Agincare (Derby) Limited

Nightingale Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Nightingale Care and Nursing Home is a residential care home providing personal and nursing care to up to 59 people. The service provides support to younger adults, and older people including those with dementia. At the time of our inspection there were 34 people using the service. The service supports people over 2 floors, with communal lounges and dining areas on each floor.

People's experience of the service and what we found:
Risks to people were not always robustly assessed, which meant staff did not have the necessary guidance to support people's known health risks safely. Medicines were not safely managed and poor record keeping in relation to medicines meant it was not always clear whether people had received their prescribed medicines. Protocols to support staff in administering 'as required' medicines did not provide person centred guidance to administer these appropriately.

Oversight within the service was not effective. Checks and audits did not identify areas for improvement consistently, and action to drive improvement was not always taken. The culture within the service did not always help to promote good outcomes for people. Whilst there were opportunities for people and relatives to feedback and be involved in the service, further improvements were needed to ensure effective communication with people and their relatives.

There were not enough staff effectively deployed to meet people's needs promptly and safely as well as to provide adequate supervision in communal areas. Staff were not suitably trained in their roles, specialist training in relation to specific healthcare needs was not completed by all staff despite supporting people with those needs. Prompt referrals to healthcare professionals were not always made where required.

People's dignity was not always maintained. Specialist aids and equipment used for accessibility were not always available for people which impacted on their independence.

People did not receive care that was personalised. Plans for end-of-life care were not always in place, or lacked detail to ensure people's wishes were known. People had little stimulation, and staff did not always support people to maintain relationships with those important to them.

People were protected from the risk of abuse. The service was clean, and staff followed best infection prevention and control practice. People enjoyed the food at the service and meals provided met their dietary requirements. Overall, people fed back they had developed positive relationships with some staff. There was some consideration of people's equality and diversity needs when supporting them.

People were generally supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
The last rating for the service under the previous provider was Good, published on 28 June 2016.

Why we inspected
The inspection was prompted in part due to not having been inspected under the new provider and due to concerns received about safeguarding, accidents and incidents and medicines. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations
We have identified breaches of regulations in relation to personalised care, dignity and respect, safe care and treatment, staffing and training and governance 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

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 safe. Details are in our safe findings below.	**Inadequate**
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 not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not responsive. Details are in our responsive findings below.	**Inadequate**
Is the service well-led? The service was not well led. Details are in our well-led findings below.	**Inadequate**

Nightingale Care and 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
The inspection team consisted of 3 inspectors 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.

Service and service type
Nightingale Care and 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. Nightingale Care and 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 held on the service within our systems. We spoke with the local authority and commissioners for feedback following their quality monitoring visits. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 5 people who used the service and 12 relatives of people who used the service. We spoke with 15 members of staff including the registered manager, supporting registered managers from other locations under the provider, deputy manager, nurses, care assistants, kitchen staff, domestic staff, activities and maintenance. We completed observations of communal areas. We reviewed a range of records including 8 people's care records, medication administration records and records relating to the management of the service.

Inadequate

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 for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People's known risks were not always adequately assessed. Guidance was not always in place to support staff in providing safe care.
- A stoma care plan lacked detail in how to provide safe stoma care, simply stating the person would let staff know if they required support. Staff confirmed the person was not able to manage their own stoma care. Furthermore, guidance to identify infection or risks associated with a stoma care was not in place. This placed the person at risk of harm.
- Care plans were not always updated following recommendations from healthcare professionals. A physiotherapist had recommended one person wore a palm protector. Their care plan and daily records did not show this change, which meant the person was not supported to wear the palm protector. This placed them at risk of not having their health needs met.
- Where guidance was in place, it did not always reflect the support the service was able to provide. For example, one person had diabetes at the service and their care plan stated staff should check their blood sugar levels should they appear unwell. We spoke with nursing staff who confirmed they did not check blood sugar levels at the service. This placed the person at risk of health deterioration.
- Wounds were not effectively reviewed or managed. Poor records were kept in relation to wounds. For example, where staff had reported skin integrity changes, information such as the location of a new wound, or a description of the wound was not always recorded. This meant nursing staff did not have sufficient information to provide robust clinical assessments.
- Changes in people's skin integrity did not always generate wound care plans, or reviews of their skin integrity care plans. For example, one person's daily notes showed staff had identified changes in their skin. There had been no review of the person's skin integrity care plan, placing them at increased risk of skin break down and wounds developing.

