English Dominican Congregation Trust

St Mary's Nursing Home Margaret Street Stone

Inspection report

Margaret Street
Stone
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Date of inspection visit:
14 September 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 14 September 2016 and was unannounced. At our previous inspection in April 2016 we found that the service was not meeting the required standards. Regulatory breaches were identified and the service was judged as inadequate and placed into special measures. The breaches were in relation to the safe care and treatment of people, safeguarding people from abuse and improper treatment, staffing levels and governance arrangements.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At this inspection we found some improvements had been made in relation to safeguarding people from abuse and the governance arrangements. However there were continuing breaches of the Regulations in relation to staffing and providing people with safe care and treatment. The service will continue to be in special measures and will be kept under review.

St Mary's Nursing Home provides support and care for up to 58 people. At the time of this inspection 56 people used the service.

The service had a registered manager. 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.

Staffing levels were insufficient to ensure people's care and support needs were met in a timely and effective way.

People's risks had been assessed, but improvements were needed to ensure these were monitored and

managed to protect people from the risk of harm.

People's medicines were not always managed or administered in line with the prescribing instructions.

Mealtime choices were limited and did not always meet people's personal preferences.

Staff were supported through training opportunities to require the knowledge and skills necessary to meet people's individual care and support needs. Further training in specific topics were needed to ensure staff provided support in a consistent and reliable way.

The provider operated recruitment and vetting procedures that ensured appropriate people were employed. Regular checks were made to ensure staff continued to be of good character and able to work within their defined role.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care.

People were supported to access other health professionals to maintain their health and wellbeing.

People were supported by staff who were caring and compassionate. Choices on how people wanted their care and support provided were promoted, listened to and acted on.

People and their relatives were involved in the planning and review of their care. The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

People were given the opportunity to feedback on the quality of their care and actions were in place to make improvements.

People and staff told us the registered manager was approachable and staff felt supported in their role.

Systems in place to monitor the quality of the service had improved; further development of these systems would ensure people were consistently provided with a safe and responsive service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. There were not always enough staff to keep people safe and meet people's care needs. People's risks had been assessed, but improvements were needed to ensure these were monitored and managed to protect people from the risk of harm. Medicines management had improved but some medicines were not administered correctly. Recruitment procedures were in place to ensure suitable people were employed.

Is the service effective?

Requires Improvement

The service was not always effective. Mealtime choices were limited. People were supported by staff who had received training; further training in certain topic areas would ensure people were supported with their care needs in a consistent and effective way. Requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care were followed. People were supported to access other health professionals to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring. Improvements were needed to ensure that care and support was provided to people in a timely way.
People were supported by staff that were caring and compassionate. Staff respected and upheld people's rights to privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People did not always receive the personalised care that reflected their needs and preferences. People and their relatives were involved in the planning and review of their care. A range of social and leisure activities were available and people's spiritual and religious needs were met.
The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Systems were in place to assess, monitor and improve the quality of care; further development of these systems would ensure people were consistently provided with a safe and responsive service. People were given the opportunity to feedback on the quality of their care and actions were in place to make improvements. People and staff told us the registered manager was approachable and staff felt supported in their role.

St Mary's Nursing Home Margaret Street Stone

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.

The inspection took place on 14 September 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we held about the service. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with 11 people who used the service; they were able to tell us their experiences with the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. We spoke with four relatives of people who used the service to gain feedback about the quality of care. We spoke with the registered manager, two consultants, two nurses, four care staff, a member of the ancillary team and a visiting health care professional. We looked at nine people's care records, staff rosters, four staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Inadequate

Is the service safe?

Our findings

At the last inspection in April 2016 we had concerns there were not enough staff to support people in a safe and timely way. The provider was in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014. We took action and told the provider that improvements had to be made in relation to ensuring sufficient staff were available to support people. We received an action plan from the provider informing us that action had been taken and the improvements made. At this inspection we observed and people told us there had been no improvement to the staffing arrangements.

People without exception told us the service was short of staff. People told us they experienced delays in receiving support in a timely way when they required assistance to use the toilet. A person told us how they felt very uncomfortable as they waited for 20 minutes before staff arrived to provide support. Another person told us they were ready to get up, after they had finished breakfast, but needed support from staff. We saw the person waited for period of two hours before staff were available to support them with their preparations for the day, this included support with personal care. This meant that some people who used the service were not supported with their care and support needs in a timely way because of the low staffing levels.

