Barnby Gate Limited

Belvoir Home Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

Belvoir Home Care Home provides accommodation for up to 24 people who need personal care. The service provides care for older people some of whom live with dementia.

There were 17 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 5 January 2015. There was a 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.

The Care Quality Commission is required by law to monitor how a registered provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves or others. At the time of our inspection no people had had their freedom restricted.

We last inspected Belvoir Home Care Home in October 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. However, people had not been fully protected from the risk of financial mistreatment. In addition, people had not been consistently helped to stay safe by managing risks to their wellbeing and avoiding accidents. Medicines were not safely managed. Background checks had been completed before new staff were employed.

Staff had not been fully supported to care for people in the right way. People were not reliably helped to eat and drink enough to stay well. People had received all the medical attention they needed. People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Staff were kind and compassionate but some people had not been assisted to maintain their personal hygiene. Staff recognised people's right to privacy and respected confidential information. However, parts of the accommodation did not provide a dignified setting within which to receive care.

People had not been fully consulted about their needs and wishes. People were supported to make choices about their lives but they had not been fully assisted to pursue their hobbies and interests. There was a good system to receive and handle complaints or concerns.

Quality checks had not been effective. People who lived in the service had been effectively consulted about the development of the service. There was a registered manager but staff were not well supported. The registered persons had not developed links with the local community and were not involved in any national good practice initiatives.

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?

Inadequate 

The service was not safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. However, people had not been fully protected from the risk of financial mistreatment.

People had not been consistently helped to stay safe by managing risks to their wellbeing and avoiding accidents.

Medicines were not safely managed.

Background checks had been completed before new staff were employed.

Is the service effective?

Inadequate 

The service was not effective.

Staff had not been fully supported to care for people in the right way.

People had not been reliably helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

The premises were not adapted, designed and decorated to meet people's individual needs.

Is the service caring?

Requires Improvement 

The service was not always caring.

Staff were kind and compassionate but some people had not been assisted to maintain their personal hygiene.

Staff recognised people's right to privacy and respected confidential information.

Parts of the accommodation did not provide a dignified setting within which to receive care.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People had not been fully consulted about their needs and wishes.

People were supported to make choices about their lives but they had not been fully assisted to pursue their hobbies and interests.

There was a system to receive and handle complaints or concerns.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well-led.

Quality checks had not been effective.

People who lived in the service had been effectively asked for their opinions of the service so that their views could be taken into account.

There was a registered manager but staff were not well supported.

The registered persons had not developed links with the local community and had not become involved in any national good practice initiatives.

Belvoir Home 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.

We visited the service on 05 January 2015. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with eight people who lived in the service, five care workers, the chef, the senior carer and the registered manager. In addition, we met with the registered provider. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety. After our visit to the service we spoke by telephone with three relatives and six care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the registered provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a representative of a local primary healthcare team who supported some people who lived in the service to obtain their views about it.

Inadequate

Is the service safe?

Our findings

The arrangements for managing medicines were not reliable. Although there was a sufficient supply of medicines and they were stored securely other parts of the arrangements were not robust. We noted that staff had found five tablets on the floor that records incorrectly showed had been taken by people who lived in the service. Senior staff had not identified which people should have taken the medicines and had not contacted their doctors for advice about how to effectively respond to them missing one or more of their medicines.

We were told that senior staff regularly checked how medicines were being managed. However, there were no records to show us what these checks included and no steps had been taken to investigate why people had not been correctly supported to take the medicines in question.

These shortfalls had reduced the registered persons' ability to ensure that people consistently received all of the medicines that had been prescribed for them.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered persons had established how many staff were needed to meet the care needs of the people living in the service. However, records showed that the number of staff on duty during the week preceding our inspection did not always achieve the level of staff cover which the registered persons said was the minimum necessary. This was because the registered persons had not employed enough staff to work in the service to readily fill vacant shifts. In addition, they had not made arrangements to access bank or agency staff who can be called upon at short notice. Staff said that there were not always enough staff on duty to meet people's care needs especially in the afternoons and at tea time. People who lived in the service and their relatives said that the service was not adequately staffed. A relative said, "The staff are very rushed and they really are pushed to get around to everyone."

