

Lavender Lodge Limited

Lavender Lodge Nursing Home

Inspection report

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Date of inspection visit:
21 November 2016
30 November 2016

Date of publication:
01 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 30 November 2016. The first day was unannounced. At our previous inspection during September 2013 the provider was meeting all the regulations we checked.

Lavender Lodge Nursing Home is registered to provide nursing care for up to 44 older people living with dementia and or a physical disability. At the time of this inspection there were 41 people using the service. The service is located close to Derby city centre. The home is divided into two units which are referred to by the provider as the 'traditional side' and the 'new side'. Communal living areas were located on both sides of the service.. Lifts were in place to access the first floors.

There was a registered manager in post; they were also the service provider. 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. There was a nursing manager who was responsible for the day to day management of the service.

The provider did not have thorough systems to monitor staff training to ensure staff could do their job effectively. This included the frequency of any training updates, training completed and waiting to be completed.

Risk assessments and behaviour support plans were not always in place to ensure people received safe care.

The staff team were knowledgeable about safeguarding issues and protected people from coming to harm. They knew what to do if concerns were raised about a person's welfare and who to report those concerns to. People's medicine were not always administered as prescribed. For example two medicines were given on a continuous basis rather than when required.

There were sufficient staff deployed to ensure people's care and support needs were met. There were two qualified nurses on duty at all times along with care staff. In addition to this catering, domestic staff, laundry staff and maintenance staff supported the running of the service.

The provider was clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some people were subject to restrictions and the provider had identified where their support needed to be reviewed. We observed staff sought people's consent before they provided care and support.

People enjoyed the food and drink they were served. People were supported at mealtimes if they required this. Arrangements were made for people to see the GP and other healthcare professionals as and when they needed to.

People were supported by staff that were generally kind and caring. Staff respected people's privacy and dignity. Staff interactions with people were mixed. We saw some staff always spoke with people when assisting them or when passing people. However two staff did not interact with people whilst supporting them with their meal.

The provider had systems in place to monitor the quality of the service to enable them to drive improvement. The appropriate checks to maintain the premises and facilities were completed on a regular basis.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments and behaviour support plans were not always in place to ensure staff could minimise risks to people and to support them safely. People told us they felt safe. Staff knew how to recognise and report potential abuse. Staff had been subject to pre-employment checks to make sure they were suitable to work at the service. Staff supported people to receive their medicines as prescribed. The service had deployed sufficient numbers of staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff told us they felt supported and received supervision. However training records we looked at did not provide assurance that all staff had received training to enable them to support people effectively. The provider understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. However some staff were unable to recall if they had undertaken training in this area. People were supported to eat and drink to maintain their health. Staff monitored people to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring staff. Staff understood the principles of dignity and respect. People were involved in what care and support they required and their views and decisions were respected.

Is the service responsive?

Good ●

The service was responsive.

People told us staff understood their needs and were aware of their preferences. However care plans were not always personalised. People using the service felt confident that any

concerns they raised would be listened to and action would be taken.

Is the service well-led?

The service was not consistently well-led.

The service had a registered manager in post; however they were not involved in the day to day management of the service. Staff and people that used the service were positive about the management of the home. People found the management team approachable and friendly. The provider had a system in place to assess and monitor the quality of care provided, however it had not identified the issues we had found at the inspection.

Requires Improvement 

Lavender Lodge Nursing 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 was 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 first day of this inspection was unannounced. The inspection took place on 21 and 30 November 2016. On 21 November 2016 the inspection team included one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service. We were also supported by a interpreter who spoke Polish. On 30 November 2016 the inspection team included one inspector and one specialist professional nursing advisor.

Before the inspection visit, the provider completed 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 plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with the local authority commissioning team. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also spoke with two relatives, the registered manager, the deputy manager, three nurses and three care staff. One visiting health professional and another external health professional via telephone. Following the inspection visit we spoke with the nursing manager who was responsible for the day to day management of the service.

We reviewed records which included five people's care records to see how their care and treatment was planned and delivered. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care and support provided at Lavender Lodge Nursing Home." One person told us, "I feel safe because there is always someone looking round to make sure everyone is alright." Another person said, "I feel safe here. Everyone is fine with me." Relatives we spoke with told us they felt their family members were cared for safely. A relative said, "I do feel [name] is safe here. [Name] gets the one to one care needed to keep safe. The family are very relieved and happy with the care [name] is getting." Staff we spoke with also felt people were safe at the service.