Some people needed staff to support them with drinks. We saw that a staff member provided people with hot drinks midmorning which were left in people's bedrooms. They told us that the care staff then supported people with the drinks. We saw people waited for over an hour before care staff were available to support people in which time the drinks had gone cold. Staff told us that very often these midmorning drinks were missed because they were unavailable as they were busy supporting other people with personal care.

We saw that most people needed some level of support from staff to support them with their daily lives. Some people required two staff to support them with personal care and transferring from place to place. One staff member said: "We do try and get round to people as soon as we can but sometimes people do have to wait as we are always very busy. One of us [care staff] has to go and help with the activities at 11.00 each morning so that makes us shorter still. We really could do with additional staff". The nurse also told us people were being supported to bed before teatime sometimes due to lack of staff approximately 4.30pm onwards. Staff commented some people chose to go to bed at this time but that others did not. Staff told us and we saw that the staffing levels on two of the units decreased during the afternoon. Staff told us that people's needs did not change and they still required staff support with their care and support needs.

We saw a nurse worked on each of the two nursing units. They told us they had very little time to supervise or to provide leadership or guidance to the care staff as they were busy attending to medication rounds, dealing the visiting health professionals and other nursing duties. We observed and a nurse confirmed that two people were late receiving their prescribed medication due to workload pressures. This meant the effectiveness of the medicines for these to people was compromised because they were not administered in line with the prescribing instructions.

The registered manager told us the staffing levels were determined by the use of a staffing tool. Each person's dependency needs were recorded on the document and this gave guidance on the minimum staffing levels needed. The latest staffing tool analysis indicated that the numbers of staff currently on the duty rota were sufficient to meet the dependency needs. However, we observed and people told us that people experienced delays and were not provided with their care and support needs in line with their preferences or in a timely way.

We spoke with the registered manager and the management team about the impact the low staffing levels had on the provision of care and the delays some people experienced. Action was taken immediately to review the daytime staffing levels and to increase the care staff numbers. We received confirmation of the increase in the staffing levels, the recruitment of additional care staff and until the vacancies were filled agency staff would be utilised. We received a revised duty rota which recorded the total of number of staff needed during the day and saw details of the permanent and agency staff allocated and working on each shift.

The above evidence shows people were not always supported in their preferred or safe way because of the staffing arrangements. This a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in April 2016 we had concerns people were not always provided with safe care and treatment. The provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014. We took action and told the provider that improvements were needed.

At this inspection we saw some improvements had been made to the monitoring of people's levels of risks, more information was made available for care staff to ensure they were aware of the action needed to mitigate any risks to people. For example we saw where people were at risk of developing sore skin because of frailty or immobility, information was readily available at the point of the delivery of care for staff to refer to. However we saw a person had sustained an injury during a period when they had been resistive when they required support with their personal care. Care staff reported the injury to the nurse in charge. Staff told us of various ways they supported the person during these times, there was not a consistent approach for supporting the person. We looked at the person's care records and saw they were often resistive when support was required. The care plan and risk assessment had not been updated or reviewed to detail the actions staff should take to reduce the risk of injury for the person. There was no plan on how to effectively manage this person's behaviour in an effective, consistent or safe way.

Staff told us that on occasions another person was also resistive when personal care and support was needed. We could not see that a behaviour management plan had been completed. We spoke with the registered manager and the management team about our findings. They told us people's risk assessments and care plans would be reviewed and updated to ensure staff were aware of how to mitigate any further risks for people. We later saw the risk assessments and care plans had been updated. This included information on the possible triggers to these periods of unease that this person may experience and the actions staff should take to reduce the risk of further harm. However this information was not available at the time of the inspection.

