

Moreland House Care Home Limited

Moreland House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Moreland House Care Home is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 50 people. The service is purpose built and care is provided to people on the upper three floors.

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

The service was not always safe because medicines were not stored securely, records indicated people did not always receive enough fluids and pressure relieving mattresses were set incorrectly. Staff did not always undertake all required training. The service had failed to notify the Care Quality Commission when a Deprivation of Liberty Safeguard (DoLS) authorisation was in place for a person and quality assurance systems had failed to identify and address shortfalls within the service.

Systems were in place to protect people from the risk of abuse. There were enough staff working at the service and checks were carried out on prospective staff. Measures were in place to reduce the risk of the spread of infection. Steps were taken to learn lessons if things went wrong.

Assessments were carried out of people's needs before they started using the service. Staff received regular one to one supervision. People had enough to eat and drink and told us they enjoyed the food. The service worked with other agencies to help meet people's health care needs. People were 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.

People told us they were treated well by staff. Staff understood how to support people in a way that promoted their dignity, privacy and independence. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social activities and we saw people enjoying these on the day of our inspection. Complaints procedures were in place and records showed complaints were handled in line with the procedures.

Staff spoke positively about the leadership group and said there was a good working atmosphere. The service had links with other agencies to help develop best practice. Systems were in place for seeking the views of people who used the service and their relatives.

Rating at last inspection

The last rating for this service was good (published 12 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines and unsafe care, staff training, quality assurance and monitoring processes and notifications of DoLS authorisations.

Please see the action we have told the provider to take at the end of this report.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Moreland House Care 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor with a nursing background 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

Moreland House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications of significant incidents the provider had sent us and any whistle blowing or complaints we had received about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We contacted the local authority with responsibility for commissioning care from the service to seek their views. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who used the service and ten relatives or friends of people. We spoke with 12 staff; the registered manager, deputy manager, two nurses, a nursing assistant, two health care assistants, an activities coordinator, the head cook, a maintenance person, the head of housekeeping and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people and supported them. We reviewed a range of records. This included eight people's care records and multiple medicine records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and records of Deprivation of Liberty Safeguard authorisations for people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place for people but these were not always implemented. For example, risk assessments were in place related to skin integrity. Part of the risk management strategy for some people was to have a pressure relieving mattress in place. To be most effective these were meant to be set for the specific weight of the person. However, for five people we found a significant difference between the person's recorded weight and the setting of the mattress. This may have led to a decrease in their effectiveness, therefore potentially putting people at risk.
- Risk assessments were in place related to eating and drinking. For some people, they were found to be at risk of dehydration or malnutrition and part of the risk management strategy for them was for staff to record their daily food and fluid intake to ensure people got their recommended daily amounts. However, records indicated that some people were not been given the required amounts of fluid. If the records reflected the actual amounts of fluid given, this meant people were not being given the recommended amount which put them at risk of dehydration.
- Medicines were not always stored safely. We found a quantity of medicines including approximately 10 boxes of paracetamol tablets and one box of lorazepam tablets stored in an unlocked communal bathroom on the first floor. In addition, we found approximately 20 cartons of ensure thickener stored in an unlocked communal bathroom on the ground floor.
- The deputy manager told us the medicines were supplied on a four-week cycle and the cycle ended the day before our inspection. They said the medicines stored in the bathrooms were those that were no longer required and were to be returned to the pharmacist. These medicines were made secure immediately after we first noticed them.
- We found prescribed thickener for one person was stored in their bedroom. Staff told us that people living on the floor could potentially go in to that bedroom where they would have access to the thickener. The misuse of thickener presents a significant risk of choking to people which potentially put their health and safety at risk. We also noted the thickener was opened but no opening date was recorded. The manufacturer of the thickener recommends that it be used within 28 days of opening. As the opening date had not been recorded this meant it was not possible to ensure that it was not used beyond 28 day of it being opened.
- Most medicines were stored securely in locked medicines cabinets within treatment rooms. The temperature of the treatment rooms was checked and recorded daily. It is recommended that most medicines are stored at a temperature of between 15 and 25 degrees centigrade. The daily temperature record for the second-floor treatment room, where the medicines were stored, was recorded as being above 25 degrees centigrade every day in June 2019. No action had been taken in response to this. This meant

medicines were being stored in conditions that may have affected their effectiveness.

