was limited evidence of pictures and alternative forms of communication being used to aid communication.

Confidential information was not always stored securely.

Relatives and friends were free to visit or contact the home at any time.

Summary of findings

We received contradictory information regarding the ability of the service to respond to changes in the care and support needs of people living at the home and provide a personalised service.

The home employed an activities coordinator and promoted a range of activities. We saw evidence of recent activities which included access to a professional entertainer and a fitness instructor.

Staff were able to explain the needs of people living at the home in relation to their care plans. Nursing staff demonstrated a good understanding of the needs of the people they supported and made a contribution to the development and review of care and support plans. Daily records were maintained to ensure that care and support plans were delivered by staff and to record any changes or other important information about the person.

The assessment process focused on clinical and practical aspects of care and had insufficient focus on person-centred approaches. This was reflected in some of our observations of staff engagement and activities for people living at the home.

The provider facilitated meetings for people living at the home and their relatives. A record of these meetings was made available during the inspection.

At the time of the inspection a registered manager was not in post. The current acting manager was in the process of making an application to become the registered manager. CQC had not been informed that the previous registered manager had left the service.

There was a lack of clarity from the provider regarding requirements to notify CQC with regards to critical events including DoLS authorisations.

Staff were aware of whistle blowing and how to report concerns.

The provider showed us evidence of quality and safety audit processes which had been completed on a regular basis. There was an emphasis on safety within the audit processes, but quality was also assessed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The views of people living at the home and their relatives were mixed regarding the suitability of staffing levels. The allocation of care staff was not determined by the completion of a dependency tool. This meant that the provider could not be certain that sufficient staff were deployed to meet the needs of the residents.

Although there was a general evacuation plan, people living at the home did not have personal emergency evacuation plans (PEEP) in place. This meant that they may be at additional risk in the event of a fire.

Risk was adequately assessed and reviewed for each person.

Medication was appropriately stored and administered.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were inducted and trained through a mix of practical sessions and e-learning. Staff were trained in relevant social care topics including dementia. Staff were not given regular supervision.

Mental Capacity Act assessments for people living at the home had been completed and best-interest decisions recorded.

People were not always offered a choice of food and drink in a way that they understood.

People were supported to maintain good health through regular monitoring and contact with external healthcare professionals.

Is the service caring?

Requires improvement

The service was not always caring.

Staff did not always have sufficient time to engage with people living at the home and were sometimes focused on the task instead of the person.

Information was not provided in a way that was accessible to everyone living at the home. Written information was available in the form of notices and letters. There was limited evidence of pictures and alternative forms of communication being used to aid communication.

Relatives and friends were free to visit or contact the home at any time.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Staff were able to explain the needs of people living at the home in relation to care plans. Nursing staff demonstrated a good understanding of the needs of the people they supported and made a contribution to the development and review of care and support plans.

The home employed an activities coordinator and promoted a range of activities. We saw evidence of recent activities which included access to a professional entertainer and a fitness instructor.

Systems to record and process complaints were not consistently applied. The people living at the home and their relatives that we spoke with knew how to complain about the service, but information was not clearly displayed which explained the process.

Is the service well-led?

Requires improvement

The service was not always well-led.

The provider did not have a registered manager in place.

The provider did not fully understand responsibilities in relation to regulation and in particular the submission of notifications as legally required.

The provider had systems in place to monitor safety and quality. We saw evidence of quality and safety audit processes which had been completed on a regular basis.

People living at the home, their relatives, staff and visiting professionals were regularly asked to provide feedback on the service.

Castle Grange

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.

The inspection took place on 2 September 2015 and was unannounced.

An adult social care inspector and an expert by experience with an understanding of the needs of people living in residential care and dementia undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had not been requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including five care records, five staff personnel files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of our inspection we spoke with six people living at the home. We also spoke to six relatives. We spoke with the provider, the acting manager, the senior nurse and four other staff.

Requires improvement

Is the service safe?

Our findings

We asked people living at the home whether they felt safe. One person told us, "Safe? In here, yes, I feel safe." Another person told us, "It's very nice here, I feel safe and secure."