We looked at the way the service managed medicines. Medicines were kept in locked medicine trolleys in a locked treatment room and were administered by the nursing staff. Some people were prescribed medicines that could be taken as and when they were needed. We saw there were clear instructions of when, why and how often they could be administered to people. Improvements had been made since the last inspection to the way external medicines were managed. Topical medication administration records

(TMAR) were completed with the full instructions for the prescribed treatments. Body maps were also completed to specify the site of the treatment. We saw the records were completed by the care staff when they had supported people with these treatments. However some people were prescribed medicines for a specific health condition. Their prescribed medicines had to be given at set times during the day to be the most effective and for people to receive the maximum benefit from the medication. We saw these medicines were given two hours after the time of the prescribing instructions. Staff were unable to offer a reasonable explanation of the time delay. This meant these two people were at risk of unease and discomfort because of the lack of adherence to instructions.

The above evidence shows people were not always supported in a safe way. This a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with knew what constituted abuse and told us they would report any suspected abuse to the nurse, deputy manager or registered manager. Two staff confirmed they had received recent training in safeguarding awareness. The registered manger told us of an incident where they had concerns with a person's safety. They had spoken with and took advice from the local safeguarding team.

We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to people who used the service.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in April 2016 we had concerns that not all staff had been provided with training to fully meet people's needs and promote people's safety, health and wellbeing. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were not consistently followed to ensure that people's rights were respected. The provider was in breach of Regulation 18 and 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014. We took action and told the provider that improvements were needed. At this inspection we saw that improvements had been made in both areas.

Staff told us they had been provided with and received training in various topics. A relative told us they had observed: "There's been quite a lot of training after the last CQC visit". A person who used the service told us: "I don't know how well qualified they are, but they do their very best". We saw various training sessions had been arranged and included food hygiene, infection control, fire safety awareness, mental capacity and minimising restraint. Staff told us they had been observed using the mechanical hoist following moving and handling training. This ensured that staff were able to effectively put the theory into practice. Some staff we spoke with were a little unsure of the minimising restraint and gentle holding training and told us that further training would be useful so that they could relate the training to the particular needs of some people. The registered manager confirmed that further training opportunities were being planned for staff.

Staff told us they had received both group and individual supervision with their line managers. The registered manager had a plan of the supervision sessions so that they and the staff could plan ahead and have full benefit of these one to one sessions.

The registered manager told us and we saw that referrals had been made in relation to the DoLS. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw authorisations had been granted for some people who would be at severe risk of harm if they were to leave the service alone or used equipment that may restrict their freedom. The authorisations did not have any conditions attached as it was deemed the service was acting in the least restrictive way for people. We saw there was a secure garden area which people could freely access when they wished to do so.

People offered very mixed views about the food. One person who used the service told us: "We have a set menu and we have what's going. I don't know if they'd cook something if they hadn't got what I wanted". A visitor told us: "There seems to be no choice of meal. Yesterday for the second time there was burger and chips. The other time was worse – stewed meat and slices of bread. She [my relative] wants it to be interesting and nutritious. I don't think the quality and choice is very good". Another person who used the service told us: "Breakfast is good and supper because I have cheese and biscuits but nothing else after 5.30pm. A snack later on would be good. It's a long time to go from 5.30pm until the morning". We saw there was very little choice available, people were unaware that they could ask for an alternative if they did not like what was on the menu.

The registered manager and the management team had identified that improvements to the meals were

needed and told us of recent discussions with the chef and catering staff to review the menu and offer varied and alternative choices. The daily menu had been revised, (but was not yet available) and included a choice of meals, including a vegetarian option. We saw a 'nite bite menu' was being implemented so that food and refreshments were available over the 24 hour period. Examples of the 'nite bite menu' included hot and cold drinks, soup, sandwiches, savoury and sweet snacks. The registered manager and the management team confirmed this was now in the final stages of being implemented and would shortly be available.

Staff told us that some people were at risk of not eating or drinking sufficiently throughout the day. Each person had a nutritional risk assessment linked with a care plan and where required daily food and fluid monitoring was in place. People with reduced appetites had been prescribed food supplements; we saw these were provided to people when needed. However some people were not supported to have their midmorning drinks due to the lack of available staff.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who were able to consented to their care and support. One person told us: "Staff always ask me if I need any help, sometimes I do sometimes I don't". Some people who used the service, due to their complex care needs, required some support to make decisions and to consent to their care. We saw when people required support this was sought. We saw a person had a nominated Lasting Power of Attorney (LPA). An LPA has the legal authority to make decisions on a person's behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves. The LPA had authorisations to make decisions in regard to the person's care and welfare and had been involved with decision making on the behalf of the person. Care plans had been completed and referred to decision making in the person's best interests.