Using medicines safely

- People were not supported to receive their medicines in a safe way.
- Medicine administration records (MAR) were not legible, accurate or able to clearly show people had had their prescribed medicines. Records of expected stock, and stocks of medicine did not always match. This meant we could not be assured people had always received the correct dose of their medicine.
- Records showed one person had gone without their prescribed inhaler for 11 days. The inhaler had been lost and not re-ordered until the 8th day it was noted to have been missing. This placed the person at risk of increased risk of breathing difficulties.
- Some people were prescribed 'as required' medicines to manage agitation, or pain. Protocols to support staff in administering these medicines safely did not contain enough information. For example, directions

for when to administer an 'as required' medicine for a person who displayed signs of distress was 'anxious and aggressive behaviour' with no further details on how this may look for the person. This placed them at risk of receiving the medicine inappropriately.
● When 'as required' medicines were administered, staff did not always record the reasons for administration and whether it had been effective. This did not allow for a robust review of the medicine and increased the risk of the medicine being administered inappropriately.
● People had not been followed up by a health care professional when their medicine needs changed. One person's MAR showed they had been administered pain relief medicine more frequently. There were no records of review, or GP referral for this change which could have indicated the person was experiencing abnormal pain.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded following the inspection. A full stock check of medicines was undertaken and the pharmacy consulted with. Care plans were reviewed and updated to reflect people's current needs.

● Routine health and safety checks on the environment were carried out.

Staffing and recruitment
● The provider did not ensure there were sufficient numbers of suitable staff. Relatives fed back they felt more staff were needed. One told us, "I don't think there are enough staff. We've been there when there have been no staff in the main room. They don't always answer bells quickly and last time I was there a man in one of the rooms asked me to get someone for him." Another said, "There are issues with staffing. Sometimes the call bell takes a while to be answered. 2 weeks ago, I was there and [person] fainted and I pressed the call bell to get help. No one had arrived after 15 minutes."
● Staff told us they felt more staff were required. One told us, "We feel rushed and stressed how can we go from here to there." Another said, "If we had 1 more staff that would be helpful, we feel we can't always meet people's needs."
● A tool was used to calculate the numbers of staff required at the service which assessed people's individual dependency needs. The tool did not take into consideration the size, or layout of the building and the requirement that communal areas required supervision.
● Communal areas were not always supervised. Some people's care plans said they needed supervision for their safety when in the lounge or dining space. During our inspection we observed these areas unsupervised as staff were busy supporting people in their bedrooms, or other areas within the home. This placed people at risk of harm.

The provider had failed to ensure there were sufficient numbers of suitable staff. This placed people at risk of unsafe care. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider operated safe recruitment processes.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse and avoidable harm
● Whilst staff understood their responsibilities to raise concerns and report incidents, documentation was not always fully completed to allow for effective review, safeguarding actions and learning when things went

wrong. For example, wound care records.

● The provider was in the process of working with partner agencies to review safeguarding referrals and identify learning and actions to improve safety. Whilst the registered manager reflected on some learning when things had gone wrong, necessary improvements had not yet been embedded. For example, specific care plans had been updated as identified by partner agencies, but further improvements were needed to ensure all people's care plans were consistently updated as needs changed.

● Staff had received up to date safeguarding training and were able to demonstrate an understanding of types of abuse and how they would report these.

Preventing and controlling infection

● People were protected from the risk of infection as staff were following safe infection prevention and control practices. The service was clean and appropriate PPE was worn by staff when supporting people.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Requires Improvement

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.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support. Not all staff had completed their mandatory training. This placed people at risk of receiving unsafe care.
- Training such as fire safety, and equality, diversity and inclusion was not included within the mandatory training programme for staff. This placed people at risk in the event of a fire and we could not be assured staff were suitably trained in preventing discrimination.
- Specialist training to meet specific healthcare needs was not always completed by staff. For example, tissue viability training had not been completed by most staff despite supporting people who required support to maintain their skin integrity.

Not all staff had completed training to carry out their roles. This placed people at risk of harm and unsafe care. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action following our inspection and confirmed all staff had been reminded to complete mandatory training.

