Four Seasons Homes No. 1 Limited

Redwell Hills Care Home

Inspection report

St Ives Road
Leadgate
County Durham
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Ratings

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

Overall summary

This inspection took place on 9 and 10 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The home provides care and accommodation for up to 46 people. On the day of our inspection there were 40 older people using the service.

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

The home was last inspected by CQC on 19 February 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated.

We saw comprehensive medication audits were carried out regularly by the provider.

Training records were up to date. However staff did not received regular supervisions and appraisals, which meant that staff were not properly supported in their role.This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw staff supporting people in the dining rooms at lunch and choices of food and drinks were being offered. People told us the food was always good with a good selection of choices available at every meal.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The home was clean, spacious and suitable for the people who used the service.

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

People who used the service, and family members, were complimentary about the standard of care. They told us, "This is the best place, all the staff are caring it's absolutely superb, five star." A resident said, "They're a great lot here, as soon as you want something they are there for you."

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity and respect and people were encouraged to remain as independent where possible.

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

On both days of our inspection, we saw people were actively involved in a range of activities.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way that always involved people or their representatives.

We saw the provider worked in partnership with other health and social care professionals.

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

You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

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

The provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Comprehensive medication audits were carried out regularly.

The home was clean in all areas.

Good

Is the service effective?
The service was not fully effective.

Training records were up to date however, staff did not receive regular supervisions and appraisals to support them in their role.

Staff supported people in the dining room at lunch time and choices of food and drinks were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement

Is the service caring?
The service was caring.

Staff treated people with dignity and respect. This was confirmed by people using the service. People were complimentary about the care they received.

People were encouraged to be independent and care for themselves where possible.

People we saw were well presented and well groomed and we saw staff talking with people in a polite and respectful manner.

People and their representatives had been involved in writing their care plans and their wishes were taken into consideration.

Outstanding

Is the service responsive?
The service was responsive.

Good

Summary of findings

Risk assessments were in place where required and these were linked to people's individual care plans.

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

The provider had a complaints policy and procedure and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

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

People who used the service, and their family members, told us the home was well led.

Staff we spoke with told us the manager was approachable and they felt supported in their role.

Redwell Hills Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service.

This inspection took place on 9 and 10 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised and the service met the regulations we inspected against at their last inspection, which took place on 19 February 2013. We also contacted professionals involved in caring for people who used the service, including; Healthwatch, commissioners of service and Local Authority safeguarding staff. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. During our inspection we asked the provider to tell us what they were doing well.

During our inspection we spoke with nine people who used the service and five family members. We also spoke with the registered manager, three nurses, the regional manager, three senior care workers, one carer and a laundry assistant.

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

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe. They told us, "Yes, very safe indeed". "I no longer have that terrible worry about leaving my relative on their own, I know they are now totally safe."

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and always two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, professional registration certificates, including nurses PIN numbers. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been explored. This meant that the provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

Staffing levels were reviewed both routinely and in response to the changing needs of people using the service. The Manager advised that staffing levels were regularly assessed using the providers 'care home equation for safe staff' (CHESS) and monitored to meet people's needs and keep them safe. The Manager demonstrated how the provider used the tool which reflected the relationship between people's dependency needs and staffing levels, including the right mix of skills, competencies, qualifications and experience.

The rotas demonstrated how the service managed staffing levels for sickness and holidays. We saw the service had a bank team of staff who could be called upon.

During the inspection we heard and saw nurse call bells were responded to promptly by staff. This indicated that there were sufficient numbers of staff on duty in order to meet the needs of people using the service. When we spoke with people who used the service, they told us they never had to wait long for assistance.

For qualified nursing staff, we saw staff had an up-to-date registration with the relevant professional body. PINS for all RGN's were valid and expiry dates were recorded.

We observed a range of staff on duty, regularly going into people's bedrooms asking if they needed anything. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, "Yes, most of the time, but it can become hectic at times especially when someone rings in sick, and bank staff are not immediately available. However, team work is good and we always manage."

The home is a two storey building, set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. People we spoke with were complimentary about the home. They told us, "It's a lovely place", "I love the views across the Derwent valley", "I really like the rear garden" and ". This place is great, we tried respite in other homes, so we know it's the best place for my relative."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw new bedroom furniture had recently been purchased, Two bathrooms being refurbished and new double glazed windows fitted throughout the home, many areas throughout had new flooring fitted.