During the afternoon when we were in the service a care worker had not reported for work and her shift had not been filled. During a period of 30 minutes in the lounge, we saw two people ask for assistance from staff who had to wait at least 10 minutes for a response. We also spent time in the lounge at tea time as people were being assisted to leave their armchairs to sit in the dining area. We observed that only one care worker was available to assist people some of whom had reduced mobility and needed individual help. However, the care worker could not provide this and at one point was trying to assist three people at once because they had risen to their feet and needed her assistance.

Shortly after this we noted that two people used the call bell from elsewhere in the building to ask for assistance. We observed that they had to wait for longer to receive assistance than the registered manager said was acceptable. A person said, "The other day I was waiting for someone to do my cream and I was sitting so long without being fully dressed that I got cold and had to get back in to bed and then I went to the bottom of the waiting list. At meal times there is no point in asking for help because there aren't enough staff."

These shortfalls had reduced the registered persons' ability to ensure that people always promptly received all of the care they needed.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that staff had not always identified possible risks to each person's safety and had not taken action to reduce the risk of them having accidents. For example, although a person had experienced a number of falls no positive action had been taken to help prevent further mishaps.

This shortfall had reduced the registered persons' ability to ensure that the person concerned received all of the assistance they needed to stay safe.

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures (or police checks) showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

People said that they felt safe living in the service because staff were kind and caring. A relative said, "At first I used to come every day, but then I realised that my mother is very

Inadequate

Is the service safe?

safe and I don't need to come every day." Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

However, we found that two people had not been reliably protected from the risk of financial abuse. This was because senior staff had not always recorded the reason for each occasion on which they had spent money on their behalf. The registered persons considered this to be necessary so that individual transactions could be checked. The registered manager had audited the records concerned but had not identified these mistakes. Although other records including receipts showed that the people concerned had not been financially mistreated, the shortfalls increased the risk of mistakes being made.

Inadequate

Is the service effective?

Our findings

The arrangements to support people to have sufficient nutrition and hydration were not robust. Two people's body weight had not been measured each week in line with the frequency the provider considered to be necessary. In addition, when weights had been taken they had not been recorded or analysed correctly. These shortfalls made it more difficult for staff to notice any changes that might need to be referred to a doctor.

Staff had not reliably recorded how much the people concerned had eaten and drunk each day, even though the registered persons considered this to be necessary. Some meals and drinks had not been recorded at all or had been recorded incorrectly so it was not clear how much food and drink had been taken.

One person had been prescribed to take a food supplement twice a day because they needed to increase their calorie intake. However, records for a period of three days showed that these supplements had only been given once a day.

In addition, staff had not been given clear guidance, most had not received training and they were not sure how much the people in question should eat and drink each day to maintain their good health. We saw that no action had been taken even though the amount people had eaten and drunk had varied widely between days and was below what the registered manager said that they considered to be necessary.

We observed that one person needed to use a special cup in order to drink safely. We noted that some staff were not aware of this and offered a drink in the wrong way which left the person unable to drink. Shortly afterwards another member of staff served a drink to the person in the correct way.

Although other care records for the people concerned showed that they had not experienced any direct harm, the oversights we found had increased the risk of them not eating and drinking enough.

These shortfalls reduced the registered persons' ability to ensure that people consistently had enough nutrition and hydration to promote their good health.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered persons had not adapted, designed and decorated the service to meet people's individual needs. The floor of the walk-in shower was not correctly designed. This had resulted in a lot of water spilling out onto the adjacent floor area. During our inspection we found the floor to be wet and slippery even though people who lived in the service were using the room at the time. This increased the risk that people would lose their footing, slip and injure themselves. We noted that the registered persons had not completed a risk assessment so that the impact of the problem could be minimised by promptly having the floor mopped and dried. In addition, there were no plans to remodel the shower so the problem could be avoided in the future. We found that a protective gate that had been placed at the top of a steep flight of stairs had not been correctly installed. As a result it did not effectively protect people who lived with dementia and who had reduced capacity from accessing the stairwell. This had put them at increased risk of falling.

