

Gateway Housing Association Limited

Pat Shaw House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Pat Shaw House on 15 and 17 December 2014. The first day of the inspection was unannounced.

Pat Shaw House is a care home without nursing which provides accommodation for up to 38 older people across three floors. People who develop nursing needs usually have them met by the local district and community nursing teams. The service does not admit people who are living with dementia, but it continues to care for them if they develop the condition once they have moved in.

The 32 individual bedrooms have en-suite bathrooms and their own kitchenette facilities, although the hot plates are disconnected. There are six larger self-contained flats, with fuller kitchen facilities, two of which were available for use by people who had been discharged from hospital and required a short stay in a care home before returning home or making other arrangements. These flats, known as both the 'Step Up Step Down' service and the 'winter resilience beds', were

Summary of findings

unoccupied, but 33 people were resident in the home on the first day of our inspection. The winter resilience beds are part of a short term contract which expires in April 2015.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of Pat Shaw House since a new provider, Gateway Housing Association Limited, took over the running of the home. Less than fifty per cent of the employees of the previous provider had transferred across to the new provider.

The lift was very unreliable. This was preventing people from attending medical appointments and interfering with social activities. Routine health and safety checks on the equipment and premises were not being carried out and a problem with the hot water in some parts of the building was on-going. Some adjustments also needed to be made to ensure that medicines, including creams and lotions, were always administered as prescribed.

Whilst most people who used the service spoke well of the care they received, some complained of boredom and a few of isolation within their rooms. Staff were very attentive to people's physical care needs and had positive working relationships with visiting healthcare

professionals, but more consideration of people's social and emotional needs was required. People, especially those with communication needs, needed more support to engage with each other and activities.

These issues amounted to three breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

We found that the manager and staff knew people who used the service well, although some of the information they had was not always written down. Most people who used the service told us that the staff team was kind and friendly. The manager was accessible to people and led by example.

The home was carrying out its duties in respect of the Mental Capacity Act 2005. Applications for Deprivation of Liberty Safeguards were made when restrictions were needed to improve the safety of individuals who did not have the capacity to make decisions for themselves. Staff accepted people's right to make their own decisions, but did not routinely discuss the pros and cons with them. Staff did not always ensure that people with capacity had sufficient support to make informed choices.

All staff members were undertaking a range of mandatory training to ensure they were equipped with the appropriate skills and knowledge for their role, including dementia care. The provider had employed a consultant to review the service in order to drive continuous improvement. They were also designing a quality auditing tool. They had identified many of the issues we found, but planned improvements were not in place at the time of inspection.

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 safe. The home's lift was frequently out of order. This affected people's social life and their ability to attend medical appointments. Other repairs and maintenance issues took too long to resolve and some routine health and safety checks were not being carried out.

Safe practices for administering medicines were not always followed.

Inadequate



Is the service effective?

The service was not effective in all areas. All staff were undertaking a programme of mandatory training and, after each course, were required to demonstrate their competency in a test. However, we found that they were not consistently applying their knowledge in their day to day practice. Staff members received regular supervision from their line managers.

The home was carrying out its duties in respect of the Mental Capacity Act 2005 and by making applications for Deprivation of Liberty Safeguards when there were restrictions in place to improve the safety of people who did not have the capacity to make decisions for themselves.

People told us the food was good and plentiful. Special diets were catered for.

Requires Improvement



Is the service caring?

The service was not caring in all aspects. Whilst staff were kind and polite, the provider did not do enough to support people with communication needs to participate in the life of the home and make their views known.

The service was taking steps to ensure it provided good quality end of life care.

Requires Improvement



Is the service responsive?

The service was not always responsive. People told us they were bored and activities were limited.

Staff respected people's choices, but there was no evidence they took steps to help people make informed choices. Some people needed more support with decision making.

Staff kept good daily records, but some risk assessments were missing or under-developed, so provided little guidance to staff. Life story information was limited in some care files.

