Bupa Care Homes (AKW) Limited

Collingwood Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on the 16 September 2016. Collingwood Grange provides residential, nursing and respite care for older people who are physically frail. The service is separated over three floors, one floor is dedicated to care for people living with dementia. It is registered to accommodate up to 90 people. At the time of our inspection 69 people were living at the service.

There was a registered manager in post on the day of the inspection. 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.

There was a lack of MCA assessments in relation to specific decisions and people's 'Do not Resuscitate' forms were not always appropriate. Where people had restrictions placed on them there was not always evidence that this was done in their best interests. However, staff were up to date with current guidance to support people to make decisions.

There was sufficient numbers of care staff at the service to meet people's needs, however we asked the manager to address the deployment of staff during meal times to ensure that people were not kept waiting for support with their meals. Risks assessments were in place for people and staff understood and acted upon the guidance provided. Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the service would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately. People understood the medicines they were receiving and where appropriate relatives were kept informed of people's medicines.

People told us they were safe at the service and relatives felt their family members were safe. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm. Recruitment practices were safe and relevant checks had been completed before staff started work.

We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing. However, staff had not always received appropriate supervision.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. We asked the registered manager to ensure that people were being supported with meals when they needed and that people were always offered meal choices.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with care, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the service and on a continuous basis to reflect changes in their needs. There were some care plans that required updated information which the registered manager confirmed that they were addressing. People's care and welfare was monitored regularly to ensure their needs were met.

People were supported to voice their concerns or complaints about the service. Concerns and complaints were used as an opportunity to learn and improve the service. The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. There were a range of activities available within the service and outside.

The provider had systems in place to regularly assess and monitor the quality of the care provided and had acted upon areas of improvement needed. People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff felt that management were very supportive.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. We have also made recommendations around some regulations. Details of these are shown on the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff at the service to support people's needs and improvements were being made to support people appropriately at meal times.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not applying the legislation that supported people to consent to treatment in the appropriate way. Where restrictions were in place this was not always in line with appropriate guidelines. However, staff were able to describe the principles of the MCA 2005.

People were supported by staff who had received appropriate guidance and training. They had the necessary skills and knowledge to meet people's assessed needs. However, one to one supervisions were required for staff.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

People on special diets were not always offered a meal choice. However, people had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring, dignified and respectful way.

People's privacy was respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

The service was set up to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly. However, some care plans required the records being updated.

People had access to activities that were important and relevant to them.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Good

The service was well- led.

There were some aspects to how people's records were kept that required updating; however, the registered manager had an action plan to address this.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager.

The management and leadership of the home were described as good and very supportive.

Collingwood Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This was an unannounced inspection which took place on the 16 September 2016. The inspection team consisted of four inspectors and a nurse specialist.

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

We reviewed the information supplied by the registered manager and we checked 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 provider is required to tell us about by law.

During the visit we spoke with the registered manager, the deputy manager (who was also the clinical lead), eight people, four relatives and seven members of staff. We looked at a sample of 13 care records, medicine administration records and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 3 July 2015 where breaches were identified in person centred care and good governance.

Good

Is the service safe?

Our findings

People told us that there were enough staff at the service. Comments included "There is enough staff", "If I need help with anything they always come", "We've got a bell, the response time is good. I use it twice a night"; "There are always staff around."

Relatives felt that when they were visiting there were enough staff around. Comments included, "I don't have a problem finding a member of staff and they (staff) always know where she (his sister) is", "I think there are enough staff."

During the day there were sufficient staff to meet people's needs. However we did feed back to the registered manager that (due to the numbers of people that required support to eat) there were people in their rooms that waited nearly an hour before staff were available to encourage or support them. The registered manager informed us after the inspection that they were reviewing how staff were deployed during meal times to ensure that people were provided supported when they needed it. In all other areas of care we observed that staff provided care and support when people needed it. Morning personal care was completed within a reasonable time and people did not have to stay in bed longer than was needed.

There were mixed responses from staff about whether there were enough of them. One said, "There are not enough staff", but felt there was little impact on people as staff work together. Whilst another said, that the team was well organised they could cope but that additional staff needed to be recruited. The registered manager recognised this and was using bank staff to fill the gaps and recruiting additional staff. Aside from the meal time we did not see people were impacted by the staffing levels.