- Staff fed back they felt training was of good quality and they received ongoing support in the way of an induction, regular supervision, and competency assessments. Qualified nurses were supported to maintain their professional registration.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- Overall, people were supported to eat and drink enough to maintain a balanced diet. People had access to drinks and snacks throughout the day.
- People told us they enjoyed the food provided and had choice in the menu. People's meals were prepared in line with their dietary requirements and staff supported people to eat their meals where required.
- Nationally recognised tools were used to monitor people's health and wellbeing. However, further improvements were required to ensure these fully informed people's care and timely action was taken where changes in people's health were indicated.
- People were regularly weighed, however significant changes in weight were not promptly referred to

relevant healthcare professionals. For example, one person had lost over 9kg in a short period in September but hadn't been referred to the dietitian or GP until November. This meant any potential underlying cause of weight loss was not identified or addressed quickly.
● Themes around delayed access to healthcare provision was also fed back to us by relatives. One told us, "[Person] has no teeth, the hospital lost them, and we haven't been able to get [person] seen here, it's such a long process to get any information or any follow through. [Person] can't eat properly and so they're losing a lot of weight." And "3 weeks ago [person] was very chesty. I told them but no one did anything and 10 days later they arranged for [person] to see the GP who put them on antibiotics straight away. [Person] should have been seen the first week."

Staff working with other agencies to provide consistent, effective, timely care;
● Staff worked with a range of visiting healthcare professionals. Further improvements were required to ensure any recommendations were clearly recorded so staff had the relevant information to help support people's health and wellbeing.
● The service used an electronic system which staff used to flag information or changes in people's needs. This allowed for this information to be shared effectively within staff teams, during handover for example.

Adapting service, design, decoration to meet people's needs
● People's individual needs were not always met by the adaption, design and decoration of the premises. For example, there was lack of signage around the home to help people navigate. As some people using the service had dementia, this increased the risk of disorientation. The registered manager confirmed more signs had been ordered.
● Whilst specialist equipment such as mobility aids were available, wheelchairs were not always routinely checked to ensure they remained safe and effective. We also found one pressure relieving mattress pump indicating a fault. As this had not been reported, we asked management to replace this.
● People's bedrooms were personalised, and people had their items and photographs that were important to them.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

● Overall, the provider was working in line with the Mental Capacity Act. DoLS applications had been made where appropriate.
● Mental capacity assessments and records of best interest decisions were in place where required. However, records were not always clear who had been consulted with as part of this process and whether the person, or representatives had been involved in any decision making. The registered manager confirmed discussions will be further highlighted on all mental capacity assessments.

Requires Improvement

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 requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy, dignity and independence were not always respected and promoted. For example, we observed one person to be sat alone in the dining room in the same position for 3 hours. Others were seen to be falling asleep at the table in uncomfortable and undignified positions.
- Facilities to promote dignity were not consistently provided. One relative told us, "For the first 3 weeks [person] had no pillows, I kept asking and for the first 2.5 weeks [person] had no shower."
- People were sat in communal lounges without their mobility aids nearby. This meant they were not able to get up and move around the home independently as they wished.
- People were not always support to express their views and make decisions about their care. People's care plans were reviewed on a monthly basis, however records did not always show people or their relatives were involved in the review. Relatives told us they had not been involved in care planning. One told us "I haven't heard anything about [person's care plan] and I don't have a copy. We haven't had a meeting about one either."

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

- During our inspection, we observed interactions between some staff and people were not always kind and caring. For example, talking about inappropriate topics or using a harsh tone. This was addressed immediately by the registered manager.

People were not treated with dignity and respect at all times. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff took into consideration people's diverse needs, for example, speaking with people in their preferred language.
- People and relatives spoke positively about specific staff. People had good relationships with some staff members. One relative told us, "[Staff member] went in and reassured [person], putting their arm around them, they are very kind." Another said, "They always seem quite friendly and chat to [person]."

Inadequate

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 inadequate. This meant services were not planned or delivered in ways that met people's needs.

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.

●The provider was not always meeting the Accessible Information Standard. Whilst people's communication needs were assessed, staff did not always understand and support these needs.
● People did not always have access to their communication aids. For example, one person asked inspectors to help find their hearing aids which they usually wore. We asked staff, who could not find the hearing aids and said they had been lost.
● Relative feedback confirmed this happened regularly. One told us, "They've lost [person's] glasses and they can't see without them. It's a problem because [person] is very deaf and so we write things down and without their glasses they can't see that even." Another said, "[Person] is never wearing their glasses or hearing aids and we have to remind staff daily." And, "[Person] has hearing aids but staff don't help put them in, the tube comes out or there are no batteries, not helpful."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support
● People were not always supported as individuals, or in line with their needs and preferences.
For example, one person using the service used an electronic cigarette. Care records showed this had been taken off them and locked away as it had been used indoors. We asked for the person to have access to use the electronic cigarette, however we were told it had since been lost. Inspectors had to ask for a new one to be purchased.
● People and their loved ones were not always supported to plan for how they wished to be cared for at the end of their lives.
● People and relatives were not always consulted with as part of end-of-life care planning. One told us, "We were not involved in the care plan and no end-of-life discussions." Another said, "There was no care plan discussion. I told them about her DNAR – wasn't asked but I told them." And "We didn't have an end-of-life discussion."
● Care plans for people who were reaching the end of their lives had minimal person-centred details on how they wished to be cared for, including any religious considerations. For example, one said "monitor for signs and symptoms of end of life."
● Not all staff had received end of life care training. This meant not all staff would know signs and symptoms