A complaints system was in place and people said the manager was good at resolving issues informally.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well-led in some areas. Whilst the manager was very accessible and led by example, some systems needed review to ensure they reflected best practice and were in line with the provider's policies and procedures.

The provider had employed a consultant to drive continuous improvement and to design a quality auditing tool. Although this had identified what needed to be done, improvements were not in place at the time of inspection.

Requires Improvement



Pat Shaw House

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 15 and 17 December 2014 and the first day of our visit was unannounced.

The inspection team was made up of two 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, in this case older people's services.

We did not refer to the Provider Information Return as this was not requested by the Care Quality Commission in advance of the inspection. We liaised with Healthwatch Tower Hamlets which had recently carried out one of its 'enter and view' visits. Healthwatch is an independent organisation which represents the voice of people who use health and social care services. We also spoke with one visiting healthcare professional and read comments from three others.

During the inspection we spoke with 15 people who used the service and three of their relatives. We interviewed 10 staff members, including six care workers, one team leader, one member of kitchen staff, one member of domestic staff and the manager. We checked a wide range of records, including four staff files, four care files and six medicines administration records.

Is the service safe?

Our findings

Our inspection coincided with the day of the planned Christmas party. People who used the service told us it was cancelled as the lift was out of order. Notices later confirmed this. We were told that the lift had not been working for several days and that lift engineers had been on site all weekend. Staff, people who used the service and their relatives all told us that the lift was regularly broken. As well as interfering with people's social life, they had missed medical appointments. The provider's own records confirmed three had been missed in one week, during a previous breakdown earlier in the month. A lift engineer told us, "[The lift's] well past its due date. It should have been replaced ages ago." Staff had to carry awkward or heavy items up the stairs and lots of journeys were required to bring food from the kitchen, which we saw impacted on the serving of lunch on the top floor. The provider told us they had not been alerted to the condition of the lift prior to taking over the service; they had plans to replace it, but this had not been completed by the time of our inspection. They later confirmed to us that they had accelerated the replacement process.

We found that there were not robust arrangements in place to deal with repairs and maintenance, particularly when the handyman was absent. One of the fire doors was not closing properly as it was catching on the stair carpet. The carpet in the ground floor lounge was not flat to the floor in one place and was a trip hazard. Portable appliance testing (PAT) was overdue and the provider had not met its own schedule for health and safety checks, for example, of wheelchairs or portable fire-fighting equipment for over two months. Some rooms were without hot water on the day of our visit, staff told us this often happened on the top floors. There was work underway to address this, although not when we were on site. Some rooms had received repairs, but not all of them. On the ground floor there was a long standing problem with the toilet in the staff room which prevented effective flushing. Another staff toilet was available on the ground floor which staff could access.

A Legionella certificate was in place but due to expire in January 2015, regular temperature checks on the water had not been taking place in recent months and showerheads were overdue for disinfection. This could impact on the renewal of the certificate as risks were not being managed.

These issues amounted to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines records included a photo of the person who used the service, their known allergies and details of staff members authorised to administer medicines. There was a written protocol in place to deal with refusal of medicines.

We saw the home used a monitored dosage system for medicines on each unit; a tray of weekly medicines were pre-dispensed into sealed pots for named individuals. Medicines were stored safely in locked trollies, which were tethered to the wall when not in use. Copies of prescription forms were kept with the medicines administration record (MAR) charts to enable staff to check the correct medicines were being given to people.

The MAR charts were not always correctly filled in. Two of the six MAR charts we looked at had not been signed when medicines were administered. Staff had not documented the reason why medicine was refused by a person who used the service or why medicine was withheld. Charts to record the application of creams and lotions were not always completed, therefore there was little evidence that people were having them applied as prescribed. During routine checks, staff did not always physically count the tablets left after administration, they just subtracted them from the previous total. Their totals did not always tally with the actual number of tablets left due to arithmetic errors.