There were other defects that resulted from generally inadequate maintenance of the accommodation. For example, in the main lounge the carpet was stained, the atmosphere was not fresh and some of the armchairs were marked or worn. One of the bedrooms we were invited to visit was fitted with a marked carpet that had a stale odour. There was an area of exposed and unsightly pipework in the shower room and several lights were not fitted with light shades.

These shortfalls reduced the registered persons' ability to ensure that people received care in a safe and comfortable setting that promoted their wellbeing.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered persons said that staff needed to meet regularly with the registered manager to review their work and to plan for their professional development. The records for two staff showed that they had not met with the registered manager as intended. We saw that care workers had been supported to obtain a nationally recognised qualification in care. However, other records showed that the majority of staff had not received training in some key subjects including first aid and food hygiene. The registered persons said that this training was necessary to confirm that staff were competent to care for people in the right way. The majority of staff said that they had not received all of the training they needed in these two subjects. They said

Is the service effective?

that they had only learnt these parts of the job as they had gone along and were concerned there might be gaps in their knowledge. For example, four staff said that they were not sure how to help someone who was choking and they wanted more training and guidance in relation to this matter.

Staff were confident that they could communicate with and effectively support people who lived with dementia. In addition, they said that they had received training to assist them to care for people with special communication needs. We saw that when a person who lived with dementia became distressed, staff followed the guidance described in the person's care plan, provided effective support and reassured them. They noticed that the person was upset because they wanted to step outside for a cigarette but was prevented from doing so because the weather was cold. Staff helped the person dress warmly and then tactfully checked on the person to make sure they were comfortable while having their cigarette. After this the person re-entered the lounge and was seen to be calm and smiling.

People said that staff had arranged for them to see their doctor whenever necessary. Some people who lived in the service had more complex needs and required support from specialist health services. A person said, "The staff do look after me very well and they make sure I see my doctor when I need to. So I don't have to worry." Care records showed that some people had received support from a range of specialist services such as from occupational therapists and community psychiatric nurses. A healthcare professional said that they were 'very concerned' about how people who lived in the service were supported to maintain their health. In particular, they were worried that some people had not been effectively supported to eat and drink enough. They considered that staff often appeared to be rushed, did not appear to work in a coordinated way and sometimes did not consistently follow their advice.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA). This had enabled them to protect the rights of people who were not able to make or to communicate their own decisions. Care records showed that the principles of the MCA had been used when assessing people's ability to make particular decisions. For example, the manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia or had other special needs.

Where a person had someone to support them in relation to important decisions this was recorded in their care plan. Records we saw demonstrated that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests. A relative said, "When we were first looking around the service the manager asked me all about what help my mother needed to make decisions and we agreed that I would be involved in anything significant."

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about a person who lived in the service to ensure they did not place unlawful restrictions on them. This had resulted in applications not being made for authorisations under the Deprivation of Liberty Safeguards. This was because the person was not subject to a level of supervision and control that may amount to deprivation of their liberty.

Requires Improvement

Is the service caring?

Our findings

People said that although staff were often rushed they were caring and considerate. A person said, “The staff are kind, I have no reason to complain.” These positive interactions with staff supported people’s wellbeing. For example, we saw a member of staff assisting people to change channel on the television. When doing this she consulted with people about the programme they wanted to watch. People were pleased to have been consulted about this matter and welcomed the chance to watch something different.

However, some of the arrangements in the service did not fully support people to have the experience of a caring and dignified home life. For example, some people who were less able to voice their opinions had not been supported to wear clothes that were clean. We were told that everyone had been offered assistance to wash and comb their hair but that some people had declined the offer. We saw that these people's hair was not clean or tidy. We noted that there was no clear plan to support the people in question to care for this aspect of their appearance. In the small lounge there were two dead plants on the windowsill and a dirty vase. At lunchtime we noted that the tables were not dressed with table cloths and the plastic glasses used to serve drinks were dull due to being heavily scratched. We noted that one person had a sign hanging on the outside of their bedroom door telling staff that ‘family is doing the washing’ when this information need not have been displayed in such a public way. All of these shortfalls reduced people’s ability to receive dignified and respectful care.