The building had an emergency-call system to allow people living at the home to call for assistance from their bedrooms. We found that the bell rang for prolonged periods during the inspection. We did not see any regular monitoring of call-bells or staff response times. This meant that people could be left for undefined periods while waiting for assistance. One person living at the home said, "At times I've spent over an hour waiting." On one occasion we heard the call-bell ringing for in excess of five minutes. The provider told us that the system would continue to ring if another person called for assistance before the first call was reset. This meant that it was difficult to monitor how long people had been waiting for assistance and people were put at risk of not being attended to in a timely manner. One relative said, "When [relative] presses the buzzer in their room, they [staff] take ages to come." We discussed this with the provider who said that they would consider a more robust system of monitoring.

This is a breach of Regulation 12 (2) (e) Safe care and treatment HSCA 2008 (Regulated Activities) Regulations 2014.

The views of people living at the home and their relatives were mixed regarding the suitability of staffing levels. At the time of the inspection there were six care staff on duty, plus an acting manager, a nurse, two kitchen staff, two domestic staff, a laundry assistant and a maintenance person. This reduced to one nurse and three carers in the evening. One person living at the home told us, "I think there's enough staff, I don't need much help. A shortage doesn't affect me. I don't often see agency staff." A member of staff told us, "Staffing is sometimes short, especially when someone is sick."

A relative also told us, "There is not enough staff. [relative] is on their own for too long." Another relative told us, "They're [staff] great in themselves; they're just rushed off their feet". We saw that staff took time to talk to people as they assisted them to eat but did not always engage with people when completing other care tasks. The allocation of care staff was not determined by the completion of a dependency tool. This meant that the provider could not be certain that sufficient staff were deployed to meet the needs of the residents. The acting manager told us that staffing levels were determined by the number of people living at the home. They said that staffing levels were safe and that care staff had time to help with activities. The activities coordinator told us, "I get the care staff to help me."

People were protected from bullying, harassment and avoidable harm because staff were trained in relevant topics and applied this training in the delivery of care. When asked, staff demonstrated that they had a good understanding of the needs and behaviours of the people living at the home. Staff were trained in adult safeguarding and demonstrated an understanding of it and its subsequent processes.

We saw five care plans which were detailed and included evidence of regular review. The files contained up to date information and had been checked daily. Risk assessments were counter-signed by visiting professionals. This demonstrated that the provider was making good use of external resources to reduce risk.

Accidents and incidents were recorded as part of daily records. These records were reviewed by senior staff, but there was no process in place to identify patterns or learn from previous incidents. This meant that accidents and incidents were more likely to re-occur because causes and preventative measures were not formally considered.

We asked about the use of restraint in the home. The provider told us that restraint was not used in the service and that their focus was on early intervention and de-escalation techniques.

The provider had a fire alarm system in place and extinguishers at appropriate points throughout the building. The fire alarm was tested weekly. The fire evacuation plan had been recently reviewed. Fire drills took place regularly. A review by Merseyside Fire Service in July 2015 rated the building, equipment and systems as 'Satisfactory.'

Although there was a general evacuation plan, people living at the home did not have personal emergency evacuation plans (PEEP) in place. This meant that they may be at additional risk in the event of a fire. We discussed this with the provider who told us that they would produce a PEEP for each person living at the home.

Requires improvement

Is the service safe?

Staff files contained a minimum of two references which had been secured before the person started work. Four of the files staff files that we checked contained evidence of a disclosure and barring service (DBS) check being secured before the person started work. A DBS check is a method for checking the suitability of people to work with vulnerable adults. The provider showed us a record with dates when each staff member had been checked which showed that some checks were over three years old. This was not compliant with the provider's own policy. We discussed this with the provider. They said that they would ensure that their process for the completion and renewal of DBS checks was safe and compliant with their policy and procedure.

We checked the provider's approach to the storage and administration of medication. Medication was stored in the clinical room. The room was lockable and specifically allocated for the storage of medication. We looked at the medication administration record (MAR) for four people. They included a picture of each person and any special administration instructions. The MAR sheets that we saw were complete.