Assessments were undertaken to identify risks to people. Risks were assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans had been developed to minimise, if not to eliminate risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Equipment was provided to the person to reduce the risk of injury. This included walking frames, hoists and wheelchairs. One person was assessed as being at risk of chest infections due to their medical condition. To manage the risk staff were to ensure this person was warm enough by offering a blanket, keep their room well ventilated and to monitor their health and we saw that this was in place. When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring, for example, in relation to pressure sores and wound care. Staff had knowledge of people's risks and we saw plans being put into action on the day of the inspection. According to the completed PIR form all staff were to be provided additional guidance around how to pick up on the signs of people choking and where the emergency equipment was kept. We found that this had happened.

People told us that they felt safe at the service and relatives felt their family members were safe. Comments included, "I just like it here. I am not too hot and not too cold. I feel safe because I do"; "I think she (the family member) is safe here. Staff know her and they have been here for a long time", "I have always felt safe here."

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would go straight to the nurse and then the manager." They added that there was a 'speak up policy' which they would use if necessary. There was a safeguarding adults policy and staff had received training in safeguarding people.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had fallen a number of times and they were referred to a health care professional. A falls chart had been completed for people to analyse any trends so that action could be taken to reduce the risks of accidents occurring. One member of staff said, "If an incident occurred I would press the bell, get help and support from the nurse."

People's medicines were managed safely and people understood the medicines that they received. The medicine dispensing trolley was appropriately locked to the wall when not in use and when in use it was supervised by a nurse at all times. The Medication Administration Record (MAR) charts were properly maintained, and completed and were easy to follow. All charts had photos of residents to help staff correctly identify people when giving their medicines. People's allergies were clear at the front of the charts. There was PRN (as and when) guidance in place for staff. The medicine room was well managed and all records were up to date. There was a clear policy and procedure in place and staff had training in medication management and had been passed as competent to dispense medication. We observed medicines being given by a nurse who checked the identity of the person first. The nurse checked that the person had taken the medicine before signing the recording sheet.

There were appropriate plans in place in the event of an emergency. Each person had a personal evacuation plan which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a business continuity plan in the event the building needed to be evacuated.

Robust recruitment was in place that protected people from being cared for by unsuitable staff. Staff told us that they were interviewed for the job and had to provide two references and had to undergo police checks. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained.

Requires Improvement

Is the service effective?

Our findings

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were not always followed. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not completed. We identified people had 'Do Not Resuscitate' forms in place. The forms stated that people lacked capacity however other documents in place in the care stated that the people did have capacity. One member of staff told us that the 'Do not Resuscitate' forms were completed whilst the people were in hospital and at the time did lack capacity but recognised that these should have been reassessed.

There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. There were key pads on the two of the units at the service but there were a lack of mental capacity assessments specific to decisions for people around this on why people were not able to leave. Best interest decisions were in place but these did not always include discussions with the person's next of kin or legal representative. Other specific decisions were not in place in relation to people having bed rails. Several DoLS applications had been submitted to the local authority however they were not always supported by a specific mental capacity assessment for example in relation to locked doors and bed rails. We were unable to establish if requirements of DoLS were being applied for where necessary and in people's best interests. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff, however, were able to describe the principles of MCA and comments included, "Judge if people can make decision and if not someone needs to speak up for the person", "The MCA is about everyone having capacity unless they have been assessed otherwise" and "If they have full capacity they make their own choice, if they lack capacity you make a decision in their best interest." We saw that staff asked people's consent before providing any care for example whether they wanted to move to a different room and whether they could wipe their hands for them after lunch.

People were satisfied with the care that they received. Comments included: "The staff are very good" and "As a whole, they're very good." One relative told us, "The staff are brilliant."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One member of staff said, "The training for new staff is good, they shadow for two weeks, I'm quite pleased with the training, the dementia training was really interesting, you understand people more." The PIR stated that advanced dementia training was going to be provided to all staff and we found that this had taken place. Staff received the service mandatory training including moving and handling, infection control and health and safety. Staff demonstrated good moving and handling techniques when transferring people.

Hoists were used and staff communicated with people clearly and worked in two's as required. One member of staff said, "We always transfer in two's and we get training to do this." Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. We saw effective wound care from nurses. One member of staff said, "'We take pressure sores seriously. Sometimes they come with them, but we work hard to heal them or stop them getting worse." Another member of staff said, "We regularly check skin during personal hygiene time, and we look for any problems. Then we would work to limit progress of problems and aim for recovery of good skin integrity." One health care professional told us that they did not have any concerns with the clinical care that was provided by the nursing team at the service.
Care staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. One member of staff said, "I think one to ones are important because you will be told if you are doing things properly." However, the evidence showed that one to one meetings were not happening as often as they should be according to their policy. We discussed this with the registered manager who provided us with an action plan after the inspection of how this was going to be addressed.

We recommend that all staff receive appropriate and on ongoing periodic supervision in their role to ensure that competence is maintained.