Families said that they were able to visit their relatives whenever they wanted to do so. A relative said, “The staff do make me feel welcome and if I’m here when drinks are served I’m always offered a cup of tea.” People were free to receive guests in the privacy of their bedroom if they wished to do so.

Staff recognised the importance of not intruding into people’s private space. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could choose to dine in the privacy of their bedrooms.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

People received their mail unopened. Staff only assisted them to deal with correspondence if they had been asked to do so. People could choose to have a private telephone installed in their bedroom.

Requires Improvement

Is the service responsive?

Our findings

We saw that each person's care plan was regularly reviewed to make sure that it accurately described the care to be provided. However, the care plans had not been written in a user-friendly way so that information was easy to understand. They presented information using technical and management terms that were unlikely to be accessible to people who used the service. This limited the ability of people to be involved in deciding upon, agreeing to and reviewing the care they received.

Some staff were not knowledgeable about the some of the things that were important to people who lived in the service. People's care records only included limited information about their lives before they came to live in the service. Some staff wanted to know more so that they were better able to engage people in ways that responded to their individual interests. A member of staff said, "It's important to remember each person has their own history. I do think it would be useful to know more about people but we've got so much of the basics to do first."

Staff had not fully supported people to pursue their interests and hobbies. There was no activities manager and so staff had to assist people with interests, hobbies and activities as and when they had the time. Staff did not follow a broad plan to explain to people what activities were available each day and records showed that on most days people had not been supported in any real sense to be engaged in social activities that interested them. During our inspection visit which lasted for most of the day, we noted that most people spent time on their own. Although some people read their newspapers and watched television other people sat in their armchairs without anything in particular to do. A person said, "I went to bed early last night. There was nothing to do and I was glad to go to bed." We were told that in the six months before our inspection only two entertainers had called to the service. The records of these sessions were incomplete and so we could not tell how many people had chosen to attend these events. There were no library books that people could borrow and no large print books for people with reduced vision.

People had not been supported to regularly access community resources. We were told that people had last been invited to visit a local place of interest more than a year before the date of our inspection. We noted that no visits had been planned and staff did not anticipate that any would take place. Some people told us they were happy with the arrangements in the service but other people wanted to have more support to pursue interests and hobbies. One of them said, "It's a very long day to just sit and do nothing really. If staff do manage to fit something in during the afternoon it's only for a short time and then nothing."

People said that most staff knew the practical support they needed and provided this for them. This included support with a wide range of everyday tasks such as washing and dressing and using the bathroom. A person said, "I like to do things my way like I've always done. The staff know me and my ways." Records and our observations confirmed that people received the practical assistance they needed. For example, records showed that staff regularly checked on how people were at night to make sure that they were safe and comfortable when resting in bed.

People said that they were provided with a choice of meals that reflected their preferences. They commented positively on how the cook regularly asked them how they liked their meals and asked them to suggest changes to the menu. A person said, "We get pretty good meals in general. Sometimes there's only a choice of sandwiches at tea time which I think is poor but overall there's plenty of food."

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "The staff do keep in touch with me in between my visits so that I know how things are going. I really like that because I want to know how my mother is doing."

People were supported to meet their spiritual needs. Each month a vicar called to hold a religious service. A person had a private meeting with their religious advisor. In addition, arrangements could be made usually in conjunction with relatives for people to attend their chosen church services and functions in the community. The registered persons recognised the importance of promoting cultural diversity. For example, people could be assisted to follow a culturally determined diet or to observe special days.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if

Requires Improvement

Is the service responsive?

they had any complaints or concerns about the care provided. A relative said, “I have seen the complaints procedure but to be honest I don’t need it. If I need to raise something I just have a chat with the staff.”