We saw a copy of the provider's safeguarding policy. We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to CQC. We saw copies of investigation reports, which included the outcome of the investigation, who had been involved, who was carrying out the investigation and a summary of the issues and allegations investigated. We saw that all the incidents had been dealt with appropriately.

We saw a copy of the latest medication audit, carried out by the manager in January 2015. This checked that medicine records were up to date and medicines were administered at the right times. We saw copies of the medication records, which identified the medication type, dose, route e.g. oral and frequency and saw they were audited daily by the nursing staff and reviewed monthly and were up to date. People and their family members we spoke with told us they knew what their drugs were for. We carried out an audit of the controlled drugs for three people, all were found to match the records recorded in the controlled book register.

Good

Is the service safe?

We saw the medicines fridge daily temperature record and saw that all temperatures recorded were within the 2-6 degrees guidelines.

There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms and en-suites were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. There was an infection control lead and champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us "It is so nice here, much better than I expected. "I really enjoy the different activities and the food is very good indeed." "The staff are all lovely people." A relative told us "I feel the staff have the right skills and knowledge, particularly around dementia care, the staff are really good with my relative they understand her completely. I think the whole culture of the home has changed for the best since the manager was appointed.

From the care records we looked at these showed us people's needs were fully assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met. We saw people had, or those close to them were fully involved in making decisions about their care treatment and support needs. People had regular access to a range of healthcare professionals such as, dentists, chiropodists and other primary health care professionals.

We saw pictorial menus were displayed in the dining rooms. We observed people eating their midday meal and saw they were offered a choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw a healthy option was always available. One person on the ground floor described to us how, because of their condition, they needed to eat a healthy diet and that various healthy options and salads were always available as an alternative for them. We saw people were encouraged to be as independent as possible. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. When people had finished their meal they were asked if they wanted second portions and these were provided to people who requested them.

We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. For some people, we saw they had finger food available between meals. People's care records showed that other professionals had been involved with people who were at risk of weight loss. We saw risk assessments and care plans were in place to support them. We saw that everyone had a food allergen assessments completed in line with 'The Food Information Regulation, which came into force in December 2014.This stipulates that information must be made available about allergenic ingredients provided. We saw staff had received training on this. Catering staff ensured all food labelling delivered to the service adhered to this regulation.

We asked staff to describe the training they had completed. The staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding adults, infection control, Mental Capacity Act, moving and handling, working in an empowering way, communication, health and safety, control of substances hazardous to health. We saw that specialist training in the area of dementia awareness had been provided.

Two staff we spoke with also told us they only sometimes received supervision and appraisals to enable them to identify their training needs. They said they received good support from the manager who had an open door policy. The staff were positive regarding the training they had received and said they were being supported to complete training and development that would assist them in delivering effective care to people who lived at Redwell Hills. The manager told us she also carried out group supervisions in addition to regular staff meetings. She said she had planned more regular staff supervisions for this coming year. When we checked the staff supervision records we saw some staff had received only two supervisions and an appraisal, others had received three and an appraisal and one person had not had an appraisal during the last twelve months. We did see two group supervisions had taken place.

This meant staff at Redwell Hills did not receive suitable support. This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection we were informed by the registered manager that ten DoLS applications had been made and authorisation for four had been received. The registered manager was aware of the recent Supreme Court judgment about people who lived in care home's or supported living arrangements who received 24 hour support and did not go out unsupervised.

Requires Improvement

Is the service effective?

We saw documentation within the care records that showed us the correct processes were followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw there was information displayed in the home about accessing external advocates who could be appointed to act in peoples' best interests when necessary. The senior staff were aware about how to contact an Independent Mental Health Advocate (IMHA). IMHA's are a safeguard for people who lacked capacity (this means people who were unable to make decisions for themselves). This ensured they were able to make some important decisions on behalf of the person who lacked capacity. All of these measures meant, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The home is a purpose built building for older people, with some having a physical disability. We saw that all the corridors areas on the ground floor were spacious and accessible to people who used a wheelchair. We found two bathrooms had recently had been adapted to meet the needs of people with a physical disability. We saw people had access to an enclosed landscaped sensory garden, with raised beds, and seating areas.