Staff we spoke with told us they had received training in protecting people from abuse and records confirmed this. Staff were able to tell us the procedure they needed to follow if they suspected abuse was taking place. One staff member said, "If I had any concerns I would tell the manager or even contact the CQC." Another staff member stated, "I would report any allegation to the nurse in charge or the manager. It's very important to report any concerns."

During July 2016 we received information from the local authority suggesting that the provider had not referred safeguarding concerns to other relevant agencies such as the local safeguarding team. Our records showed that we had not been notified of any safeguarding incidents since 2013, which providers are required to do to meet their legal obligations. This did not provide assurance that the provider had effective processes in place that ensured all safeguarding concerns were reported to all the relevant authorities in a timely manner. We spoke with the nursing manager during July 2016, who agreed to notify all relevant agencies of any safeguarding concerns in a timely manner. Since July 2016 the nursing manager had notified CQC of safeguarding issues.

People's care records showed risk assessments were completed. Risk assessments related to people regarding their assessed needs such as moving and handling and skin care. We saw a person's care records showed behaviours that would put them at risk. However there was no information on how these risks to the person could be mitigated. This meant people were not always protected from risks because assessments of people's needs did not include all relevant potential risks to the person and how to reduce these.

People were not always protected from risks because behavioural support plans were not personalised. They did not contain information about any triggers or information on how to safely manage such behaviours. For example for the same person as mentioned about, their care plan stated the person had particular behaviours which put them at risk. However there was no details provided on how to best support this person and how to minimise any behaviour's that may be difficult to manage. We spoke with a staff member who was aware of the person's behaviour but was not able to tell us what measures were in place to support the person. We were also provided with conflicting information on this person's behaviour. This showed the provider had not taken steps to reduce the risk to people to keep them safe. Following the inspection visit we received a care plan on how the provider was managing these behaviours. We will look at this as part of our next inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The provider had systems in place to record incidents and or accidents. Staff we spoke with were aware of reporting incidents and completing the necessary documentation. The care staff told us that they reported any incidents or accidents to the nurse who was on duty. This provided assurance that action was taken to ensure peoples safety and wellbeing.

We saw that the staff were generally mindful of people's safety. For instance when staff were using moving and handling equipment to transfer a person, they ensured that furniture was not in the way. However during day one of the inspection visit, we observed two staff supporting a person assisting them to get up from the chair. We saw that a staff member did not use the correct moving and handling techniques. The staff member grabbed the person's upper arm. We discussed this with the registered manager who was surprised with this and told us they would speak with the staff member regarding the moving and handling technique observed.

We looked at staffing levels in the service. The majority of the people who used the service felt there were enough staff on duty to meet their needs. One person told us, "There are enough staff. They are there when you need them." However two people told us they had to wait for the call bell to be answered. One person said, "I have to wait for attention sometimes in the morning."

The registered manager told us staffing levels were determined on the needs of people and that they regularly monitored staffing levels. The registered manager told us staff holidays and absences were covered by the existing staff team, ensuring continuity in care. We were told by the registered manager agency staff were only used as a last resort if cover was not found. Staff told us that staffing levels were fine and that there were enough staff to support people. A staff member said, "There are enough staff. It's a good team we work with each other." Our observations showed there were sufficient staff on duty to provide care and support to people. This demonstrated the provider ensured there were sufficient numbers of staff available to support people.

We saw that medicines were stored securely. The medication administration record (MAR) charts we looked at were completed accurately. People told us that they received their medicines from staff when they needed them. We briefly observed staff administering people's medicines. We saw a person was given a drink of water and time to take their medicines whilst the staff member stayed with them to ensure the medicine had been taken before recording this. However medicines were not always handled safely. An entry showed that eye drops had been left on the table after a staff member had administered these. We saw that three people did not have a photograph on their MAR. We discussed this with the registered manager who told us it was the responsibility of the supplying pharmacy to ensure these were in place. The registered manager told us they would take action to ensure photographs for these three people were on the MAR's.

We were told one person self-administered their own medicines. The deputy manager told us the person had a lockable drawer to store medicines safely and kept their bedroom locked. The deputy manager and another staff member were aware how the person managed their medicines. There was a risk assessment in place as to how the person managed their own medicines; including information on how often staff monitored this. This showed the person was supported to manage their own medicines safely, whilst consideration was given to reduce and manage potential risk.