Medicine that required refrigeration was stored correctly and daily fridge temperatures were recorded and signed for. We were advised that two of the people currently living in the home were prescribed a controlled drug. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. The controlled drugs were stored safely in a separate lockable cabinet. There were separate storage facilities for homely remedies, topical medicines (creams) and medication which was to be returned to the pharmacy. Returns were not clearly labelled, but were accurately recorded. Medicine audits were completed regularly by a nominated nurse and followed a detailed audit template.

We were told that none of the people currently living at the home required covert medicine. Giving medicine covertly means medicine is disguised in food or drink so the person is not aware that they are receiving it. The acting manager was able to explain what procedure would be followed if somebody required covert medication in the future. This procedure was in-line with the MCA.

Some people were prescribed medicines only when they needed it (often referred to as PRN medicine). Staff were able to describe for us how they identified when people needed the medicine, usually for pain relief or when they were distressed. People had a PRN administration plan which meant that PRN medication was administered is a safe and timely manner.

Requires improvement

Is the service effective?

Our findings

People told us that they enjoyed the food and drinks available at the home. One person told us, "There's a basic choice of meals. If you don't like it they'll find you something else. Breakfast is good. There's a fruit bowl that you can help yourself to. They make sure you get enough to eat." We observed the lunchtime experience and saw that most people were supported in a manner which was appropriate to their needs. The dining room was bright and tables laid-out with table-cloths and cutlery. A menu was displayed next to the serving hatch. The meals provided were basic but nutritional. One person living at the home commented that the food was salty even though there was salt and pepper on each table. We saw that one person offered alternatives because they did not want the food on the menu. A choice of drinks was offered to people as they entered the dining room. On two occasions we heard people being offered a choice of two meals from the menu. The meals were named but not shown to the person. In each case the person did not respond and staff chose the meal for them. Alternative communication methods such as the use of photographs or viewing the alternative meals were not used.

Staff were inducted and trained through a mix of practical sessions and e-learning. Staff were trained in relevant social care topics including dementia. The provider used both internal and external sources to deliver training. The Human Resources and Training Coordinator told us, "If you want it [training] and the client needs it, you'll get it." We saw that staff had accessed the training they were required to undertake for their role and additional training in dementia, stroke care and Parkinson's Disease.

Induction training for new staff was completed by experienced staff working at the location. Staff were required to complete a further programme of training and to refresh this every year. We were provided with a record of training which indicated that a small number staff had not completed some of the required training, including manual handling. This did not present any additional risk because there were sufficient numbers of trained staff to lead any moving and handling processes. The provider assured us that these people would complete the training at the earliest opportunity. The record indicated that 90% of staff were appropriately trained. The majority of staff training was completed in 2015. Some staff had completed, nationally accredited training at level two or above in health and social care. One member of staff listed a number of relevant training courses that they had completed and told us, "I've been trained at [Local college] and the nurses help me as well. We get support and encouragement for training."

Two of the five staff files that we saw did not contain evidence of recent supervision. The staff that we spoke with were unsure about when formal supervisions should happen. When asked about the last time they received supervision one member of staff said, "I'm not sure. A few months ago." We were told that nurses were supervised every three months. The nurse that we spoke with had recently started. They confirmed that they had received supervision from the acting manager.

CQC has a responsibility to ensure that providers operate their services in accordance with the principles of the Mental Capacity Act (MCA) 2005. We saw that six people living at the home were on standard Deprivation of Liberty Safeguards (DoLS) authorisations. DoLS is part of the MCA. The MCA is a piece of legislation which covers England and Wales. It provides a statutory framework for people who lack capacity to make decisions for themselves or who have capacity and want to make preparations for a time when they may lack capacity in the future. DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

People with dementia living at the home had a mental capacity assessment completed and reviewed as part of the care planning process.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain. Appointments were made with the involvement and consent of the person and staff accompanied them where appropriate.

Pre-admission assessments were detailed and included medical histories. There was evidence that further assessments were undertaken following admission. There was evidence in the care files that people had regular access to primary health care services including, GP's, dentists, mental health services and screening services.