There were three full sharps bins in the administrator's office. Two were locked, one since October 2014. A staff member said, "Sharps bins are the responsibility of district nurses." We asked for records to show that a district nurse had been asked to collect and dispose of the sharps bins. We were told there were no records of this and a district nurse later confirmed that they were only aware of the presence of one sharps bin which was still in use, this was disputed by the manager who said they had been told.

The room temperature was being recorded daily where controlled drugs were stored, however the room temperature was not being recorded in other areas where medicines were kept. All staff had recently been retrained in medicines administration and their competency was formally assessed. However, they had not fully applied their learning to their work.

Is the service safe?

These factors constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had policies and procedures in place in relation to issues such as bullying, harassment and safeguarding adults. Staff members were able to tell us some of the signs of abuse they looked out for, although they said they had never had to report anything suspicious. During our visit one person who used the service told the manager of a concern they had and we saw she moved promptly to investigate it.

We noted that at least one person who was at risk of falls was not wearing appropriate footwear or using their walking aid. A staff member commented on them only wearing their socks, but took no further action to try to remedy the situation.

Two people smoked in their bedrooms. In one person's room there were signs of careless smoking. There was not an individual risk assessment in place to address this, nor were there any specific environmental adaptations to reduce the risk. Staff told us they made half hourly checks on people in their bedrooms. We were told the provider was reviewing the arrangements around smoking in bedrooms.

A high proportion of staff members did not have permanent contracts, although they were working regularly within the home. We were told that this was a consequence of the contract to provide care being re-negotiated earlier in the year. We were told there was little use of agency staff as the service had established a bank of staff who could come in at short notice. The provider's own records showed that 15 care shifts (out of 98) and 10 domestic shifts had been covered by agency staff within one week recently. This was alongside 41 shifts covered by bank staff. There was a risk that this would impact on continuity of care and good record keeping, but we saw the number of shifts covered by agency workers had reduced in relation to care staff in the weeks since the consultant had assessed their usage at the beginning of the month.

When we looked at the staff rota we saw that there were two care workers on duty on each floor during the early shift; a total of six care workers. In the afternoon there were five care workers on duty and during the night there were two. In addition a team leader was present for each shift. The manager told us this was sufficient, but we noted that this level of staffing gave staff members little time to attend to people's social and emotional needs. We observed a staff member on one floor spend several hours completing paperwork; the other member of staff had to meet people's needs on their own. Dependency levels were assessed monthly, but they were not used to adjust staffing levels to meet people's needs.

The home was kept clean and tidy, with the exception of two assisted bathrooms; one was used for storing discarded computer equipment, the other had a soiled lap belt. Staff had easy access to disposable gloves, aprons and hand washing facilities, except in the rooms where hot water was not available. One of the waste bins for recycling in the garden was overflowing and missing a lid. We saw there was a cleaning schedule in place and domestic staff ticked off each task when they completed it. There was reference to cleaning light switches in one area, but it did not emphasise the need to clean frequently touched areas throughout the home, such as door handles.

The manager told us that safe recruitment practices were carried out centrally by the provider and we looked at their relevant policy and procedure. It was not possible to check that the procedure was being followed within the home as no new staff had started work since the provider took over the service, although some recruitment had just commenced. The previous provider had removed most staff records so key information about long-standing staff members was missing. We saw that the new provider was requiring staff members to re-apply for criminal records checks, but this process had not been fully completed by the time of the inspection.

Is the service effective?

Our findings

Staff were broadly aware of their responsibilities under the Mental Capacity Act 2005 (MCA). They were able to explain that they could not restrict people's rights unless they did not have capacity to make decisions for themselves. They knew there were procedures to follow if people's capacity was impaired and they would alert the manager if this was the case. The manager was able to demonstrate more in-depth knowledge and we saw she was in the process of making applications for Deprivation of Liberty Safeguards (DoLS) for some individuals. These were already in place for one person. The provider had appropriate policies and procedures in place to guide staff.

