

Tamaris Healthcare (England) Limited







Brandon Lodge Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 2 February 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home was last inspected by CQC on 10 September 2013 and was compliant.

The home had a registered manager in place. 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.

Brandon Lodge Care Home is located in a quiet residential area in the village of Brandon, County Durham. It is a two storey, purpose built home which provides accommodation, nursing care, palliative care and respite care for up to 38 older people. On the day of our inspection there were 37 people using the service.

Summary of findings

People who used the service and their relatives had conflicting views about the standard of care at Brandon Lodge Care Home. They told us, “I am happy”, “I am happy here”, “Staff are not always helpful” and “I asked for assistance for my relative and I was told you will have to wait until a care worker has time to spare”.

There were insufficient numbers of staff on duty in order to meet the needs of people using the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Training records were up to date and staff received supervisions and appraisals.

There were appropriate security measures in place to ensure the safety of the people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

The provider had procedures in place for managing the maintenance of the premises.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Deprivation of Liberty Safeguards.

People were protected against the risks associated with the unsafe use and management of medicines.

We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required.

The home had a programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed before they moved into the home. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

The provider consulted people who used the service, their relatives, visitors and stakeholders about the quality of the service provided.

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?

The service was not always safe.

There were insufficient numbers of staff on duty in order to meet the needs of people using the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Requires Improvement



Is the service effective?

The service was effective.

Staff were supported to provide care to people who used the service through comprehensive induction and a range of mandatory and specialised training.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good



Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Bedrooms were very individualised with people's own furniture and personal possessions.

Good



Is the service responsive?

The service was responsive.

Care records were person-centered and reflective of people's needs.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

Good



Brandon Lodge 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 inspection took place on 2 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff.

Concerns were raised by infection control staff about outstanding actions from the 2014 Infection Prevention and Control Audit including new flooring yet to be replaced, cleaning schedules for domestic staff not finalised and the treatment room in a poor state of repair and tidiness.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager, peripatetic regional manager, deputy manager, a nurse, the activities co-ordinator, two care staff, the cook and a domestic.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

People who lived at Brandon Lodge Care Home were not always safe because there were insufficient numbers of staff on duty in order to meet their needs. People who used the service and their relatives told us, “I feel safe but the home could do with more staff”, “There used to be more staff on duty but some have left” and “I asked for assistance for [Name] and I was told you will have to wait until a care worker has time to spare.”

We observed staff on the first floor, Prince Bishop nursing unit did not always respond to people’s requests for help in a timely manner and care delivery was largely task focussed. We saw there was one nurse, two members of care staff and a new member of care staff shadowing them for twenty four residents, eleven of whom had nursing needs and required 2:1 care.

We heard call bells ringing on the first floor for long periods of time. For example on one occasion, a resident waited ten minutes to receive the required assistance from two care staff and on another occasion a resident waited five minutes to receive support. On a further three occasions we heard residents calling out for staff to assist them and noticed it was several minutes before staff attended to their needs. Staff told us, “Its hard work sometimes” and “We could do with more staff.” This meant that there were insufficient numbers of staff on duty in order to meet the needs of people who used the service.

We discussed staffing levels with the registered manager and the peripatetic regional manager. The registered manager told us that the home currently had vacancies for nursing and care staff and confirmed that she was in the process of recruiting new staff. She told us that the staffing levels for the Prince Bishop unit should be one nurse and four care staff. The registered manager told us that she had placed a request for the additional staff with the registered provider and was awaiting a response. She told us, and members of staff confirmed, that any staff absences were covered in the first instance by existing home staff. The home also employed its own bank staff if required, all who had experience of working at Brandon Lodge Care Home.

We found that the registered person had not protected people against the risks associated with employing insufficient numbers of suitably qualified, skilled and experienced staff to meet their needs. This was in breach of

regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a copy of the provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

Brandon Lodge Care Home is a two storey, detached building set in its own grounds. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

The home comprised of 38 single bedrooms, 37 of which were en-suite. 14 bedrooms were located on the ground floor, Brancepeth Suites residential unit and the first floor, Prince Bishop nursing unit had 24 bedrooms. We saw that the accommodation included several lounges, a dining room and several bathrooms and communal toilets in each unit. All were clean, spacious and suitable for the people who used the service. There was also an enclosed garden with a patio area.