The registered persons had a formal procedure for receiving and handling concerns. Each person and their relatives had received a copy of procedure when they moved into the service. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation. The registered persons had received one formal complaint since our last inspection and we saw that they had investigated it and responded to the complainant. The registered manager said that a small number of minor concerns had been raised and that these had been quickly resolved on an informal basis.

Inadequate

Is the service well-led?

Our findings

The registered persons had completed a number of quality audits which were designed to ensure that people reliably received the care they needed in a safe setting. However, these audits had not been effective because they had not identified and addressed any of the problems we found during our inspection visit. The shortfalls were extensive and included people not being reliably assisted to eat and drink enough, the unsafe management of medicines and inadequate staffing levels. Other problems included obvious defects in the accommodation that had put people at increased risk of having accidents, lack of robust systems to protect people from the risks of financial mistreatment and insufficient attention being given to enabling people to pursue hobbies and interests.

We were told that several months before our inspection the registered provider had started a new quality monitoring system. This involved them telephoning relatives to obtain feedback. It also involved them checking key aspects of how care was delivered and the adequacy of the facilities provided. However, this system was new and it had not been effective in identifying and resolving the problems we found.

These shortfalls had reduced the registered persons' ability to ensure that people consistently received safe and effective care that responded to their individual needs and wishes.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived in the service were not always confident that their views about their home were taken into account. A person said, "I choose what meals I have and when I go to my bedroom but really apart from that the days are the same and you just fit in." The registered manager said that there were regular 'residents' meetings' when people discussed their home and suggested improvements. However, records of the last meeting could not be found, no one could clearly recall what had been said and there was no other evidence to show if any suggested improvements had been acted upon.

People said that they knew who the registered manager was and that they were helpful. However, staff were not always provided with the leadership they needed to develop good team working practices so that people consistently received the care they needed. Although there was a named senior person in charge of each day and evening shift this system did not extend to night shifts. The registered manager said that there was always someone senior who staff could contact if they needed advice out of office hours. However, this was not a formal system so that a named person was certain to be available. We were told that every three months there were staff meetings so that staff could review their duties and develop effective team working. However, records indicated that this system was not operating in a reliable way. They showed that team meetings had not been completed on time, were poorly attended and had not been used to obtain feedback from staff.

The atmosphere was not open and inclusive. Nearly all of the staff said that they were not well supported by the registered persons. We were told that on a number of occasions the registered manager had described staff in an unkind and unreasonably critical way. They said that morale in the service was very low. Most of them commented that as a result of this they were not wholly confident that they could speak to the registered manager or to the registered provider if they had any concerns about the service in general and about the practice of a colleague in particular. They thought that they needed to rebuild a positive relationship with the registered manager and with the registered provider so that they could be reassured that action would be taken if they raised any concerns about poor practice. A staff member said, "It's not a happy atmosphere in the service at all. Some of us feel that we are not treated with respect and that all the effort we make is not recognised. It's very demoralising. A lot of us want to resign but we don't want to leave the residents."

The registered persons acknowledged that there were problems in the staff team. The registered manager said that they had sought to give advice to staff so that people could consistently receive the care they needed but that their efforts had been misinterpreted. We noted that twice during the course of 2014 the registered provider had received complaints from some staff about the conduct of the registered manager. The registered provider had investigated the concerns and concluded that the registered manager had acted in an inappropriate way and been disrespectful towards staff. On both occasions the registered provider had given the registered manager additional support. These actions had not addressed the problem.

Inadequate

Is the service well-led?

The registered persons had not provided all of the leadership necessary to engage the service fully with the local community. For example, arrangements had not been made for local volunteers to befriend and become actively involved in supporting the service. In addition, the registered persons had not subscribed to any national good practice initiatives sponsored by recognised professional bodies. These shortfalls reduced their ability to ensure that people benefited from care that was based upon recognised best practice and current research.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered persons did not have robust systems to protect people who lived in the service from the risks associated with the unsafe use and management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered persons had not taken appropriate steps to ensure that at all times there were sufficient numbers of staff employed for the purposes of carrying on the regulated activity.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered persons had not ensured that people were protected from the risks of inadequate nutrition and dehydration.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.**

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.