We saw that people who used the service were asked to sign their consent to various aspects of their care; whilst this was appropriate, we also saw some of them found it difficult to hold a pen and, from written comments, we noted many of them thought one signature should be enough to cover consent for all activities. The provider had not taken these issues into account when designing these forms and associated guidance. Assessments for bed rails were carried out by community based nurses, when we checked we found that those who were using them were making their own decisions. One person said, "I have them up, just in case [I roll out of bed], better safe than sorry."

There were records to show when staff had received supervision from their line manager. This was taking place at regular intervals. When we spoke with staff members, they described regular one to one sessions which covered training needs, personal issues and their performance at work. They said they got "good support" from management and colleagues.

All staff were engaged in a training programme which covered mandatory topics, such as safeguarding adults. The provider required all staff members to take a competency test after each course, those that failed had to attend the training again. Staff members spoke highly of the training provided. They said the face to face format enabled them to discuss relevant issues. Everyone said they learned from it, even those who had been in post for over 15 years.

Our observations suggested that staff needed more assistance on their return from training to apply what they had learned to their day to day practice, otherwise they

continued to do what they had always done. For example, after medicines training some of the long-standing practices should have been reviewed. At the time of our inspection all staff members were undertaking training in person-centred care.

We saw that the provider was planning to provide training in "early signs of Alzheimer's and dementia" which would help staff meet some people's needs. There was no indication in the list of planned training of the inclusion of any mental health training or training in managing behaviour which challenges, yet a number of people who used the service had severe and enduring mental health conditions and/or behaviours which challenged. When we later spoke with senior managers they assured us that these topics would be covered.

People spoke well of the quality of the food. One person said they were a vegetarian and appropriate meals were always provided for them. Another person said they had been on medicines for constipation before moving into the home, but the healthy food provided meant they no longer needed them. We saw that the kitchen had a record of people's dietary needs and their likes and dislikes. There was information about who needed thickeners to manage swallowing difficulties and choking risks and how these were to be prepared. We observed all three dining rooms at lunchtime and saw that staff were attentive to people's needs. The arrangements for lunch on the first day of our inspection were slightly improvised due to the cancellation of the Christmas party and we saw that there was a minor breakdown in communication about the menu options. People on the top floor also suffered delays due to the broken lift, as staff had to bring food up the stairs. One person was not offered an alternative option when they did not want to eat the meal they had originally selected.

People had contact with a range of healthcare professionals, depending on their needs. One person who used the service told us that staff always accompanied them when they went to hospital for tests. We spoke directly to one healthcare worker who was visiting the home, they said, "Communication is fab [between the home and healthcare services]; we get appropriate referrals and [staff members] escalate things when necessary." We saw that visiting healthcare professionals had contributed comments to the home's 'compliments log'. Comments included, "I am assisted and helped by ALL staff [when

Is the service effective?

carrying out healthcare interventions]" and "[Staff members] are knowledgeable about the resident I am going to see." Another professional visitor wrote, "Pat Shaw House is a well steered ship."

Is the service caring?

Our findings

Most people and their relatives spoke well of the kindness and politeness of the staff. One person said, “The staff have to put up with a lot [of verbal abuse], but it doesn’t affect the way they treat people.” Other positive comments included, “they’re always friendly”, “anytime I ask for something they get it”, “they’re all lovely, they’re all very nice.” One member of staff was singled out for praise, “A very nice [member of staff]; it’s there from the heart.” A relative told us that their family member had “a very good relationship” with their key worker who took a lot of trouble helping them to choose their clothes.

Four people were more negative. One person said, “On a good day they talk to you, on a bad day they just get on with their work.” Concerns were raised about the attitude of some newer members of staff who “don’t want to do things”. We alerted the manager to these people’s comments so they could follow up and monitor the situation.

Interactions between staff and people who used the service were observed to be friendly with considerable warmth and affection being demonstrated on the part of the care workers. Care workers were observed asking people whether they needed assistance, for example with cutting up food. They told people what they were about to do when moving them or settling them in chairs. People were asked politely whether they wanted dessert and, if so, how they would like it served. They were given a choice of biscuits from a large selection with their morning tea. The tone of these interactions was respectful though, in one instance, a care worker talked loudly about a person who used the service in front of them in the third person.

