

Regency Oldhomes Limited

Hérons Park Nursing Home

Inspection report

Héronswood Road
Kidderminster
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hérons Park Nursing Home is a care home providing personal and nursing care to up to 82 people on three floors of one building. The home service provides support to younger adults, older people, people living with dementia and people with physical disabilities. At the time of our inspection there were 50 people using the service.

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

The providers' governance systems had not identified the shortfalls found at this inspection. Audit systems and processes failed to identify and manage effectively risks relating to the management of medicines and other aspects of the service that required improvement. There were areas of people's documentation that needed to be improved to ensure staff had the necessary up-to-date information to provide safe and consistent care.

The management of medicines was not always safe and people were at risk of not always receiving their medicines as prescribed. The systems for staff to ensure people received their medicine as prescribed were not always effective. Staff administering topical creams had no competency checks to ensure they applied people's creams correctly.

We identified shortfalls in respect of the management of risk. For example, the management of incident and accidents. Wound care plans lacked details. Incident forms were completed but there was a lack of overview, analysis and follow-up to prevent a re-occurrence or to mitigate risk. Lessons were not always learned when things went wrong.

Staff received training and knew how to recognise and respond to safeguarding concerns., However, safeguarding incidents were not always reported to the safeguarding authority or to Care Quality Commission (CQC). Some issues reported to the registered manager remained unresolved on the second day of our inspection.

Checks of the environment were completed, staff were trained in infection control and followed hygiene practices to keep people safe from the spread of infection. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

People, their relatives and staff were invited to share their feedback with the management team. Staff provided care in a sensitive and caring manner, putting people's choices and preferences at the centre. People and relatives felt able to raise concerns or complaints and were confident they would be listened to. We received positive feedback from people, their relatives and staff on the service and the management team.

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

Rating at last inspection

This service was registered with us on 17 January 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 18 September 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and notification of other incidents at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hérons Park Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This team that carried out the inspection on 7 July 2023 consisted of 1 inspector, 1 specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team returned on 12 July 2023. On the second day of our inspection the inspection team consisted of 2 inspectors and 1 specialist advisor.

Service and service type

Hérons Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Herons Park Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We received feedback from the local authority. We spoke with 12 people who used the service and 5 relatives of people to gain their feedback about the service. We spoke with 8 staff members including the registered manager, nurses, care staff, maintenance and the kitchen staff. We reviewed a range of records. These included care records for 5 people, samples of medicine records, daily records, care plans and risk assessments. We looked at 3 staff records and a variety of records relating to the management of the service, including audits and procedures. 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 with us.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people were not always safe and protected from avoidable harm.

Using medicines safely

- Some prescribed medicines such as topical creams or supplementary drinks were administered by staff who did not have their competency assessed in administration of medicines. There was also no system in place to ensure supplementary drinks were taken by people. Although this had no direct impact on people, it put them at risk of not receiving supplementary drinks or having their creams applied correctly.
- Prescribed topical creams were not always kept safe. On the first day of the inspection, we saw topical creams were kept in people's rooms. This meant anyone entering people's rooms could access prescribed creams.
- Staff had no guidance around where and how often to apply people's topical creams where they were prescribed 'as directed'. We raised this with the management team who contacted a GP asking them about the frequency of topical creams application. Although the frequency was provided, medication administration record (MAR) charts were not updated on the second day of our inspection.
- Medication received from a pharmacy was not always checked in or carried forward. There were missed signatures on MAR charts, and we were unable to determine if people had been administered their medicines or not as we were unable to check the balance. This placed people at continued risk of harm. These issues had not been identified prior to the inspection which means no actions had been taken to address the concerns.
- Prescriptions were being changed and there were no signatures to inform who and why this had happened. For example, on the first day of our inspection we found that one person's paracetamol had been changed from 2 tablets to 1.
- Medicines administered on an 'as required' basis did not all have clear guidance in place. For example, there was no information on what actions had to be taken prior to administering the medication and there were no records indicating if the medication was effective.
- Medication was not always given as people were asleep. However, there was no evidence that the medication was offered to people later when they were awake. This meant people missed their medicines, placing them at risk of harm. Although it was a recurring problem, there was no evidence of the service provider contacting the GP to change the times of medicines administration.
- We shared our concerns with the registered manager in relation to medicines, however limited improvements had been made to ensure people received their medicines safely. This included no action taken where we found missing signatures on people's MARs on the first day of inspection and further missing signatures on the second day of inspection. Failing to ensure people received their medicine as prescribed placed people at increased risk of harm.