There was some evidence that bedrooms had been personalised by the introduction of personal items and

Requires improvement

Is the service effective?

equipment. Shared areas were bright and decorated to a high standard. However, there was no significant adaptation of the environment to support the independence of people living with dementia. This does not support people living with dementia to orientate themselves or promote their independence.

We recommend that the provider explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Requires improvement

Is the service caring?

Our findings

Throughout the inspection we observed that staff had limited time to interact with people living at the home, but spoke in a caring and respectful manner when they did. Relatives that we spoke with were positive about the quality of care. One relative told us, "You could tell the staff genuinely cared. [Relative] was happy here."

People living at the home that we spoke with expressed mixed views on the quality of care provided. One person living at the home said, "I don't like some of the carers, but some of them are alright." Another person living at the home told us, "[A member of staff] has got a bad attitude." A different person said, "The staff are okay, they're fine. They're kind, caring and friendly. I get on alright with all of them."

Staff were able to explain the importance of privacy, dignity, choice and human rights in relation to the people living at the home, but this was not always evident in the delivery of care and support. We saw one member of staff talking to a colleague and failing to respond to a call-bell until prompted.

Staff communicated with people living at the home as they completed their duties but we saw that the quality of this communication was variable. Staff did not always explain what they were doing. We saw one person being supported to move to another room but did not hear any introduction or explanation from the staff. Where they had explained they did not check to ensure that people understood.

The provider told us that risk was reviewed with the involvement of people living at the home and their relatives. We saw evidence that some people and their relatives had been involved in the care planning process and the assessment of risk. The provider told us that other people living at the home had declined or were unable to participate in the process.

People were not always given information in a way that they understood. Written information was available in the form of notices and letters. There was limited evidence of pictures and alternative forms of communication being used to aid communication. This meant that people with different communication needs did not always understand the information that was provided. The provider said they would address this.

Confidential information was not always stored securely. The office where care files were stored had one door propped open and the other unlocked. This meant that confidential information was vulnerable when the office was unattended. The acting manager told us that the office was the main base for administration tasks and was locked when not in use. The provider confirmed that they were aware of the need to maintain confidentiality at all times. Staff also told us that they understood the need to maintain confidentiality at the home.

Each person had a nominated family member to discuss matters relating to their relative's care. We were told that discussions took place with the involvement of the person in a private setting. Staff were unable to identify if anyone living at the home required or had accessed independent advocacy services previously

Relatives and friends were free to visit or contact the home at any time. In addition to their bedrooms, people living at the home had access to other areas of the building should they require them during visits. We saw evidence of regular contact with, and visits by relatives. There were no restrictions placed on visiting times by the provider. In connection with a recent bereavement, one relative told us, "We were here all hours of the night. You could call any time."

Good

Is the service responsive?

Our findings

We received contradictory information regarding the ability of the service to respond to changes in the care and support needs of people living at the home and provide a personalised service. Positive comments included; "I can go to bed when I want and get up when I want." Another person living at the home said, "If there's anything I want, I'll just ask for it." A relative told us, "If we want to take [relative] out, we'd just let them [staff] know."

The home employed an activities coordinator and promoted a range of activities. We saw evidence of recent activities which included access to a professional entertainer and a fitness instructor. They were primarily directed towards people living with dementia. Some people who did not have dementia declined to take part in structured activities and preferred to spend the day talking or watching the television. A member of staff told us, "Some people are hard to motivate, but I won't give up." Another member of staff told us how they had been given the remit to develop activities which included accessing community facilities and bringing them into the home. We saw that the acting manager was aware and supportive of the promotion of community inclusion. They were able to outline the activities programme and explain why this was important. During the inspection we saw the activities coordinator working on an individual basis with people. They used materials to support reminiscence and basic crafts.

The acting manager told us that each person had an individual care plan that described their condition and their needs in relation to care and support. We spoke with staff to establish their understanding of the needs of the people living at the home. Staff were able to explain the needs of people living at the home in relation to these plans. Nursing staff demonstrated a good understanding of the needs of the people they supported and made a contribution to the development and review of care and support plans. Daily records were maintained to ensure that care and support plans were delivered by staff and to record any changes or other important information about the person.