We heard that staff spent time chatting to people in their rooms and the manager would walk around at least twice a day to speak with people who used the service to ensure all was well. Some people had communication needs which made it harder to engage with them. We did not see any communication aids in use and observed that some people were a bit isolated, even within a group. The provider’s consultant who was conducting a review of the service had identified that more work was required to ensure that every person who used the service was able to put their views forward and influence the running of the service.

Staff protected people’s privacy and dignity. One person’s needs were dealt with so discreetly that we did not notice what was happening until they themselves pointed it out to us on their return to the lounge.

Staff were able to describe people’s individual needs and it was clear that they knew them well. We were not sure that all staff had a full understanding of the impact of dementia on people, as some of them expected people who used the service to remember their names and failed to give them simple reminders when they did not.

The manager and another member of staff were undertaking training in the Gold Standard Framework (GSF) which, if followed, is an assurance of good quality end of life care. The manager said they were already implementing aspects of the GSF into practice. We saw that people had been asked about their views on their end of life care on or near to admission. In some people’s files it was recorded that “[The person] does not wish to discuss this at this time.” We did not see any evidence of the topic being systematically followed up at a later stage when trusting relationships had been established.

Is the service responsive?

Our findings

People who used the service told us they were often bored. One person said, when describing daily life, “The only trouble is boredom. There’s nothing to do.” We saw that there was a daily activity group scheduled each week day, but the provider’s own records indicated that these did not always take place and staff members were vague about the timing of the planned activities. One person who used the service said, “I used to love [musical] bingo, I used to look forward to it” and another person said, of musical bingo and other games, “We used to have them but not lately.” Staff told us that there was an activities coordinator who worked between the provider’s two local care homes. They facilitated many of the activities, but care staff had to carry them out amongst their other duties.

We heard that some staff read or chatted to individuals, but staff could have done more to facilitate social interaction between some of the people who used the service, many of whom may have been able to find companionship within the home. For example, at lunch, some people were isolated on tables by themselves. If this was their choice, it was not noted in their care plans. People said they enjoyed the group activities, especially when they went on occasional outings, but otherwise they just watched television. Two people had pets and received assistance to look after them. Most people needed support to engage with other people or hobbies, but we did not see this reflected in all care plans or in practice.

Outside of meal times, with the exception of the first floor, many people who used the service remained in their bedrooms with the doors closed. We saw staff popping in and out of some of the bedrooms, but there was no sustained engagement unless personal care was being delivered. Some people said they were happy watching television on their own as they could choose the channel they liked, but others were less happy. One person said, “The loneliness is terrible.”

Staff were very accepting of people’s choices, when they made their views known, even when they were not in their best interests. However, we did not see or hear evidence

that steps were taken to check that people knew they were making unwise choices, for example, to walk around in socks when prone to falls or to miss meals when under-weight. We saw that staff members reminded one person to eat, but did not try to motivate them to do so. Some people living with dementia or mental health issues needed more support to make their choices.

Assessments and care plans were in place, with evidence of review by the manager. There was little evidence of people’s own views being incorporated into reviews, although they were present in the pre-admission assessment. Daily records were quite informative, we saw the manager had asked staff to avoid formulaic entries, such as “all care provided”. There was a clear record of one person’s extensive healthcare appointments which displayed good attention to detail.

Risk assessments for individuals were underdeveloped, for example, one person presented risks in two areas, but there were no personalised risk assessments or strategies for dealing with the risks in place. The manager told us that the provider was changing the care plan and risk assessment format and the revised documents should address this issue.

Many people who used the service mentioned their interesting jobs and earlier life to us. We did not see much of this reflected in assessments or care plans. This sort of information would assist staff members to provide more personalised care. Some staff members had this information because they had asked people who used the service, but this required people to repeat their “story”, which may not suit everyone.