Outstanding ☆

Is the service caring?

Our findings

We spoke with 10 people who used the service, they told us they were always treated with respect and their dignity was always preserved. They told us they were able to express their views as to what was important to them in relation to their care, treatment and support needs. They said they were fully involved in making decisions about their care needs, and were encouraged by staff to remain as independent as possible.

People who used the service, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One relative said, "The staff really care and they treat my father with respect. I can honestly say my father receives excellent care. I know this because I am here every day from around lunchtime until about 6pm." Another relative said, "My mother receives care that is second to none. The staff are so giving and caring." Since the manager was appointed about 18 months ago, she has turned this place around. There is a complete new culture that is both caring and nurturing.

The manager told us her philosophy of care was based on treating people with respect, respecting people's diversity and beliefs, ensuring their dignity and privacy was preserved at all times.

A relative told us their mother had been admitted to the home a few months ago. They said, "We can see a big difference already and she is looking well and socialising with others. We think the staff are doing a great job." One lady who visited the home every day said, "I am very happy with the care the my relative has received . The staff are very caring people." A daughter who was visiting her mother said, "The staff treat her lovingly. If she is ever unwell , they inform us immediately."

A male resident said, "This is a great place, they have helped me a great deal with daily exercises that I need, with their help, I'll be back on my feet and I can get rid of this walking frame." A lady said, "I can certainly get all the support that I need including, snacks and drinks whenever I want."

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. This meant people's human rights and values were recognised and respected. People described their care as, " Great." "Very good indeed." and "Wonderful staff." People valued their relationships with the staff team and the manager. They said they were all approachable, they listened and respected their wishes.

People and their relatives and friends were supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with people using the service, no matter how complex their needs.

We saw people were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability. They were able to take risks and were not limited by assumptions and beliefs about their diversity. People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "I like my own company and prefer to spend most of my time in my room and I sometimes have my meals on my own, I appreciate that staff respect my wishes."

We observed the relationships between staff and people who used the service. We saw staff consistently treated people with dignity and respect at all times. We saw staff knocked on doors before they entered rooms. They spoke with people respectfully and addressed them by their preferred name.

We saw four people's care records. These showed us that people were given support when making decisions about their preferences for end of life care. When people were nearing the end of their life the care records ensured people received compassionate and supportive care in the way they preferred. We saw arrangements were in place to make sure people, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and to make sure the person had their dignity, comfort and respect at the end of their life. The staff told us they received excellent support from specialist palliative nurses during these times.

Two family members told us their relative was receiving excellent palliative care. They said, "we couldn't fault the

Outstanding ☆

Is the service caring?

care here, it is exceptionally good, second to none. We visit daily and we see first-hand how good the care is. The staff and the manager have been wonderful and they provide us with great support and comfort during our daily visits.

Good

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as very good. We found people received consistent, care, treatment and support. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. We looked at four people's care records. We found each person's care, treatment and support was written in a plan that described the interactions staff needed to do to make sure people's care was provided in the way they wanted.

We saw people were involved in developing their support plans. We also saw that other people that were close to them, were where necessary, involved. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. We examined four people's care plans to ensure that the content matched people's assessed care needs, and we found that this was the case. For example, two people we spoke with who used the service told us their care plan included a range of support needs including social interests, physical needs and developing skills to become more independent.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each of the care plans we looked at had been reviewed monthly with recorded involvement from people themselves or their representatives. We found people had relevant risk assessments in place which had all been reviewed in the past three months.

However, information was at times difficult to access. The care plan format was complex and in places unwieldy. Staff told us they were too large, time consuming and took a long time to complete. For example, we found many care plans were more than 15 pages long before they clearly identified the person's specific needs and the staff interventions to meet people's needs. For new staff or agency staff who are unfamiliar with people's support needs, this could result in them being impeded/hindered to support people appropriately.

