Woodlands Retirement Residence Limited

Woodlands Retirement Residence

Inspection report

66 Bridle Road
Stourbridge
West Midlands
DY8 4QE

Tel: 01384394851

Date of inspection visit:
22 August 2019
23 August 2019

Date of publication:
21 February 2020

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Woodlands Retirement Residence is a care home that provides care for older people, some of whom are living with dementia. 19 people lived at the service when we visited.

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

We found that risk assessments did not contain adequate information to keep people safe. We also found that some Personal Evacuation Emergency Plans (PEEPs) did not give staff members clear instructions to follow in the event of a fire to keep people safe. The PEEPs contained no instructions for staff members to follow whilst supporting people who were unable to moblise downstairs or who required hoisting.

We found audits undertaken had not identified issues with risk assessments and medication records.
We also found some people who lacked capacity did not have best interest meetings regarding decision about their care and support.

People felt comfortable in the company of staff who supported them. Any concerns or worries were listened and responded to and used as opportunities to improve. Staff were aware of the risks to people and how to manage those risks.

Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

More information is in Detailed Findings below.

Rating at last inspection:
The last rating for this service was requires improvement (published 22 March 2019) with one breach of regulation. We found that not, enough improvement had not been made and the provider was still in

breach of regulations. At this inspection the service is rated as requires improvement. Previously this service has been rated requires improvement for the last four consecutive inspections.
We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected:
The inspection was prompted in part due to concerns received about the management of people with pressure sores. A decision was made for us to inspect and examine those risks.
We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands Retirement Home on our website at www.cqc.org.uk.

Enforcement:
We have identified a breach in relation to safe care and treatment and good governance at this inspection. The provider responded to the concerns on the day of the inspection.

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

Follow up:
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

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

Woodlands Retirement Residence

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 one inspector, an assistant inspector 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
Woodlands Retirement Residence is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
The inspection was unannounced. We visited the home on 22 and 23 August 2019.

What we did before the inspection
We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the

provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection
During the inspection we looked at five people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with 5 people living at the service and 3 relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with four care staff, care manager, kitchen staff member and the registered manager. We also spoke with 2 social care professionals about their experience of the service.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; safeguard people from the risk of abuse
• We found that risk assessments did not contain adequate information to keep people safe. For example, the home had recently had an incident that resulted in the home lift being unavailable for five days. The provider made the decision that residents who could not mobilise upstairs were to remain in chairs in the lounge area and sleep in the chairs during the night. The residents that remained in the lounge area were at risk of pressure sores. The risk assessments completed as the result of the lift being out of order made no mention of the specialist equipment to be used to reduce the risk of pressure sores or any mention of pressure sore relief management
• We also found that some Personal Evacuation Emergency Plans (PEEPs) did not give staff members clear instructions to follow in the event of a fire to keep people safe. The PEEPs contained no instructions for staff members to follow whilst supporting people who were unable to mobilise downstairs or who required hoisting. The registered manager stated that in the event of a fire people who are unable to mobilise downstairs will remain in their rooms until the emergency services arrive. We found this information was not recorded in people's care plans. In addition, staff members we spoke to told us in the event of a fire they would follow the instructions in people PEEPs and care plans.
•We also found some people had been prescribed medicine to be used as required (PRN). We found that despite having a PRN protocol in place the reasons why PRN medication was being administered was not being recorded. As a result, we found no monitoring as to why people were being given a consistent or increase in pain relief medication, no trends or further professional advice being established or sought. Some staff members we spoke to were unaware of the requirement to record reasons why PRN medication was being administered.

We found no evidence people had been harmed, however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people at the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they were aware of the risks to the people they supported and were able to provide us with examples of how they managed those risks, for example a member of staff told us, "[Name] is at risk of falls so we make sure all walking aids are in good condition and walk areas and corridors are free from clutter."
● We saw people's care plans held information on how to support people but more work was needed to be done to highlight the risks to people and give staff members clear instructions on how to keep people safe.
● Staff were aware of their responsibilities to keep people safe from harm and were able to describe the

types of abuse people living at the home may be at risk of. A member of staff told us, "There are different types of abuse such as physical, emotional and financial. I would report any type of abuse to the senior or manager". Another staff member told us, "If the manager was not available, I would contact the police, local authority and CQC".

● People told us they felt safe. One person told us, "I feel safe here I like to be on my own and they don't interfere they do check on me though. I am quite ok here as long as they leave me to do my own thing". A relative said, "Yes I do think [person] is safe and they [staff] know how to meet their needs".

• Where safeguarding concerns had been raised, they had been acted on and responded to appropriately.

Staffing and recruitment

• There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Yes there is enough staff, whenever I visit there seems to be enough." Another relative told us, 'I visit daily, so from what we have seen plenty of carers, I visit at different times of the day too."