These issues amounted to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that the provider had a system in place to deal with complaints. People told us they rarely had to go down a formal route as “the manager sorts it out”. They spoke highly of her accessibility and we observed her addressing an issue that had been raised with her that day.

Is the service well-led?

Our findings

Two staff members told us the staff team had respect for each other and this was reflected within the atmosphere of the home. Staff told us that the manager's door was "always open" and we noted that people who used the service, staff and relatives popped in and out to see her whilst we were there. People who used the service told us they saw the manager on a daily basis during the working week and that she sometimes brought her paperwork with her so she could sit beside them. One said, "She [the manager] comes around, she's friendly too."

The manager was long-standing and had a good understanding of her role. We found that whenever there was a gap in the written records, the manager usually knew about it and could explain why. However, when information is not written down it is not fully accessible to all members of staff and could therefore impact on the care provided. The manager spoke passionately about the welfare of people who used the service and told us she was motivated by the difference she and her staff team could make to people's lives.

The staff team was having to adjust to the new policies and procedures being introduced by the provider, some of which were aspirational and did not describe what was happening now. For example, the policy on dementia care stated that the home "will offer a range of interventions", but few dementia-specific interventions were in evidence, for example, signs, symbols or colours to help people to orientate themselves within the building or reminiscence groups. The service was not yet being run in line with some of the new policies and procedures, it was still in transition. This had an impact, for example, we saw the kitchen was downgraded from five stars (the maximum) to four stars for food hygiene in August, we were told this was mainly due to continuing reliance on the previous provider's policies and procedures.

The smooth transfer from one provider to another had been hampered by the lack of information about the number of staff transferring under TUPE regulations. In the event we were told that less than 50 per cent of the original

staff team continued working for the new provider. There was also a failure to hand over the bulk of staff records. This had led to a position where some staff records had to be started again, including training records and visa details.

The home had recently received a monitoring visit from the local authority which contained two agreed actions, one relating to policies, the other to training. We saw evidence that work was underway in these two areas. New policies and procedures were available, some were still in draft and due to be signed off in mid-February and provision of refresher training was on-going. We observed that there was little management capacity within the home to embed the new ways of working and to monitor their effectiveness.

The provider's consultant had reviewed the premises and identified many of the issues that we did, for example, the problem with the water temperature was identified and reported to maintenance on 27 October 2014. Whilst remedial work had started, the matter was unresolved in some rooms at the time of our visit. The audit confirmed that, in the absence of the handyperson, some regular health and safety checks, including some on fire equipment, were not being carried out. An enforcement notice was served on the provider by the Fire Authority in August 2014 in relation to other matters. The provider confirmed to us that they would be compliant with the fire safety order by the due date of 8 January 2015.

The staff team reliably logged things that had happened within the home which affected people who used the service, such as accidents and incidents. There was a good standard of recording and evidence that issues had been followed up.

We noted that, until recently, quarterly relatives' meetings were held during evenings and weekends, but they were poorly attended. The manager said they tried to counteract this by having an 'open door' policy for relatives and other visitors. Residents' meetings had better participation, although this relied on the lift working. The provider informed us that they had just hosted a better attended relatives' meeting and were consulting them about what sort of meeting arrangements and agenda they wanted in future.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Service users were not fully protected against the risks associated with the unsafe use and management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

(1) Service users were not always protected against the risks of receiving care that is inappropriate or unsafe as:

- (a) assessments of their needs were not always in place;**
- (b) the planning and delivery of care did not always**
 - (i) meet their needs; or**
 - (ii) ensure their welfare and safety.**

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	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>15 (1) The registered person must ensure that service users and others having access to premises where a regulated is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of-</p> <p>(c) adequate maintenance and, where applicable, the proper-</p> <p>(i) operation of the premises,</p> <p>which are owned or occupied by the service provider in connection with the carrying on of the regulated activity.</p> <p>Regulation 15(1)(c)(i)</p>

The enforcement action we took:

A warning notice was issued. The provided is required to become compliant by 13 February 2015.