We saw the home was clean and tidy. En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. We saw weekly cleaning schedules and mattress cleaning logs were completed and up to date. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap, towel dispensers and easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure. We looked at staff training and saw 38/40 staff had completed infection prevention and control training.

There was a very unpleasant odour on the first floor Prince Bishop nursing unit. We brought this to the registered

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manager's attention who told us there were measures in place to address this including the purchasing of new flooring and the introduction of regular deep cleaning schedules. We recommended she further review the source of the odour and the remedial action.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw the slings, hoists and passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in December 2014.

We saw windows fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Maintenance checks had been carried out for window restrictors, wardrobes and tall furniture in January 2015.

The nurse call system had been serviced in September 2014. Call bells were placed near to people's beds and chairs but were not always responded to in a timely manner when staff were providing care and support to other residents. We spoke with a relative of a person who used the service who told us, "Call bells are not always answered quickly."

We looked at the records for portable appliance testing and the electrical installation certificate. All of these were up to date.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire drills were undertaken and a fire risk assessment was in place. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends. The names of staff responsible for first aid were clearly displayed on the walls in the corridors on each floor.

We looked at the personal emergency evacuation plan (PEEP) policy and procedure. This described the

emergency evacuation procedure for the home and for each person who used the service. This included the person's name, room number, impairment or disability and assistive equipment required.

This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We discussed the medicines procedures with the deputy manager and the nurse on duty and looked at records. We saw medicines were stored securely in locked medicine trollies which were secured to the wall in a medicine store room which was kept locked at all times when not in use. We looked at the medicines administration charts (MAR) for four people and found no omissions. Records were kept for medicines received and disposed of.

We saw that medicines audits were up to date. We also saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was observed and recorded by senior staff. This meant that the provider stored, administered, managed and disposed of medicines safely.

Is the service effective?

Our findings

People who lived at Brandon Lodge Care Home received care and support from trained and supported staff. A relative of a person who used the service told us, "The staff are brilliant."

We looked at the training records for four members of staff and we saw that mandatory training was up to date. Mandatory training included moving and handling, first aid, fire safety, medicines, safeguarding, infection control, food hygiene and health and safety. In addition staff had completed more specialised training, in for example, conflict resolution, deprivation of liberty, equality and diversity, information governance, allergen awareness in care, reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) and control of substances hazardous to health (COSHH).

We saw evidence of planned training displayed in the home. For example oral health training was planned for 13/02/2015 and moving and handling training sessions were booked for March 2015.

Staff files contained a record of when training was completed and when renewals were due.

We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw the registered manager regularly updated staff knowledge about the home's policies and procedures by issuing them with a Policy of the Month and asking them to read and sign to confirm their understanding. For example, the policy for January 2015 was violence and aggression and February 2015 was the protection of vulnerable adults.

We looked in four staff files and saw that three of the staff had not received a recent supervision. For example the most recent supervisions were dated 05/05/2014, 05/07/2014 and 28/08/2014. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We discussed supervisions and appraisals with the registered manager who explained that this had been identified as a priority. We saw a memorandum on staff files to advise them that their bi-monthly supervisions were overdue.

This meant that the registered manager was taking action to ensure staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Deprivation of Liberty Safeguards.

We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that consent forms had been completed in the care records we looked at for taking photographs, flu vaccinations and the use of bed rails. All of these had been signed by the person who used the service or their representative. There were signs displayed in the home requesting relatives contact staff to discuss consent for flu vaccinations, care plans and risk assessments.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We saw a picture menu displayed in the entrance to the dining room which detailed the meals and snacks available throughout the day. We observed staff chatting with people who used the service. The atmosphere was not rushed. People who used the service and their relatives told us, "Staff are always bringing the tea trolley round", "I am happy with the meals" and "Christmas lunch was lovely."