Some people required their medicines to be administered as and when they needed them. We saw that protocols were not always in place for medicines administered as and when required. For example two

medicines were given on a continuous basis rather than when required. There had been no review with the GP in regard to these medicines. This did not provide assurance that people continued to receive their medicine as prescribed.

Staff recruitment files showed that staff employed at the service had been subject to the required pre-employment checks. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff we spoke with told us that pre-employment checks such as DBS checks were completed prior to them commencing employment. This meant the provider checked staff's suitability to work with people at the service before they commenced employment.

Is the service effective?

Our findings

People told us they felt staff knew what they were doing and they had confidence in them. One person said, "Its alright here, I have every confidence in the staff. They keep me fed, watered, washed and safe." A relative said, "The staff here are very knowledgeable and I have 100% confidence in them all. I never have to ask about anything when I come as it always seems to have been taken care of already." Visiting professionals were complimentary about the staff at the service. They felt staff were able to provide them with information on people's needs.

Staff felt they had received an appropriate level of training and induction to enable them to undertake their role. The staff member responsible for training showed us the training matrix, which confirmed the areas of training undertaken by staff. We saw insufficient evidence regarding the training that staff had undertaken. For some staff members there was nothing recorded confirming whether or not the training had been completed, or that it was in progress. The staff member responsible for training was unable to confirm the frequency when update training was required. Some staff were unable to recall whether they had received training on the mental capacity act (MCA) and Deprivation of Liberty Safeguards (DoLS). Training records we looked at did not show if staff had received this training. However the staff member responsible for training told us the safeguarding training covered MCA and DoLS. The provider could not be sure all staff had received training to effectively support the needs of people using the service.

There was a system in place for supporting and supervising staff. Staff told us they felt supported by the management team. The registered manager told us staff received supervision, which staff confirmed. Supervisions are regular meetings with a manager to discuss any issues and receive feedback on a member of staff's performance. A staff member said, "I feel supported and have my supervision with the nurse in charge."

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions 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 DoLS.

We saw that where people lacked capacity, assessments were in place that identified people's capacity to make decisions. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff described how they supported people to make choices and the approach they took when people refused care. A relative said, "The staff always try to explain and get consent before they do anything but if [name] resists they leave it a while and then try again." We saw that people were encouraged to make choices and that their wishes were valued.

For example we saw staff supported people to make decisions, such as making choices of food. This demonstrated staff respected people's rights to make their own decisions when possible.

The provider understood when an application for a DoLS should be made and some people living at the service were assessed as being deprived of their liberty. At the time of our inspection 14 people had DoLS authorisations that had been approved by the supervisory body. The deputy manager told us they were waiting for the outcome for a further four applications that they had submitted. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

Our observations showed that people at the service had access to drinks and snacks throughout the inspection visit. People were provided with a choice of hot or cold drinks. People us told that the food was fine and that they were offered a choice at meal times. One person said, "The lunch was good. It was tasty and warming, just right for a cold day." Another person told us, "The food here is really good, excellent in fact. You have a choice and there is always plenty of it." A relative said, "[Name] eats well and the staff ask [name] what they would like. It always looks very appetising."

Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. The nursing staff told us that people received support from other health professionals such as GP's and dieticians, if there were concerns about a person's food and fluid intake.

We saw that supportive equipment was available for people who required this such as adaptive cutlery and plate guards which enabled people to enjoy their meal independently or with minimal assistance. We observed the lunch time meal; people who needed assistance were offered this. Staff were observed engaging with people throughout the meal. We saw that staff were patient whilst they offered people support and assisted people at their own pace. However on the 'new side' we observed over the two days when staff were assisting a particular person during the lunch time, there was no interaction with the person. We discussed this with the registered manager.

People who used the service told us staff know about their health care needs. One person said, "Staff do what they are supposed to do for you. The nursing staff know about my health needs and care staff know what I need support with." Relatives told us they were informed if their family member became unwell or if there were any change in their wellbeing. A relative said, "The GP is called out if needed, the staff inform us that this is happening and why. The staff keep us well informed about how [name] is at all times.

Records showed that the staff liaised with health and social care professionals, including the GP as necessary. Staff we spoke with understood people's specific health care needs. Staff confirmed that if they were concerned about people's health they would inform the registered, nursing or deputy manager or the nurse in charge. A staff member said, "A person was not very well, I reported this to the nurse in charge who arranged for the GP to visit. If I have a concern about a person's health I always tell the nurse in charge or the manager." A visiting professional told us the service managed people's needs very well preventing unnecessary hospital admissions. Another visiting professional we spoke with via telephone told us the staff understood a person's particular medical condition and monitored this well. This demonstrated people were supported to maintain their health.