In the main people said that they enjoyed the food and drink at the service. One person said, "The food is good and I get a choice." Whilst another said, "We get a choice and it's fine. Sometimes the portions are a bit too big for me." A third person said, "I enjoy it" and another person said "I have plenty to drink in my room."

We observed lunch being served in the separate dining rooms. There was a menu displayed on each table and on the wall. Experiences varied dependant on the unit we observed. People were not always offered choices of drinks in one unit or a choice of a meal (if they were on a soft diet) whilst on other units people were offered a choice of drinks including wine. People who were in their rooms in one unit waited up to one hour before they were offered support to eat their meals and the meals were not heated up again despite one person waiting for nearly an hour with their meal in front of them. On other units people were supported in their rooms promptly. One person (who had to wait for their meal because the plate was too hot) was still handed their meal and told just to be careful of the plate.

We recommend that people are offered choices of meals and drinks and that the meals are served to them at an appropriate temperature.

The chef had records of people's individual's requirements in relation to their allergies, likes and dislikes and if people required softer food. The chef told us that the nurse would update this list regularly to ensure they had the most up to date information. They said that the chef manager would meet with any new people to establish what their likes and dislikes were. Equipment was provided to people that needed it to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional.

People's care records showed relevant health and social care professionals were involved with people's care. One relative told us, "If she (the family member) is unwell, staff phone me straight away and they will also follow it up with me and let me know how they are doing." One health care professional told us that they were always consulted if staff needed advice." Another told us. "I have never seen bad care here." Records showed involvement of diabetic nurse, dietician, Speech And Language Therapist (SALT), GP and

Podiatrist. Staff followed the guidance provided the health care professionals.

Good

Is the service caring?

Our findings

People had positive comments about the caring nature of staff. Comments included, "Staff stop and have a chat with me as they pass, I like it here", "I like it here, if they (staff) see you're having a problem they are just there to help you", "They understand your problems, they absolutely look after me", "Once you get to know staff you can have a laugh with them" and "They (staff) are very caring, they talk to you whilst they are helping you."

Relatives were also complimentary about staff. One relative said, "I am impressed by the compassion I have been shown (since their family member moved in). I find myself immensely fortunate to have found Collingwood Grange. The staff have gone out of their way to show (the family member) the care she needs, I do not know how I would have coped without the support from staff." Another relative said, "I think it's a very happy home." One health care professional told us that staff were very caring.

Staff showed concern for people in a caring and meaningful way. During interaction we observed that staff always approached people with gentleness and kindness offering them choices around their care and people were given an adequate time to respond. Staff were seen to greet people when they walked past them. One member of staff said, "You get very attached to residents, I like to look after them and keep them happy." Another member of staff said, "I will always give people a choice." We heard kind interactions between staff and people and it was clear that people felt relaxed and comforted in the presence of staff.

Staff spoke with people in a respectful manner and treated people with dignity. One person told us, "Staff are quite attentive and they do treat me respectively." We saw staff knock on people's doors and (where appropriate) wait to be invited before they entered the room. One member of staff said, "I always ask before I go into people's rooms." Another member of staff said, "I ask consent and when I carry out personal care I make sure people are covered up."

Care records contained information on how people liked to be communicated with. They contained person centred information and the assessments provided an opportunity for staff to get to know people. One person's records stated, "(Person) enjoys reading, newspapers and the radio. Also likes rugby." Staff talked about this person's interests when introducing them to me and they matched what was in the person's records. Staff clearly knew about people and understood their likes and dislikes. One member of staff described to us what one person's favourite past time was and the songs that the person liked to sing.

People were able to make choices about when to get up in the morning, and what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items. People and relatives told us that they were encouraged to bring things into the service that helped them feel at home. Each room was homely and individual to the people who lived there.

Relatives and friends were encouraged to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs. We saw that religious services were held in the home and these were open to those who wished to attend.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. The front sheet of the care plan was updated to reflect the person's life at that time. One person's records stated that they had just suffered bereavement. This information being present at the front of the record meant staff would be aware of important changes in people's lives. Staff always ensured that relatives were kept informed of any changes to their family member. Relatives told us that staff contacted them if there was any concern about their family member.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. One member of staff said, "Communication works really well between carers and nurses." Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. We did find that some of the information in care plans was out of date and needed updating. The registered manager told us that this had been identified and that an action plan of how this was going to be addressed had been developed and action was being taken.

On the previous inspection in July 2015 we had identified a breach that care and treatment was not always provided that met people's individual and most current needs in relation to activities. We found on this inspection this had been addressed.