The provider had not ensured the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- On the first day of the inspection we were informed that a diabetic person complained about a pain in their stomach area. However, this information was not recorded on the electronic handover form and there was no evidence of any action taken to address the issue. Before we left on the first day of the inspection, we asked the service to update the handover form and to check the person's blood sugar level to ensure the person was safe.
- There was no head injury protocol in place for staff to follow. We saw a person had suffered a fall and sustained a head injury during our inspection. Although the fall happened at 5:25am, no healthcare professionals had been contacted until we brought this to the registered manager's attention at 13:08pm. We asked the registered manager about measures to keep the person safe due to their head injury. They told us that nursing staff would complete regular observation of the person. However, there was no evidence this took place. The registered manager told us they were going to introduce a head injuries protocol to prevent similar incidents in the future.
- Some care plans and risk assessments did not contain details about people expressing distress or agitation. For example, a person's care plan stated staff should be alert for any triggers that could be attributed to the person expressing distress. However, it did not list any potential triggers. Although the staff we interviewed had thorough knowledge of the person's emotional needs, it was not clear how the information about potential triggers was passed to agency staff.
- We found wound care plans were lacking details. For example, pressure ulcer categories were not stated, there was lack of information on review/redressing frequency and a lack of photographic evidence of health deterioration or improvement. This posed a risk of people receiving inadequate wound care.
- People had fall sensor mats in their rooms, however sensor mats were moved too far away from them during lunch time where people were eating on their own unsupervised. One person's mat was locked in their bathroom. This posed a risk of people's falls being unnoticed by staff, and people not receiving emergency assistance on time. We brought this to attention of the registered manager who told us they had moved the mats away from the tables, so that people would not accidentally trigger alarms when eating. We discussed this with the registered manager who told us they were going to look for alternative assisted technology to resolve this issue.
- Due to the number of repeated incidents relating to the management of medicines, we were not assured that lessons were always learnt.

Risks of potential harm to people had not always been assessed or mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with the safety of the environment were identified and managed appropriately. This meant the provider could be confident that risks were mitigated.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, in cases such as a loss of power or evacuation of the property.

Systems and processes to safeguard people from the risk of abuse

- Incident forms lacked details of any action taken where incidents of physical abuse had occurred. For example, there was no information on how to keep people involved in the incident safe and no evidence of the safeguarding team being informed, or notifications being submitted to CQC.

The provider failed to establish systems and processes and to operate them effectively to investigate,

immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received relevant training and understood their responsibilities to report concerns to the management team. However, safeguarding referrals were not always submitted when the registered manager was not present indicating not all staff followed this process. A member of staff told us, "I would see the situation, settle the resident down, speak to a member of staff and report the incident to the manager."
- People told us that they felt safe with all the staff who supported them. Their relatives also stated staff provided people with care safely. One person said, "I feel safe, there are always staff to help you." Another person's relative told us, "I have no concerns about [person's] safety, I know she is in good hands."

Staffing and recruitment

- Staff had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to support people safely and people confirmed this. One person told us, "I feel safe here, definitely, there are plenty of staff, they respond to my call bell within 5 minutes."
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors. There were no restrictions for visiting, in line with current government guidance.

Is the service effective?

Our findings

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

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

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

- Where appropriate, people had received assessments and support from health professionals regarding eating and drinking and moving and handling. This information was clearly stated in people's care plans. However, some people's care plans required improvements due to lack of details. For example, some behavioural triggers were not recorded and wound care plans lacked details.
- People's likes, dislikes and preferences for care were assessed and recorded by staff.
- The registered manager met social workers, doctors and other healthcare professionals involved in people's care to identify people's physical, medical and behavioural health needs and abilities.