Is the service caring?

Our findings

People told us they felt the staff at Lavender Lodge Nursing Home were caring. They also said the staff were kind, patient and helpful. One person told us, "The staff here are caring, very obliging, patient and friendly. If you need it they will sit and spend time and talk to you about things. I suppose it's all part of the job but they really do listen to what you are saying and try to help." A relative said, "Staff are very happy, smiley and kind and credit where credit is due. They have got to be angels to put up with [names] behaviour."

People told us staff respected their privacy and promoted their dignity. A person said, "They [staff] treat you as an individual and have a laugh and a joke with you but show respect. They ask you rather than tell you." Another person stated, "The staff always knock and they ask you if they can do things rather than tell you." Relatives we spoke with were complimentary about the care and support which their family members received by the staff at Lavender Lodge Nursing Home. A relative told us, "The staff are very aware of maintaining privacy and dignity. The screen is always in place when I come." This meant people were supported to maintain their dignity and privacy.

Staff we spoke with gave examples of how they respected people's privacy and dignity. These included, using towels to cover people whilst providing personal care and asking people what they would like help with. Staff we spoke with told us they encouraged people to maintain their independence as long as they were safe to do so. A staff member said, "If a person needs support with their personal care, we take them to their bedroom or the bathroom."

We observed staff interacting with people in a respectful manner. People who became distressed due to their conditions were given reassurance and support by staff. Staff were able to divert people who became agitated. For example when a person became frustrated during lunch time. A staff member sat with the person, talking with them calmly and providing them with support as required. We saw staff sitting talking with people, they spoke in a kind and reassuring manner to people.

People's care plans provided information about their health and social needs. We saw that they were individual to the person and included information about the person's likes and preferences. Some people and relatives we spoke with told us they had been involved in the planning of care. Whilst others were unable to recall their involvement. One person said, "I don't know if I have a care plan. I leave all that to my relative. A relative said, "Me and my family member, tried to have the care plan updated and staff said it had been done. We were sent a copy." Care records we looked at showed that people or their relatives were involved in the care planning.

During the inspection visit we saw some people received visitors. A person said, "Visitors are welcome anytime. The staff are so friendly and kind." Information in people's care plans demonstrated that people were supported to maintain contact with their family and friends, which included visits. This showed that people were supported to maintain contact with people who were important to them.

Is the service responsive?

Our findings

We saw that some people were sitting in the communal areas on both the 'new and traditional' side of the home with the television or radio on, some people were snoozing and some people had visitors. Where people received one to one support from staff, we saw some staff sitting with people with limited interaction taking place. We were told by management and staff, there was no designated member of staff who was responsible for organising activities. The registered manager told us they had a music person who visited the service twice a week. People told us they enjoyed singing with the singer who visited the home twice a week. One person said, "We have a singer who comes in twice every week. You can also choose how to spend your time. I watch television and listen to music but I mostly talk to the staff. I have a bit of banter with staff and a laugh or talk to other people living here. I will help staff by peeling the vegetables." Another person said, "I am quite happy to sit here and watch what is happening and go out for a cigarette when I want. Usually there are some staff around you can chat to about anything. I have been out twice with staff to buy clothes." A relative said, "There is a lady who comes into the home and brings musical instruments and organises singing. She is very good."

People who used the service told us staff knew what care they needed and how to support them. One person told us, "The home provides me with the care that I require and I cannot ask for more than that."

People's needs were assessed prior to admission. Each person had a care plan in place that set out their care and support needs. Care plans had been regularly reviewed and updated. However we saw that some information on care plans were generic and did not always specify how the person's needs would be met. For example we saw that a care plan for behaviour stated "Occupied with distraction techniques" it did not state what the distraction techniques might be. Staff we spoke with understood people's needs and preferences. This included how they cared for and supported people.

We looked at how people were supported whose first language was not English and how they were spoken with and how staff were providing care on an individual basis. The registered manager told us that staff working with people had the correct language skills to communicate effectively with them. The registered manager said that the staff rota included staff member who could speak with people whose first language may not be English. A member of staff told us that they were having English lesson's to improve their language skills and told us they experienced no difficulties communicating with people.