to monitor which may indicate a person was at the end of their lives and how to care for them.

The provider did not do everything reasonably practicable to ensure people received care that met their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded following our inspection and confirmed staff had been reminded to ensure assistive aids were available for people. End of life discussions were arranged.

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 not always supported to maintain relationships, follow their interests or take part in activities that were relevant to them.
- During our inspection most people had little stimulation or interaction throughout the day. One person told us, "There's nothing to do, don't do anything all day, the TV has been broken in bedroom for a long time." The registered manager explained an entertainment programme was in place and plans in place to introduce more activities for people.
- Whilst some people had developed friendships at the service, some relatives felt their loved ones were not always supported to maintain relationships. For example, one relative explained staff did not always remember to charge a person's phone, and when the relative called the home staff said they could not give the phone to the person. The relative explained this has impacted negatively on the person's emotional wellbeing.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints were logged and managed by the registered manager. Most people and relatives we spoke with knew how and felt able to raise concerns.
- Relatives told us, whilst assurances were given in response to their complaints that improvements would be made, these were not always seen in a timely manner.

Inadequate

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 inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to ensure good governance of the care provided for people were not effective in identifying the concerns found during our inspection. For example, care plan audits failed to identify where risks were not suitably assessed. This placed people at risk of unsafe care.
- Action was not always taken to improve quality of care. For example, a care plan audit had identified an end-of-life care plan 'could certainly be more in depth', however no action was generated to address this. This meant the care plans remained lacking detail.
- Where action was taken, it was not effective in mitigating risk or driving improvement. For example, a medicine audit had produced an action to ensure 'as required' medicine protocols were person centred. This action had been signed off as completed, however we found them to still be lacking person-centred details.
- Accurate, complete, and contemporaneous records in relation to each service user were not kept. This included MARs which were not always legible, and incomplete skin integrity checks which impacted on ongoing assessments of wounds.
- The provider's policies and procedures were not followed. This meant people were not always receiving consistent, high-quality care based on best practice. For example, the provider's mental capacity policy referred to staff ensuring care records showed people and relevant supporters were properly involved in decisions about their lives and consulted, however we did not see evidence of this within the records we reviewed.

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

- A positive and person-centred culture was not promoted within the service. For example, staff did not always check people were OK if they did not consider it within their role and people's belongings were not always respected as often lost. This impacted on people's experience and outcomes.

The providers quality assurance systems were ineffective and did not always demonstrate accountability for people's care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives knew who the registered manager was and said they were visible within the service. The provider's management structure meant the registered manager, clinical and non-clinical leaders had

support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 registered manager demonstrated an understanding of duty of candour within their role. However, we received mixed feedback from relatives regarding communication when things went wrong. One relative told us, "I am confident they will phone me if there is a problem", whilst others said, "They don't always phone." And "Communication isn't very good between carers and management and between management and family. They never follow up on my questions."

● People, relatives, and staff had opportunities to feedback in the running of the service through meetings. However, relatives confirmed they did not always see how their feedback was used to make timely changes and improvements to people's care. One told us, "We did have relatives meeting about 6 weeks ago but no minutes or follow up."

Working in partnership with others

● The provider worked in partnership with a range of external stakeholders and partner agencies. This included local commissioners and healthcare professionals.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not do everything reasonably practicable to ensure people received care that met their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect at all times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Not all staff had completed training to carry out their roles. This placed people at risk of harm and unsafe care.

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	The provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not managed safely.

The enforcement action we took:

Warning notice

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 providers quality assurance systems were ineffective and did not always demonstrate accountability for people's care.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure there were sufficient numbers of suitable staff. This placed people at risk of unsafe care.

The enforcement action we took:

Warning notice