• Each person's staffing needs were pre-assessed on an individual basis, however we found these were not reviewed and updated regularly as people's individual needs changed.

• Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Baring Service (DBS) checks.

Using medicines safely

• Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.

• Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.

• Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.

Preventing and controlling infection

• Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

• People told us staff practiced good infection control measures. People were protected from cross infection. The service was clean and odour free, one person told us, "The home is always very clean and the cleaners work very hard every day. The carers also run the vacuums round In between."

• A Food Agency inspection in December 2018 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

• Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, following the last inspection the registered manager had implemented a post analysis section on incident forms. This assisted the registered manager to identify any trends and make adjustments. For example, a resident who had a number of falls had their risk assessment updated, a post falls assessment and a review was conducted.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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 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. The application procedures for this in care homes and hospitals are 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 people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for some service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe. The registered manager had sent a request for a resident however was waiting for the local authority to process the request and authorise the DoLS application.
• We found that when a decision was made to keep three residents sleeping downstairs in the lounge, no best interest meetings were arranged. The three residents lacked capacity, the registered manager told us that they had contacted the resident's legal power of attorney but could not provide any evidence that this had taken place. We also found no evidence of a best interest meeting taking place or discussions with professionals such as District Nurses and General Practitioners so that the provider could establish that leaving the three residents' downstairs in chairs was safe to do so and in their best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People's needs were assessed before the service began to provide support. People and their relatives told us they were involved in this process to help identify the support needed. We saw assessment information enabled the provider to plan how they could meet people's needs effectively.
• Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative told us, "[Name} has not ever asked to come home. Surprising as they were quite a homebody. [Name] is very settled.".
• Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings. This meant that staff knew when changes occurred that might affect people's support needs.
• Staff considered people's feelings, and regularly checked if people were okay. For example, we observed

staff checking and spending time with people if they were anxious or needed help with their daily tasks or plans.
• Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.

Staff support: induction, training, skills and experience
• People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. One staff member told us, "There are good opportunities for training here and refresher courses.".
• New staff were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.

• Staff told us that they received supervision however this was not on a regular basis. We asked the registered manager to provide us with supervision records however none had been recorded. The registered manager told us they would ensure supervision was conducted on a regularly basis and would be recorded. Staff told us they could speak to the manager or senior at any time to discuss issues or development.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported by staff to maintain good nutrition and hydration.
• People had choice and access to sufficient food and drinks throughout the day, food was well presented and people told us they enjoyed it. People and their relatives comments included, "They make sure I have plenty of drinks available throughout the day.", "The food is good, [Name] loves his food, he has a healthy appetite and they have increased his portion size.", "I always have access to squash, drinks and snacks or fruit."
• People and their relatives feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times.
• Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked alongside other agencies to provide person centred and effective care. Care plans and records showed that staff worked closely with other agencies such as dieticians, speech and language therapist (SALT).

Supporting people to live healthier lives, access healthcare services and support
• People had access to healthcare services and professionals according to their needs. These included their GP, district nurse and chiropodist. People could access optician and dental visits.
• Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
• Staff told us they were confident that changes to people's health and well-being were communicated effectively.

Adapting service, design, and decoration to meet people's needs
• The premises provided people with choices about where they spent their time.
• Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
• Corridors were wide and free from clutter.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
• The decision to leave three residents who were at risk of pressure sores sleeping downstairs was not caring. During the inspection the registered manager was unable to provide evidence that pressure relieving equipment had been used during the night or that half hourly checks had been conducted as mentioned on the residents' risk assessments.
• During the inspection we found staff showed genuine concern for people and ensured people's rights were upheld. Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
• People's confidentiality was respected and people's care records were kept securely.
• People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

Ensuring people are well treated and supported; respecting equality and diversity
• People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
• People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
• Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "There is always a good degree of banter with carers, they are always friendly. They are really good with mum.", "I can't rate the home highly enough.", "[Name] speaks fondly of all the staff.", "Staff are very kind, pass the time of day with [Name]. Always kind, polite, friendly.", "I've been here ages. Been Very happy and content they have all been very kind."

Supporting people to express their views and be involved in making decisions about their care
• At the last inspection people wanted to discuss certain issues about their care and requested amendments to the residents and relatives survey feedback forms. During the inspection we found that these amendments had not been done. Relatives confirmed staff involved them when people needed help and support with decision making. People and relatives told us they felt listened to.
• Care records included instructions for staff about how to help people make as many decisions for themselves as possible.
• The registered manager has an open-door policy and met with each person regularly to seek their

feedback and suggestions and kept a record of actions taken in response. A relative told us, "Manager is always friendly and polite, she knows the residents well."