Staff supported people to access health care services should they become unwell or require specialist interventions. Referrals to external health professionals had been made when needed, for example, speech and language therapists, tissue viability specialists and dieticians. Guidance and information from the specialists were included in people's care files. We saw referrals had been made to the speech and language therapists and dieticians following consultation with the GP where people had lost weight or were reducing their intake of food or fluid.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in April 2016 we saw some good interactions and some examples where staff were kind and caring, but staff did not have the time to spend quality time with people. This meant staff did not always have the time to provide person centred and individualised safe and effective care.

During this inspection we again saw and people told us the staff were kind and caring. One person who used the service told us: "Yes I'm fine but I'm content rather than happy". A relative told us they were very satisfied with the care provided by the staff and said: "Yes. The level of compassion is very high here and at the end of the day, it's not just about the building – the most important resource is the human resource". Another relative said: "It's good to see how much they love Mom. It's very genuine". We observed some caring positive interactions between staff and people who used the service but again this was compromised by the lack of staff.

Staff were kind and patient when responding to people's needs, they made sure people were comfortable and relaxed following care interventions. However some people experienced delays in receiving the care and support they required. We observed some people waited for long periods of time to have their care and support needs attended to. The staffing levels again impacted on the care and support provided, not all people received care in an individualised and timely way. We spoke with the registered manager and the management team about our findings; they confirmed the daytime staffing levels would be increased to ensure there were sufficient staff to fully meet people's needs in a timely way.

People's privacy and dignity was upheld. A relative told us: "There are these dignity notices on the doors. Mom can't be dressed without a notice going up". Another person said: "If they [the staff] come in, the door is shut and the notice is turned round on the door". A person who used the service told us: "They [the staff] always knock the door before they come in". We saw staff were vigilant in making sure bedroom and bathroom doors were closed and the signs indicated the rooms were in use when they supported people with personal care.

Requires Improvement

Is the service responsive?

Our findings

At the inspection in April 2016 we found the service was not always as responsive to people's needs. Care plans were not always person centred and some information was not in a suitable format for some people. During this inspection we saw improvement had been made to ensure the service was responsive and receptive to people's individual requirements. However the current staffing situation impacted on people's preferences not being fully met and some people experienced delays in receiving the support they needed in a timely way.

People whenever possible were included in the planning of their care. Where people did not have capacity and were unable to be involved, their representatives and family had been consulted. A relative told us they had been involved with speaking about their relative's past life and the things that were important to them. They told us: "We were asked to fill in information packs about my Mum. We told staff what colours she likes to wear, and that Mum prefers more gentle things on the TV". We saw 'This is me' documents had been completed by either the person who used the service or their families, which provided information about the person's social history and significant life events. This provided staff with the additional knowledge of people's likes and preferences when sometimes people were unable to recall and tell staff themselves.

People who were able to make their own decisions told us they could choose when they went to bed or rose in the morning. One person told us: "I'm always awake early so I'm always up early, and I can go to bed more or less when I want". However another person said: "Sometimes they come to get me out of bed and I get really angry because I don't want to get up that early. I more or less get my own way".

People's religious and spiritual needs were met with regular services and Mass held within the service. A relative told us their family member decided to live at the service because 'of the Christian ethos so her spiritual needs are met'. A person who used the service told us: "I'm Church of England. But the priest comes and gives me a blessing". Another person told us their religious beliefs were very important to them and said: "We have Mass about four times a week and lots of priests coming and going. It's so important to me".

Social and recreational activities were arranged each day; people were supported to engage in these activities if they wished to do so. A relative told us: "My relative goes downstairs and does bingo and pampering, she really likes it. The activity coordinator is brilliant". One person told us they preferred not to join in the group activities but liked to stay in their room and was quite content to watch the television and 'rest'. Some people were frail and spent most of their time in bed or sat in a chair in their room. Most people had a television so were able to watch programmes or listen to music if they so wished.