We saw that care needs were assessed and reviewed on a regular basis. We saw that comments recorded at the point of review had been used to change the provision of care and support. One relative had requested the provision of PRN medication in liquid form to make it easier for their relative to swallow. The staff had made arrangements for a change in the relevant prescription to enable this.

The assessment process focused on clinical and practical aspects of care and had insufficient focus on person-centred approaches. This was reflected in some of our observations of staff engagement and activities for people living at the home.

The people living at the home and their relatives that we spoke with knew how to complain about the service, but information was not clearly displayed which explained the process. One person living at the home told us, "I complained to the manager, but didn't hear anything about it." We saw a file containing records of complaints and the action taken to resolve them. The records were detailed and recorded an outcome, although not all of the records were complete. The provider told us that every complaint was responded to in the same manner. They said that they would review the complaints where the records were incomplete and ensure that all actions were properly recorded.

The provider facilitated meetings for people living at the home and their relatives. A record of these meetings was made available during the inspection. There was limited evidence that the matters discussed had resulted in significant change and feedback to those who attended. Other mechanisms for capturing people's views included surveys of people living at the home, their relatives and visiting healthcare professionals. The results of these surveys were generally positive. One relative told us, "We've not had a questionnaire, but they [provider] do have open meetings with relatives."

Requires improvement

Is the service well-led?

Our findings

At the time of the inspection a registered manager was not in post. The current acting manager was in the process of making an application to become the registered manager. CQC had not been informed that the previous registered manager had left the service. The provider told us that the previous manager had the left the service in May 2015.

There was a lack of clarity from the provider regarding requirements to notify CQC with regards to critical events including DoLS authorisations. We were told that six people living at the home were currently subject to DoLS authorisations but CQC had not been notified of these in advance of the inspection as legally required. We asked the provider to check responsibilities in this area as part of the manager's registration process and to ensure compliance with regulation. The provider confirmed that they would review all DoLS applications and authorisations as a priority and submit the appropriate notifications when this had been completed.

Observations of staff and discussions with them indicated that transparency and open communication were encouraged. One member of staff told us, "We get support and encouragement. If you need anything, just ask." Another member of staff said, "[Performance] issues within the service are being challenged."

Staff were aware of whistle blowing and how to report concerns. One member of staff told us, "We're encouraged to speak-out and report." The acting manager told us that the location had no issues with whistle blowing, and they were sure that everyone would know what to do.

Staff were unsure about visions and values of the service when questioned, but made consistent reference to the need to monitor and develop quality. Statements regarding visions and values were not available to people living at the home, their relatives or staff. This meant that people living at the home and their relatives may not have had a clear understanding of what they could expect from the service.

We saw evidence that staff were able to challenge practice and suggest developments. A member of staff told us, "[Acting manager] is demanding but listens."

The acting manager was aware of the day to day culture and had identified issues requiring their attention. The acting manager told us that they were focusing on the quality of care plans and addressing staff conduct and performance issues. We saw evidence that care plans had been reviewed and reference to standards in the minutes of staff meetings They were supported on the day by the provider. We saw the acting manager providing guidance and issuing instructions throughout the day. They were responsive to the inspection process but remained highly visible to people living at the home, their relatives and staff throughout the day. Both the provider and the acting manager responded in a timely manner to requests for information and issues identified during the course of the inspection.

The provider showed us evidence of quality and safety audit processes which had been completed on a regular basis. There was an emphasis on safety within the audit processes, but quality was also assessed. One member of staff told us, "We monitor quality through records, outcomes and observations." The provider used an appropriate mix of paper-based records and electronic records to capture and assess data. We saw evidence that quality and safety issues had been identified and acted on in a timely manner. Response times and the effectiveness of the call system were not audited as part of this process. These systems did not require that quality was benchmarked against current guidance or best-practice approaches.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The call system was not effectively monitored to ensure safe response times.**

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.