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• We found that care was not always personalised and people given choice and control. The decision to keep three residents who were at risk of pressure sores sleeping downstairs was not responsive. We found no evidence that the people or their relatives were involved in the decision. As a result, the people and their relatives had no choice or control.
• Care records contained details about each person's specific needs and how they liked to be supported. One relative said, "Carers all know [Name] and how to meet their needs". A relative told us, "We are involved in decisions, if anything happens they phone us". Another relative told us, "The manager communicates with us well".
• Staff were knowledgeable about people and their needs.
• Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. However the daily notes involving the three residents sleeping downstairs did not record if pressure relieving equipment was used or half hourly checks were undertaken.
• People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
• People were supported to take part in a range of activities within the home such as music, board games, art and crafts and movie days. People told us they also enjoyed celebrating events and festivities. People said external entertainers visited for music, exercise and church services were held. Some people told us they would like more opportunities to access the community. This was raised with the registered manager.

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.
• There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns
• People and their families knew how to make complaints; and felt confident that these would be listened to

and acted upon in an open.
• People said staff listened to them and resolved any day to day concerns.
• The provider had a complaints policy and procedure that was on display. Where complaints had been received, they had been responded to and acted on appropriately.

End of life care and support

●The registered manager informed us that no one was receiving end of life care at the time of our inspection. We saw care plans contained information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.
• The last four inspections have all resulted in an overall rating of requires improvement. This history of non-compliance demonstrates an inability to improve to a satisfactory standard. The decision to keep three resident's downstairs sleeping in chairs demonstrated that the provider not did follow the principles of the Mental Capacity Act in relation to best interest meetings. Risk assessments completed demonstrated a lack of risk management.
• The last inspection identified questions people wanted to be added to the survey such as 'access to a cooked breakfast', 'times of getting up' and 'opportunities for going out', the registered manager confirmed that this had not been done. No completed resident and relative survey's were available on request. In addition, the last inspection identified staff levels and rota's were not being audited, we found this was still not being done and on one occasion only two night staff were present even though the dependency tool states it should be three. We found staff supervision was not being done on a regular basis and no records to evidence supervision sessions had occurred.
• Furthermore, since the last inspection the provider has continued to send us monthly quality assurance reports confirming audits undertaken. During the inspection we found that audits undertaken had not identified issues with risk assessments and medication records. The registered manager completed monthly audits of medicines however these audits had not identified the issues in relation to PRN medication. As a result, we found no monitoring as to why people were being given a consistent or increase in pain relief medication, no trends or further professional advice being established or sought. In addition, the provider was also unable to evidence that regular supervisions were being completed with staff members.

We found systems had not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. This constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

• There was a good communication maintained between the registered manager, seniors and care staff.
• Staff strived to ensure care was delivered in the way people needed and wanted it. Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The manager is supportive and the seniors".

• The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave. We found that the information given to us as part of the PIR was accurate however audits completed by the

registered manager did not identify issues we found during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People, relatives and staff expressed confidence in the management team. One person told us, "Manager I really like, her main focus is the resident", another person told us, "Can't fault [the manager] communication and treatment to all of us."
• People and relatives told us there was a positive and open atmosphere. A relative told us, "Really do think it's a very nice home and we are very lucky to have mum here." Another relative told us, "I can't rate the home highly enough, very good communication from carers and manager."

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
• An incident occurred after the inspection that demonstrated that the registered manager was not always aware of the legal responsibility to notify us of incidents that occurred at the service. We raised this issue with the registered manager following evidence that the service had not notified us of an incident that occurred at the home.
• The registered manager told us if mistakes are made they took full responsibility to ensure that the same mistake were not repeated. The information was used as a learning opportunity and to improve the service.
• Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "Yes I would have no issues raises any concerns."
• The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

Engaging and involving people using the service, the public and staff.
• At the last inspection we found that improvements could have been made to the residents feedback forms. For example, asking people specific questions about access to a cooked breakfast, times of getting up and opportunities for going out. This would help the provider to demonstrate they are acting on feedback and driving improvements. At this inspection we found that amendments had not been made to the surveys and the provider was unable to provide evidence of any completed surveys. As a result the provider was unable to demonstrate that people's opinions were being recorded and used to improve the service.
• Staff reported positively about working for the service and did not identify any areas for improvement.
• People were positive about resident meetings however relatives told us there was a lack of relative meetings. We raised this with the registered manager, she confirmed they were looking to improve this and we planning to introduce some dates over the next six months.
• The registered manager consulted with staff at meetings, to get their views and ideas on how the service could be improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
• Staff reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care.
• The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
• The registered manager provided regular learning opportunities for staff.

Working in partnership with others

• We saw the service worked in partnership with other agencies and professionals, including the district nursing service, physiotherapy, occupational therapy, social workers, mental health services and local GP's.

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 The provider did not do all that is reasonably practical to mitigate the risks to people at the home.

The enforcement action we took:

Vary a condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The enforcement action we took:

Vary a condition