Pressure relieving mattresses being set at the wrong setting, people receiving insufficient fluids and medicines being stored in an unsecure environment and above the recommended storage temperature potentially put people at risk and constituted a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were supported to take their medicines. One person said, "They are very keen to give them correctly."
- Medicines were recorded in a safe way. Medicine administration records were maintained which detailed the medicines people took and staff signed these after each medicine was given. We checked these charts and found them to be accurate and up to date.
- People told us they felt safe, one person said, "Yes I feel safe. I love it." A relative told us, "The windows have safety mechanism, they open only so far. The bed bars come up, they're padded to stop hitting (person's) legs. There's a pressure pad on the floor with buzzer, for when they stand up."
- The service took steps to ensure the premises were safe. There were regular audits and risk assessments to ensure that the premises and the equipment were safe for people to use. Regular fire drills were held and fire alarms were regularly tested. There were in date safety certificates for firefighting equipment, gas and electrical installations.

Systems and processes to safeguard people from the risk of abuse

- Systems had been established to help safeguard people from the risk of abuse. The service had a safeguarding adult's policy which made clear their responsibility to report allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding people and understood their responsibility to report it. One staff member said, "I would report to manager or deputy manager."
- People were protected from the risk of financial abuse. Where the service held money on behalf of people this was kept in a locked safe and records and receipts were kept of financial transaction. We checked some of the money held on behalf of people and found the amounts held tallied with the recorded amounts.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "They come within a minute (of me using the alarm call). Also, at night when I have needed (staff support), it's been alright." A relative said, "When (person) has to go to the toilet they press the buzzer. They don't have to wait long."
- Staff told us there were enough staff working to meet people's needs. One staff member said, "It's ok, when we are short staff we get agency staff in." We observed staff were able to respond to people in a prompt manner during the course of inspection. We checked the staff rota and saw this reflected the actual staffing situation on the day of inspection.
- Records showed that various pre-employment checks were carried out on staff including criminal record checks, employment references and proof of identification. However, record of previous employment and reasons for leaving were inconsistent in some instances. We spoke with the registered manager about this and were told that they would seek to make improvements in this area.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection. Staff were expected to wear protective clothing and we saw this was the case during the inspection.
- Cleaning schedules were in place which set out the frequency of areas to be cleaned. Staff signed the schedules after each cleaning to evidence it had been done. We noted the cleaning schedules did not cover

the treatment room, we discussed this with the head of domestic services team who said they would amend the schedules accordingly.

- We noted the service was visibly clean and free from offensive odours on the day of our inspection. A relative told us, "I chose this place because there were no smells, it's kept clean."

Learning lessons when things go wrong

- Lessons were learnt if accidents or incident occurred. Accident and incidents were recorded and were reviewed by the registered manager or the deputy manager. Follow up actions were set out by management and supervisions were held with staff, so ways of working could be explored and improved upon.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Staff were provided with training to support them in their roles. However, not all staff training was up to date.
- For example, records showed that six staff were not up to date with safeguarding adults training, 14 staff for infection control, 13 for health and safety, 11 for fire safety, 10 for equality and diversity and 13 for dementia awareness training. The registered manager acknowledged that not all staff training was up to date. The lack of staff training potentially impacts upon people's care. For example, we found pressure mattresses were not set at the correct weight and medicines were not stored securely which may be linked to lack of training in health and safety.

The lack of staff training potentially put people at risk of poor or unsafe care and constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they received regular training. One staff member said, "We use the standing hoist and body hoist and lifting bed and slide sheet. We've had annual training on this." Staff also said they had regular supervision. When asked if this took place, one staff member replied, "Yes of course. Last month I had supervision, we had medicines training, so they had followed up supervision on it." Records confirmed staff received regular supervision.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where it was deemed that people should be deprived of their liberty in their own best interests, we found the service had applied for a DoLS authorisations. However, the provider had not always notified the Care Quality Commission when a DoLS authorisation had been granted. Please see the well-led section of this report for more details of this.
- Staff understood the need to ask for consent. One staff member said, "We ask permission and tell them what we're going to be doing with personal care. We ask if it's ok to change pads and give showers." Staff received training on MCA and DOLS. There were mental capacity assessments completed with people indicating their capacity to make decisions and consent on various activities. We saw specific mental capacity assessments for personal hygiene, eating and drinking, day to day care and photography among other things. Best interest decision meetings had been held to determine how to act in people's best interests, for example in relation to the covert administration of medicines.

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

- Records showed people's needs were assessed by a senior member of staff before they began using the service. The registered manager told us this was to determine what the person's needs were and if the service was able to meet them.
- People and their relatives, where appropriate, were involved in the assessment process and relatives were invited to visit the service before a decision was made about whether the person should move there.