Staff support: induction, training, skills and experience

- Staff received training and support to be effective in their role, although some improvements were needed in carrying out competency checks. For example, there was no evidence that staff had their competencies checked and assessed in administration of topical creams.
- People and their relatives told us they thought staff were knowledgeable and well trained. However, during our inspection we found that some staff would benefit from additional training; for example, in management of medicines.
- Staff had supervision and appraisals where they were able to reflect on their role with their line manager. Staff told us they could also ask for advice and support at any time. A member of staff told us, "We have a lot of training. I feel supported by the manager and supported by even the owners when they come around."

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

- People were provided with enough food, and staff knew how people needed to be supported, and what people's preferences were with food. We observed that people were not rushed. We saw that alternative food was offered to people who did not enjoy options offered to them.
- People and their relatives provided us with positive opinion about the food offered by the service. One person told us, "The food is lovely, there is lots of choice and plenty of snacks on offer."
- People dietary needs were recorded in their care plans and referrals were made when needed. Staff understood if people required specialist diets or different textures of food and ensured people received the support they required. Where necessary, advice had been sought from the speech and language therapist

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's GP visited the home regularly to check on their welfare. This meant that matters could be raised

quickly, and the home had easy access to the surgery in between these visits. As a result, if there were any emergencies, they could be responded to quickly.

- People's care files included details of their medical history to help staff understand people's health needs. People's care plans had been developed in relation to the management of long-term health conditions.
- People told us and records confirmed they had visits from chiropodists, opticians and audiology specialists, and these appointments were kept.

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

- People's bedrooms had been personalised and decorated in partnership with people and their families. Some people's bedrooms had photographs of their family and friends, toys, and sensory items.
- The provider had equipped the home with specialist baths and showers which were appropriate to meet people's individual nursing care needs. People were cared for on specialist profiling beds and staff had access to enough hoists, slings and wheelchairs to support people in the right way.
- People had access to a garden area which was suitable for wheelchair access. The maintenance manager completed checks of the building and the equipment to ensure they could be used safely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and where appropriate, authorisations were in place to deprive people of their liberties.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People told us they were offered choices and were able to decide themselves what to do. One person told us, "I direct my care, I am more than able to tell the staff what support I need." Another person told us, "The staff respect my choices and decisions, they are kind and listen to me."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- People told us they felt well supported and cared for by staff, and their relatives confirmed this. One person's relative said, "Staff are incredible every single day, I visit every day and have never experienced anything other than patience and kindness."
- Staff spoke positively of their roles and told us they were committed to provide care that was personal, kind and compassionate. A member of staff told us, "I think it is fantastic. We treat them like a family so residents are happy."

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

- Regular residents and relatives' meetings took place and were an open forum for people and their relatives to have their say, make suggestions and discuss any issues they may have.
- People and their relatives told us they were involved in planning people's care. One person told us, "The staff are good, they know me and what I like. They listen to me and to what I want. I was involved in my care plan."
- People and where appropriate their relatives were involved in regular reviews of people's needs to ensure the support and care they received was meeting their preferences and decisions. However, regardless of relatives' involvement some care plans lacked sufficient detail about people's health requirements.