People confirmed that there was a range of activities for them to take part in if they wished to. Comments from people included, "They had an America day where they brought in pigs and sheep. I couldn't stop laughing because the pig escaped." Another person said, "A lot goes on but it's not to my taste. I like to just sit outside." Another person said, "There's activities morning and afternoon, you can go to things you enjoy and they always come and ask. I learnt how to do crocheting."

People's records contained information on activities that they enjoyed. Where people didn't enjoy group activities, staff came to spend time with them one to one. These sessions were documented in daily notes and included information about what they spoke about to help staff get to know people. One person told us that they enjoyed having staff come and speak to them about books.

The activity co-ordinator said they tried to put on events that involved families as well as daily events to provide people with physical and mental stimulation. They follow what people suggest, such as a recent café evening people had asked for involving cheese and wine. People were asked for feedback on activities and things are added based on people's wishes. We observed an exercise session during the morning on the floor where people were living with dementia. Approximately eight people were taking part; although the music was loud people were dozing off. The session went on for almost an hour by which time only one

person was still awake. We did feedback to the registered manager that the session could have been shorter to keep people interested. They told us that they would take this on board.

People told us complaints were responded to. One person said they hadn't made a formal complaint but said, "I can always speak to the manager about certain things and it gets done." Another person said, "I've only had to complain once. The meat was tough one day and they told the chef and it was sorted." Staff told us that they would support people and their families to make complaints if needed. One told us, "I would see if I could help them first and if not I would take them to the manager." Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example, one person complained that they had to wait a long time for the call bell to be answered. This was thoroughly investigated by the registered manager with actions to reduce the risk of this happening again.

Compliments were recorded and shared with staff. These included, 'Gave me peace knowing she (their family member) was safe and well looked after' and 'Sincere thanks for the way you looked after our dear mum, the love and care you showed was beyond any job description."

Good

Is the service well-led?

Our findings

On the previous inspection in July 2015 we had identified a breach around the lack of complete and contemporaneous records in respect of each person. On this inspection there had been some improvements but there were still some areas that required improvement in how records were being written. However this improvement was well under way and the registered manager was clearly leading the staff towards making further improvements to the records.

The care plans that we reviewed were mostly handwritten and were difficult to read to see what care needed to be given. The registered manager told us that they were in the process of writing new care plans and that they were aware of this concern. Recording on some documents had not always been completed. For example, where accidents and incidents had occurred there was no detailed recording around what steps had been taken to reduce risks of these re-occurring. Where fluid and topical charts needed to be completed each day this was not always happening. However, people were being provided drinks and creams were being applied. We fed this back to the registered manager who provided us with an action of how this was going to be addressed.

People and staff had confidence the registered manager would listen to their concerns and these would be received openly and dealt with appropriately. Comments included, "I had a problem and the manager spent twenty minutes with me on the phone trying to help me with it" and "The manager is visible, all the staff are good, from the people who do the washing to the very top." Staff were also complimentary about the manager. One told us, "He is a good manager, very approachable, it's a pleasure to work with him," whilst another said, "He (the manager) is good, you can go and speak to him, he listens and acts on it." The registered manager was seen around the service during the inspection and had a good rapport with people and staff. They had a hands-on approach and knew the people individually. Staff morale was good and they worked well together as a team. One member of staff said, "I feel valued by residents and valued when they offer the training. We get told 'Well done'."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. People confirmed they attended the residents and relatives meetings. We saw minutes of the meeting where people discussed the refurbishment of the service, any staffing changes, menus, activities and how to make a complaint. Staff also attended meetings and were involved in the running of the service. Staff told us that they had suggested different working patterns to assist with the shortages in staff and this was agreed and implemented by the registered manager. Minutes of staff meetings were reviewed and matters discussed included recruitment, training and policies. Surveys for people and staff were also carried out. It was raised by people that call bells were taking too long to be answered. As a result the registered manager introduced a call bell audit to identify any concerns and address them.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal and external audits were completed with actions plans with time scales on how any areas could be improved. 'Monthly Home Reviews' were undertaken that covered health and safety, care

plans, training, medication, staffing levels, meals and environmental issues. Where concerns had been identified there was evidence that these were being addressed for example in relation to daily clinical meetings that were not taking place at weekends. They were now taking place. Care plans had also been identified as needing updating and this was now being addressed. After the inspection the registered manager provided us with a detailed action plan of the areas of concerns that we had raised on the day including MCA assessments, care plans, deployment of staff and one to one supervisions. The PIR that was completed reflected the work that was being undertaken in the service. It was clear that the registered manager understood the challenges and what needed to be undertaken to achieve quality care.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment had been provided with the consent of the person.