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

- People were supported to eat a balanced diet and had choice about what they ate. There was a four-week rolling menu in place which included two choices for the main meal. The head cook told us if people did not want either of the choices they could request something different.
- People with specific dietary needs were catered for. We observed the system in place that ensured people with specific dietary needs got the food they could eat on a daily basis. People who observed religious practices and those with healthcare needs were known to kitchen staff and they got to eat the food they were able to eat.
- People told us they enjoyed the food and got a choice. One person said, "the food is nice here." We observed a lunchtime period and saw that support with eating and drinking was provided in a caring way.

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

- People had access to health care professionals as appropriate. A consultant doctor visited weekly as a matter of routine. Records showed people had access to other health professionals as appropriate including dentists, opticians, dieticians, chiropodists and speech and language therapists. The service kept necessary records about people's health care needs and were able to provide required information about people in emergency situations.
- People and relatives told us they had access to healthcare professionals. One person said, "My nails are done by the chiropodist every five to six weeks." A relative said, "They got a specialist in because (person) had problems swallowing. They use something to thicken the drink so it goes down quicker. Now they can swallow."

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

- The service had been designed to accommodate older people, some of whom had mobility needs. Hand rails were in bathrooms and toilets and there was lift connecting the different floors. Floors were level and

corridors wide enough to allow easy access for people using wheelchairs. There was easy access to the garden where we saw people and their relatives using the garden throughout our inspection.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw during our inspection that people were well treated by staff. Staff interacted with people in a friendly and respectful way.
- The service sought to meet people's needs in relation to equality and diversity. Assessments covered people's needs in relation to ethnicity, nationality and religion.
- People were supported to eat food that reflected their culture. Most people shared the same ethnicity and food reflected traditional food of their culture. Where people had different food requirements linked to their religion and culture this was also respected.
- Representatives of religions visited the service to provide spiritual guidance to people. One person liked staff to read to them from religious texts. These were not written in English and staff were employed who were able to read those texts.

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

- Care plans included information about people's life history. This covered people's previous employment, where they grew up, their family members and education. This information helped staff to get to know people which helped them to better support people in line with their wishes.
- People told us they were able to consent to care. One said, "The staff ask before they do things, reasonable care, the best they can do. On the whole the staff are good." A relative told us, "(Person) tells them what they need, like getting up during the day. We like it because they're always given choice. For lunch they can choose what to eat. In the morning when they get up they can choose what to wear. I feel that (relative) is safe here and treated with dignity and respect. We would recommend it."

Respecting and promoting people's privacy, dignity and independence

- Each person had their own bedroom which had an ensuite toilet, shower and hand washing facilities. This helped to promote people's privacy. We saw that bedrooms were homely in appearance and contained people's personal possessions.
- Staff had a good understanding of how to promote people's privacy, dignity and independence. One staff member said, "We ask them to try to feed themselves and wash and dress themselves. We encourage them to do that. They have their own privacy, when we change them we close the doors."
- People told us they were treated respectfully by staff. One person said, "Yes I feel well looked after. They consult me every day. The staff are good." A relative told us, "As far as I know (person) is well looked after."

The staff are very nice."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were in place which set out how to support people in a personalised way, based around the needs of the individual. Plans covered needs associated with personal care, mobility, eating and drinking, medicines and social inclusion.
- Care plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service sought to meet people's communication needs. Most people using the service spoke English as a first language and some staff shared the language of the non-English speakers.
- Pain assessment tools were used to help identify if people were in pain who were not able to vocalise this. This meant they were able to access pain relieving medicines when required.
- Visual aids were used to support people to communicate, for example, picture cards were used to help people make choices about what they ate.

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

- The service employed two activities coordinators, both of whom worked part time. We observed them supporting people with structured activities including dancing and bingo during the course of the inspection.
- People and relatives said they enjoyed the activities, but some said more could be provided. One relative said, "I'd like to have more (activities). The activity coordinator spends about an hour on each floor. One thing to improve would be more stimulation." We discussed this with the registered manager who told us they would look into the possibility that people could be supported with activities at times when the activity staff were not working.
- People were able to maintain relationships with family and friends. On the day of inspection, we saw several people receiving visitors. People confirmed they were able to maintain relationships with people.

One person said, "My husband is here for me every day, 4pm, we're not far away. He's lovely. He loves me to bits."