People and relatives knew how to complain and were confident any concerns would be acted upon and taken seriously. All the people we spoke with told us they had not had to make a complaint. One person said, "The manager takes on board what you say to her, if she can action it she will. If not she says leave it with me and does sort it and always gets back to you." Another person said, "If I have any concerns I go to the managers and they listen and try to sort it out." A relative said, "I know how complain if needed and I think the complaints procedure is on the wall in the bedrooms." Another relative said, "I feel listened to when I talk to the managers' but have not had any issues. I am very happy with everything here. Other family members and friends all comment on how well cared for [name] is."

The service had a complaints procedure. We saw information on how to make a complaint was displayed in the home. Following the inspection visit we spoke with the nursing manager who was in charge of the day to day management of the service, who confirmed four complaints had been received over the last 12 months. We were told that a record was kept of the complaints and the action taken to resolve these. The nursing manager told us two complaints had been shared with the local safeguarding team and the other two were also investigated and resolved. Staff we spoke with knew how to respond to complaints if anyone raised any concerns or issues with them. They told us if anyone raised a concern they would inform the manager.

The service also collated compliments and thank you cards received from people's relatives. A thank you card from a relative read, "We cannot thank you enough for all the help and level of care that [name] received. During [name] time with you we have been amazed at how [name] has improved."

Is the service well-led?

Our findings

The registered manager was not managing the service on a daily basis. The day to day management of the service was delegated to the nursing manager. The nursing manager was not present during our inspection and in their absence; the registered manager and the deputy manager facilitated our inspection.

People and relatives told us they were aware who the registered and nursing manager were. They also said that they felt comfortable speaking with both the nursing manager and the registered manager who was also the owner. We were also told that both managers' were accessible and approachable. People raised no concerns about the running of the home. A person said, "The manager will ask if I am alright with everything, but if I have anything to say then I will say it anyway." Another person said, "The manager is very easy to talk to she is always very nice to me." A relative told us, "I feel it is well led and seems to be open and transparent to me personally. I am very comfortable speaking to the manager."

The PIR stated there was an open and transparent communication channels. Staff we spoke with confirmed this. Staff said that they worked well together as a team and were aware of their responsibilities. Staff felt the management team were approachable and understanding. A staff member said, "It's a good place to work. The manager always tries to help." Another member of staff told us, "I think it's a well-run home, the managers are approachable."

Records and discussions with staff demonstrated regular staff meetings were held, to ensure staff were kept up to date and were involved in the development of the service. Staff we spoke with confirmed these meetings were useful.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. This included audits of the of incidents, accidents and medication system. We saw the audits were up to date and identified any actions required. Where an issue had been identified, we saw they had been addressed. For example, where there had been a repeated incident with one person we saw the action the provider had taken.

People and relatives we spoke with did not recall completing satisfaction surveys to express their views regarding the service they received. On day two of the inspection visit we saw some completed satisfaction surveys. The registered manager told us these had been handed out to people using the service and their relatives following day one of the inspection visit. And that they would analyse the feedback. The registered manager told us any areas identified for improvement from the results of the surveys will be actioned and used to improve service delivery as required.

The provider did not have effective systems to monitor training that staff had undertaken or waiting to complete. This did not provide assurance the provider had robust systems ensuring that all staff had up to date knowledge and skills to carry out their role effectively.

We found that the provider did not always have organised systems in place for storing and retrieving

information. For example during the inspection we were told that no complaints had been received in the last 12 months. However following the inspection visit we contacted the nursing manager as the PIR stated that there had been four complaints. The nursing manager confirmed this was correct and that this information was kept in a complaints folder. She confirmed that the complaints had been addressed and resolved.

Systems were in place to ensure that the maintenance and servicing of equipment had taken place when required. We saw a sample of health and safety records which showed that the servicing of equipment and building were up to date. This included gas and lift servicing and portable appliance testing. Following the infection control audit an action plan was put into place to address some issues identified, such as improving documentation. The registered manager told us that there were two onsite maintenance people who was responsible for carrying out maintenance checks. Maintenance support was available seven days a week. This ensured the provider had arrangements in place to monitor the safety of the premises and equipment.

The registered manager told us the service was going through a program of refurbishment. This included upgrading all the bathrooms on the 'traditional side' over the next three months.

The nursing manager was now clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any allegations. We now receive the required notifications from the provider and they responded to our requests for additional information when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	How the regulation was not being met: People were not always protected against the risk of unsafe care, as the provider had not taken steps to reduce risk to people's safety. Regulation 12 (a) (b)
Treatment of disease, disorder or injury	