We looked at records and spoke with the cook who told us about people's preferences and special dietary needs including people's choice of meal sizes and special diets, he identified people who had pureed, fortified or diabetic

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meals and which people preferred goats milk or no juice. We observed staff giving residents a choice of food and drink. From the staff records we looked at, we saw 30/40 of them had completed training in food hygiene.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia.

Is the service caring?

Our findings

People who used the service and their relatives had conflicting views about the standard of care at Brandon Lodge Care Home. Some people told us, “I am happy”, “I am happy here”. While others said “Staff are not always helpful”.

People we saw were well presented and looked comfortable. We observed staff talking to people in a polite and respectful manner. We saw a member of staff ask a person about their relatives and when they would be visiting next.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care.

We spoke with staff about the people they cared for and they told us about people’s likes and dislikes. They spoke about people warmly and gave us information to indicate they knew about the people they were caring for. For example, staff told us “[Name] likes to watch Top Gear tonight”.

We observed twelve people who used the service and four of their relatives attend a church service held in the home by the Reverend of St Johns Church of England, Brandon. We saw how the service encouraged people to participate and choose their favourite hymns and prayers. We spoke with the Reverend who told us how “very welcoming” the home was.

We saw the bedrooms were very individualised with people’s own furniture and personal possessions. We

observed a member of staff asking a person if they would like the water changing in their flowers and we saw staff talking with people about the photographs in their bedrooms.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. We spoke with a relative of a person who used the service who told us, “I have looked at my relatives care plans”.

One of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person’s heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This was up to date and showed the person who used the service had been involved in the decision making process.

We saw a copy of the advocacy policy and we also saw from care records that people had access to advocates to help them understand the decisions which affect their lives and ensured their views and wishes were heard.

The service provided lounge facilities where visitors and relatives could meet with people who used the service in private.

We looked at a copy of the Service User Guide in the reception area which provided information to people on the homes philosophy of care, facilities, activities, meals and meal times, customer views, communication, care planning, choice, privacy and respect, furniture and personal items, pets, staffing structure, local churches, complaints policy and procedure, advocacy, fire procedures and visitors policy.

Is the service responsive?

Our findings

Relatives told us they were always kept informed about the health and well-being of their relatives. They told us, “Staff always keep me informed about my relative”.

We looked at care records for four people who used the service. We found care records were person-centered and reflective of people’s needs.

We saw that pre-admission assessments had been carried out which included personal information, next of kin, GP and social worker details, medical history, communication needs, medication, continence needs, personal hygiene, skin integrity, dietary requirements, breathing, end of life and any mobility issues.

Care plans were in place for rights, consent and capacity, drug therapies and medication needs, urinary/continence, nutrition preferences, mobility, personal hygiene/dressing, skin integrity, psychological and emotional, infection control, peg feeding, human behaviour needs and palliative/end of life. We saw a care plan for communication, which described a person’s ability to communicate. This meant that staff knew how to communicate with the person effectively. Care plans identified a person’s level of need (low, medium or high) and recorded their expected outcomes.

Each care plan had a risk assessment in place. For example assessments were in place for falls, choking, bed rails, warfarin, use of a room key, inability to use the call bell, pressure damage, undernutrition and bolus feeding regime which is a method of feeding through a tube for people unable to eat or swallow food safely. Risk assessments contained control measures and recommendations from professionals including speech and language therapists. This meant risks were identified and minimised to keep people safe. Each care plan and risk assessment was reviewed, evaluated regularly and changes were made if needed.

We saw records for weight, MUST which is a five-step screening tool to identify if adults were malnourished or at

risk of malnutrition, Waterlow which assessed the risk of a person developing a pressure ulcer, pain assessments and oral assessments were completed regularly and were up to date. Some records also contained an Abbey Pain scale which is a tool used to measure pain in people with dementia who cannot verbalise and a Cornell scale for depression which assesses signs and symptoms of major depression in people with dementia. We saw evidence of visits by healthcare professionals. This meant the service ensured people’s wider healthcare needs were looked after.

The service employed two activities co-ordinators. We saw the activities plan on the notice board. This was a daily plan for activities within the home and included keep fit, bible stories, hairdresser, 1:1, pamper morning, baking afternoon, bingo, skittles, balloon volleyball and movie afternoon.