Improving care quality in response to complaints or concerns

- Systems were in place for responding to and dealing with complaints. The service had a complaints procedure in place which included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Records were kept of complaints received, and these showed they had been dealt with in line with the procedure.
- People and relatives told us they knew how to make a complaint. One person said, "If I have any problem I go to the nurse in charge. They would deal with it." A relative said, "We have no complaints. We got the complaints procedures at first when we arrived here. If there was anything we would go to the head nurse. For day to day we talk to the carers."

End of life care and support

- We found that 'Do Not Attempt Resuscitation' forms were in place for people as appropriate. Where it was assessed that resuscitation should be attempted for people this was made clear in their care plans.
- The service worked with other agencies including health professionals to provide support to people who were in the end of life stages of care.
- End of Life care plans were in place for people. However, in some cases these contained very little information. We discussed this with the registered manager who told us some relatives were reluctant to discuss this subject as they found it distressing. They said they would seek to speak with people and relatives again to develop End of Life care plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were in place to monitor and assess the performance of the service These included audits related to infection control, health and safety and care plans. However, the quality assurance and monitoring systems in place were not always effective.
- Monitoring systems had failed to identify and address issues of concern we found during our inspection. These issues included staff not being provided with all required training, medicines not being stored appropriately and securely, pressure relieving mattress being set at the incorrect weight, people not receiving the recommended amount of fluid intake and the provider failing to notify the Care Quality Commission of Deprivation of Liberty Safeguards (DoLS) authorisations.

Ineffective quality assurance and monitoring systems potentially put people at risk of poor or unsafe care and constituted a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not always fulfilled their regulatory requirements. Registered providers have a legal responsibility to notify the Care Quality Commission whenever a DoLS authorisation is granted to a person receiving care at the service. Since October 2018 14 DoLS authorisations had been granted to people using the service and the provider had failed to notify CQC of any of these.

CQC are considering what action they need to take in response to the provider's failure to send statutory notifications and we will report on this when this is completed.

- The registered manager told us they had an 'open door' policy and that they welcomed staff speaking with them. Staff told us they found senior staff to be supportive. One member of staff said, "I am very comfortable with the (registered) manager. They are a good listener. Any decision we can ask and they will help." Another staff member said, "I like the total ambience. I wouldn't have worked here six years otherwise."
- Regular staff meetings were held which helped staff get involved with the running of the service. A staff member told us, "Every month we have team meetings. We just talk about whether staff need something

more, talk about the residents, talk about the activities."

- People and relatives also said they found senior staff to be approachable and helpful. One person said, "The management is fine. I've no reason to complain." A relative told us, "They are very approachable. Now and then there are things that need tweaking but on the whole it's good. We have asked for a portable air conditioner for the lounge, for everybody. It can get very hot sometimes. It's now with the management. Let's hope they sort it out." We noted that on the top floor lounge an air conditioning unit was being fitted on the day of inspection. The nominated individual told us it was planned that by the end of the week air conditioning units would also be installed in the ground and first floor loungers.

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 service had notified the Care Quality Commission when there were concerns at the service, such as the death of a person, or a safeguarding allegation being made, in line with their legal responsibility to do so.
- Relatives told us they were kept informed of any issues relating to their next of kin, for example if they had a fall or were ill.

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

- The service carried out an annual survey of people and relatives to gain their views. This year's survey was issued in June 2019 and the registered manager told us that at the time of inspection they were still receiving completed survey forms. Last year's survey highlighted problems with the laundry which had subsequently been addressed.
- In addition to the surveys, meetings were held for people and their relatives where they were able to discuss matters of importance to them. The most recent meeting was held on 4 June 2019 and minutes showed it included discussions about menus, staff, and the upcoming summer fete.
- The service sought to provide person centred care, for example through person centred care plans that were drawn up with the involvement of people who used the service and their relatives.

Working in partnership with others

- The service worked with other agencies to help develop good practice. The registered manager attended a provider's forum run by the local authority where issues of mutual interest could be discussed amongst care providers and the local authority. On the day of inspection, the nominated individual attended a meeting of a trade body that represents care homes.
- Outside agencies played a role in monitoring the quality of care and driving improvements. The service had employed an outside consultant to carry out a health and safety audit of the service. The local authority had carried out a routine monitoring visit of the service in September 2018 and identified some shortfalls. They carried out a follow up visit in January 2019 and found the shortfalls identified had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had not ensured that persons employed by the provider had not received appropriate training as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (1) (2) (a)

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 registered person has not established systems or processes that were operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)

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	Care and treatment was not provided in a way that was safe for service users. The registered person had not done all that was reasonably practical to mitigate the risks to people's health and safety and did not have systems in place for the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g).

The enforcement action we took:

We issued a Warning Notice to the provider.