We also saw there were extensive core care plans that the provider insisted on being completed. We saw several instances where the person did not require any support in these core areas and were fully independent. This resulted in people's care records being un-necessarily bulky and making information difficult to locate. We discussed this with the regional manager, she was able to show us the new care plan formats that were about to be rolled out. We saw these were more streamlined and looked much more user friendly.People who used the service were given appropriate information and they told us they were involved in making decisions about their care and treatment. We saw all people received an annual review with a care manager. This provided people and their representatives with an opportunity to discuss their placement and review their care and support needs.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to participate in a range of activities within the home and in the community and actively encouraged people to maintain hobbies and interests. We saw that the provider enabled people to achieve their goals, follow their interests and be fully integrated into the community life and leisure activities. On the second day of our inspection, the activities coordinator had organised a professional musical entertainer to visit the home. We found the activities coordinator was very proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links. We saw there was a social calendar displayed for forthcoming events such as, aromatherapy, crafts, music, exercise therapy, reminiscence and various board games. During the spring and summer there were organised outings.

We saw each person had a life story booklet completed. For some people with a dementia type illness, we saw a booklet called 'This Is Me' had been completed. The booklet was designed by the Alzheimer's Disease Society. It focused on people's strengths, preferences and their life experiences. This provided staff with a greater understanding and insight of people's personal aspirations and previous lifestyle. For people with a dementia type illness, we saw appropriate large print colourful signage was in place to guide people around the unit. We saw memory display units. These were fixed outside of people's bedrooms to aid people's orientation and help people to find their own bedrooms. We saw the unit was dementia friendly, the corridor depicted various themes, colours, pictures, and a replica of a local shop front. We also saw doll therapy was used effectively for three people who used the service.

Good

Is the service responsive?

When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their care needs. The manager said they always involved relatives or advocates in decisions about the care provided; this was important as it helped to make sure that the views of people receiving care were known by all concerned, respected and acted on. This was confirmed when we spoke with people's relatives.

When people used or moved between different services this was properly planned. For example each person had a detailed personal health profile completed. We saw people were involved in these decisions and their preferences and choices were recorded. This contributed to ensure people maintained continuity of care in the way that people wanted and preferred. For example, if a person was admitted to hospital, it ensured that all relevant information was shared.

We saw the provider used a range of ways for people and their representatives to feedback their experience of the care they received and raise any issues or concerns they may have. We saw lots of information was displayed and surveys and regular meetings were ways that helped people to express their feeling to raise concerns or issues. The registered manager told that every day during her walk around, she sat down with people to discuss not only their care and support needs but also any ideas they might have about the management of the home, anything from staffing, to decoration, colour schemes and entertainment. The manager said even the slightest niggles raised were always taken seriously, thoroughly investigated and responded to in good time. The service learned from mistakes and used complaints and concerns as an opportunity for learning about the care provided. The manager told us, "This was important as it helped to make sure that the views of people were respected and acted on as this helped to reduce people's anxieties."

When we spoke with people, they told us they knew how the complaints process worked. People said they would feel confident about raising concerns. One person said, "There is nothing at all to complain about, although it does get a little too hot sometimes."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that the manager worked alongside staff, covered nursing shifts when required and provided guidance and support. People who used the service, and their family members, told us, “It’s well run home, the manager and staff are very committed.”

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had a quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There was an annual development plan, based on a systematic cycle of planning, action and review that reflected the outcomes for people who used the service. For example the service had an action plan displayed that reflected the views of people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. We saw there was emphasis on consulting people about their health, personal care, interests and preferences.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw that the manager did a daily walk around and completed a daily audit, which included checks of the home, making sure people were smart and suitably dressed, documentation such as daily fluid charts and a reflection on actions from the previous day. We saw that these audits were carried out daily and were up to date.

People who used the service told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement.

The service had policies and procedures in place that had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. The manager said these were regularly discussed during staff meetings and observations to ensure staff understood and consistently put these into practice. They said service had a positive culture that was person-centred, open, inclusive and empowering. When we spoke with staff they had a well-developed understanding of equality, diversity and people’s human rights. All of these were confirmed by people who used the service and their representatives.

Staff told us they were motivated and supported by the way the service was managed and that they were very happy in their job. They said the manager led by example and was always available if they needed support.

The service worked in partnership with other organisations to make sure they were following current practice and providing a quality service. This was done through consultation, research and reflective practice. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, Clinical Commissioning Groups, specialist professional organisations and other professionals. This showed us how the service sustained improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Staff were not receiving appropriate supervision and appraisal to support them effectively in their role.**

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.