Respecting and promoting people's privacy, dignity and independence

- Nursing and care staff were seen to be kind and caring in their approach. They engaged with people sensitively before providing support and care, and they listened to what was said to them.
- People and their relatives told us staff treated them with dignity and respect. One person told us, "The girls always knock on my door before coming in, they are kind, we have a bit of fun."
- Staff were aware about how to protect people's dignity when they offered personal care. One person told us, "The staff are kind and always ask me before helping me get washed and dressed."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans that contributed to the person-centred approach. People's care files included information about their personal histories and what was important to them. However, some care plans such as wound care plans required improvements.
- Most of the care plans reflected people's health and social care needs, and demonstrated that other health and social care professionals were involved in people's care.
- People told us they were involved in reviewing their care, and their relatives were consulted were appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When the care plan was developed at the start of supporting a person, staff discussed any specific communication needs or preferences the person had. The registered manager told us that the service were able to provide all relevant documentation in a large print, easy-to-read format or in people's preferred language as needed.
- People and their relatives told us that staff communicated well and in a way that met their needs.
- Staff were aware of people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities such as bingo, skittles, music sessions, hand massage and gardening. One person told us, "The activities are good, I am growing my own tomatoes, I used to love gardening." Another person told us they joined the gentlemen's club where they played cards, had a beer and lunch at a pub.
- Where people were unable to participate in planned activities, staff ensured they received individual one-to-one sessions and engaged in other stimulating activity of their choice. A member of staff told us, "Some people are unable to attend activities in the communal area as they stay in their beds. For example, we have a person on the end-of-life care. We provide her with complimentary therapies, we spend time with her, hold a hand and play her favourite music."
- People told us they could maintain relationships that mattered to them, such as family and friends. One

person's relatives said, "We have both been made welcome, we attended a wine and cheese evening and met other residents and families."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person told us, "I do feel like I am listened to, both by staff and management. I complained about a broken door handle and the maintenance team fixed it before the end of the day. I also complained about the wi-fi, it has definitely improved, but it could still be better."
- Records showed that no formal complaints had been received since the service registered with Care Quality Commission (CQC).
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

- We saw that people had Recommended Summary Plan for Emergency Treatment and Care (ReSPECT) forms in place. ReSPECT form allow staff to record a summary of discussions with a person about how they want to be treated in an emergency.
- Relatives of people receiving end of life care praised responsiveness of the service. One person's relative told us, "I have been fully involved with mum's care, even more so now she is receiving end-of-life care, they have supported me just as much as mum."
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to monitor the quality and safety of the service, but these had not been effectively operated. The audits carried out by the provider did not identify the shortfalls we found during the inspection. For example, it failed to identify issues relating to the management of medicines. We did not find people had experienced harm but were at risk of inappropriate or unsafe care as improvements were needed to minimise those risks.
- Staff were not always working as effective teams, ensuring that mistakes in practice were not always identified quickly and confidently and brought to the attention of the registered manager where required.
- The provider had not always reported incidences of potential abuse to the local safeguarding authority. As a result, no investigations had taken place to ensure people's safety. Accidents and incidents were inconsistently recorded and there was no effective auditing of these records to ensure appropriate actions were taken and lessons were learnt.

The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had not always ensured notifications were sent to the CQC as required.

The provider failed to notify us without delay about notifiable incidents. This was a breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

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

- The provider did understand their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Managers encouraged staff to share information with people that used the service and their next of kin. People's care records detailed when their next of kin was informed.

Continuous learning and improving care; Working in partnership with others

- The provider was not always committed to continuous learning and improving care. Although we raised our concerns regarding the management of medicines on the first day of our inspection, many issues remained unresolved on the second day of the inspection.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives gave good feedback about the service as well as positive feedback about the managers and staff. Their comments included, "There is a great, family atmosphere at the home and I think that is due to good management", and "I think the home is well run, the staff do a good job and [registered manager] is always around checking everything is being done right."
- The manager was visible in the service, approachable and took an interest in what people, their families, staff and other professionals had to say.
- We found that although effective management systems were lacking, there was a positive culture amongst staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager and staff sought people's views about people's care and support. Residents and relatives' meetings were used to seek people's feedback. One person's relative told us, "I have completed a feedback form, I didn't have any suggestions for improvement, maybe the wi-fi could be improved."
- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider failed to notify us without delay about notifiable incidents.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider failed to establish systems and processes and to operate them effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks of potential harm to people had not always been assessed or mitigated. The provider failed to ensure safe management of medicines.

The enforcement action we took:

We issued a warning notice regarding breach of regulation 12 Safe Care and Treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

The enforcement action we took:

We issued a warning notice regarding breach of regulation 17 Good governance