The provider had a complaints procedure. People who used the service told us they were aware that they could make a complaint if they had concerns. One person said: "I'd make my voice heard if I had to". Another person commented: "I have written a note to matron with my little complaints so I'll see how I get on". A relative told us they had spoken with the registered manager about a concern they had, they had been listened to and had received a satisfactory response and solution. The registered manager was currently working through the complaints procedure in response to a complaint they had received. We saw

all the necessary documentation had been completed to ensure the complaint was investigated thoroughly and a solution reached.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2016 we had concerns that effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and wellbeing. This constituted a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action and told the provider that improvements were needed. At this inspection we saw that some improvements had been made.

People without exception told us the registered manager was helpful, supportive and approachable. People who used the service told us they registered manager was 'very nice', and 'a lovely lady'. Relatives commented: "She's an angel, so approachable but very professional and very knowledgeable. The staff really respect her. She regularly rings me at home and asks if I would call in about making a decision or make a decision on the phone". Care staff told us: "The manager is lovely, very helpful and supportive but I think her hands are tied". We saw people were comfortable approaching the registered manager on the day of the inspection. We found the atmosphere within the home was friendly between staff and people, relatives and the management team.

Two consultants have been engaged to support the registered manager with implementing and effecting quality assurance and governance systems. Audits and checks regarding the systems in place to assure the safety and the quality of the service had been completed. For example accidents, falls and incidents were audited on a monthly basis, any trends or themes were then speedily identified and action taken. We saw that people had been referred to the falls specialists and the rehabilitation services to obtain guidance, information and equipment to reduce the risks for people. The registered manager and the management team both explained the audits were being further developed to include additional information.

Meetings with nursing and care staff were arranged at intervals where information was shared and discussed. Recent discussion topics were the recruitment of staff and the use of agency workers, training and development and the changes and improvements that were needed. It was acknowledged that the service needed to recruit additional staff and to improve practice. Several incentives and the support staff needed had been put into place. For example, a recruitment drive, staff supervision and appraisals and the management of staff sickness.

Meetings with people who used the service and their relatives and families were arranged and included discussion topics regarding the recent CQC inspections and the local authority quality assurance update. This gave people the opportunity to discuss the recent concerns as well as the service being open and honest and readily offering and providing the information.

Satisfaction surveys were distributed every six months to people who used the service and their families and representatives. People were given the opportunity to make further comments within the survey. We saw one person commented that they would like a more comfortable chair; the registered manager confirmed a more suitable chair had been provided. Another person commented about the lack of choice regarding meals. The registered manager and the management team told us the actions they had taken to ensure

more choice was going to be available. Discussions had taken place with the catering staff; revised daily menus and the nite bite menu were being implemented.

Areas around the service had been improved and some equipment for the safe and effective disposal of waste had been purchased and was in use. People had been provided with the own individually named slings when they required the mechanical hoist to support them with moving. We saw staff were provided with personal protective equipment such as gloves and aprons and we observed the equipment being used correctly. This meant infection control procedures were in place and reducing people's risk of cross infection.

The provider had a recruitment procedure to ensure people of suitable character had the skills and knowledge to provide care and support to people. Systems and checks were now in place to ensure staff were of continuing good character to work at the service. Checks were made to ensure the nurses employed were qualified and were on the nursing register so that they were able to continue to work as a nurse.

Staffing levels had been determined by the use of a dependency staffing tool. The registered manager told us the tool was completed each month and when calculated provided the minimum staffing levels. We spoke with the registered manager and the management team about our observations with the staffing levels and gave an account of the experiences of people. The registered manager told us they felt the calculated levels were too low and that additional day time staff would be beneficial. Immediate action was taken to review the daytime staffing requirements and to increase the care staff numbers. We received a revised duty rota which recorded the total of number of staff needed during the day and saw details of the permanent and agency staff allocated and working on each shift.

The provider supported the service by providing additional management support to effect the changes and improvements that were required. Some changes and improvements have been made to the service; however further improvements are needed to ensure staff are in sufficient numbers to reduce the delays people are currently experiencing. The provider must make sure the changes are effective to ensure stability and continuity of the service so that people who use the service are safe and their well-being preserved.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service was failing to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The service was failing to make sure that providers deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements described in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.