The people we spoke with told us about how they enjoyed visits from family, watching their favourite television programmes, playing bingo and dominoes and about going to the pantomime before Christmas.

We observed seven residents participating in a session of Memory Lane. We saw how staff encouraged participation and supported those people who required assistance. This session encouraged people to use their memory to remember past events and important moments in their lives.

We saw a copy of the complaints policy on display in the reception area and in the service user guide. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the Care Quality Commission, if the complainant was unhappy with the outcome. The people and the relatives we spoke with were aware of the complaints policy.

We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been employed in the post for three months.

Staff we spoke with were clear about their role and responsibility. They told us they felt supported in their role and were able to approach the manager or to report concerns. Staff told us, “I am happy working here”.

We looked at what the registered manager did to check the quality of the service. We saw that care plan audits were undertaken monthly by the care co-ordinator. Actions were identified and signed on completion by the keyworker. A keyworker is a member of staff, who with a person’s consent and agreement, takes a key role in co-ordinating a person’s care and promoting continuity, ensuring a person knows who to access for information and advice.

We saw that the home had been awarded a “3 Generally Satisfactory” Food Hygiene Rating by the Food Standards Agency on 15/01/2015. We looked at the provider’s audit files, which included audits of health and safety, staff training, medication, quality assurance, housekeeping and maintenance (electrical appliances, fire alarm, fire doors and extinguishers, emergency lighting, room call system, security, passenger lift, hoists and slings). All of these were up to date and included action plans for any identified issues.

We looked at what the registered manager did to seek people’s views about the service. We saw residents’ meetings were held regularly. We saw a record of a meeting dated 16 October 2014. Discussion items included future events, meal times, activities and safeguarding. We spoke with the cook who told us about the proposed changes to the meal times.

Staff meetings were held regularly. We saw a record of a staff meeting dated 15 January 2015. Discussion items included appointments, new developments, training, health and safety, safeguarding, home issues and staff issues. We also looked at records dated 15 January 2015 for health and safety meetings which discussed carpets, home walk arounds and clinical governance meetings which discussed policies and procedures, complaints, supervision and training.

We looked at the provider’s customer satisfaction survey report for 2014. The report contained the findings from questionnaires completed by people who used the service, their relatives and visitors. The questionnaires asked people for their views about the quality of the service provided at Brandon Lodge Care Home. The results were positive. For example, “Thank you all for your kindness and care for my relative” and “The care my relative has received from staff at Brandon Lodge is excellent. I am happy in the knowledge she is well looked after and the manager and her team are brilliant.” We saw an action plan had been prepared from the findings which included the areas for action, desired outcome, responsibility and date of completion.

We saw a Questionnaires, Suggestions and Comments Feedback notice board displayed in the entrance to the home. The notice board demonstrated the registered manager had recently sought views and comments from people regarding the food provided in the home. The responses received included that people did not always like the meals and were not aware of the menu options or alternatives. The board displayed the actions taken by the provider. For example menus had been changed to include the dishes people preferred, people had been made aware of the menu options and new coloured crockery had been purchased. During our visit we observed staff providing residents with the daily menu choices and discussing alternatives. People who used the service told us they were “happy with meals”.

There were copies of Four Seasons Health Care “Your Thoughts Count” customer satisfaction cards accessible in the home for people to complete, anonymously if they wished, and return in the post. The cards sought feedback about the quality of the service including staff friendliness and attentiveness, the cleanliness of the home, hospitality/ refreshments, service user guide, parking facilities and general impressions.

This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

We saw a copy of the provider’s business continuity management plan. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises. We discussed the plan with the registered

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manager as it did not contain information about alternative accommodation in the event people needed to be relocated. The registered manager confirmed she would review the plan to include the detail.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from

external specialists including GP's, dietician, optician, speech and language therapist, chiropodist, enteral feeding team, community psychiatric nurse and district nurse. This meant the service ensured people's wider healthcare needs were being met through partnership working.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: There were insufficient numbers of staff on duty in order to meet the needs of people using the service. Regulation 18.