Bakewell Cottage Care Home Limited

Bakewell Cottage Nursing Home

Inspection report

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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: Bakewell Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is registered for 38 people, at the time of this inspection there were 34 people living there.

The registered manager had been in post since September 2018. They were in the process of implementing improvements across the service.

People's experience of using this service: Systems and processes were not in place to keep people safe. People told us they felt safe and well supported, but we found areas where risk assessments and safety monitoring were not sufficient.

Incidents that required safeguarding or referring to healthcare professionals weren't always completed in a timely manner.

Overall medicines were well managed, however we found one person who did not have the required documentation to support their medicine management.

People in communal areas were supported by enough staff to meet their needs and provide companionship. However, people who spent time in their rooms were sometimes seen to be isolated and lacking support.

There were examples of poor infection prevention and control procedures, although all the required personal protective equipment was available to staff.

The approach to learning lessons when things have gone wrong required improvement. The registered manager had implemented some improvements since the last inspection, though further improvements were required.

People in the communal dining room enjoyed the food provided. However, people who ate in their rooms were at times served food that had been left uncovered whilst staff assisted other people.

Some people had gained and maintained weight, others had lost weight, and this was not always appropriately monitored or managed.

We saw times where people's dignity was compromised. The registered manager had identified that more could be done and had plans to continue to improve the way they promoted independence for people.

There were dedicated activities co-ordinators who planned and offered a varied activities schedule.

However, there were people who did not spend time in the communal areas who were isolated and were not provided with meaningful activities.

The registered manager had not submitted some statutory notifications that they are legally required to send to CQC.

Staff meetings were regularly held but staff supervision was inconsistent with many staff not having received regular supervisions.

The registered manager had implemented improvements in the way the service assessed and documented people's ability to make choices. Where people couldn't make choices for themselves, best interest decisions were comprehensively made and documented. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were happy with their care and liked the staff that cared for them. Staff treated people with kindness and had formed close relationships with people.

Rating at last inspection: The service was rated Requires Improvement at their last inspection. (published June 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to review information we receive about this service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details can be found in our Well-led findings below.

Bakewell Cottage Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector, one 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, in this case, people living with dementia.

Service and service type: Bakewell Cottage Nursing Home is a care home with nursing. 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.' The registered manager had been in post since September 2018.

Notice of inspection: This inspection was unannounced.

What we did: Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We gained feedback from the local authority and clinical commissioning team. The provider had completed a Provider Information Return (PIR), however this had been submitted before the last inspection, so some information was out of date. Therefore, we discussed the changes that had been made since the last inspection with the registered manager.

During the inspection we spoke with nine people who lived there, four of their relatives and seven staff including the registered manager and chef. We reviewed seven care plans and records relating to the

management of the service. The registered manager sent us the records relating to staff training via email and these were received the day after the inspection.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

● At the last inspection we found that risks to people's safety were not always assessed and managed. This was a breach in the regulations. At this inspection we found that some improvements had been made. However, we found there were still more improvements required and the breach had not been met. For example, two people had pressure sores. One person had not been referred to the tissue viability nurse team (TVN) in a timely manner. By the time the referral was made, the persons skin had deteriorated further. TVN's provide specialist advice about wound care and as such, their involvement in the management of sore skin as soon as it is identified can reduce the risk of deterioration. The other person's pressure sore had been referred in a timely manner

● We found that people were routinely left with hoist slings underneath them when seated in chairs in their room and in communal areas. We discussed with the registered manager that this could it increase the risk of sore skin and pressure sores. The registered manager assured us that she would address this immediately after the inspection.

● There were no risk assessments for people who were losing weight, people who were known to be at risk of choking, epilepsy or people with, or at risk of sore skin. ● People who had been identified as losing weight, had recurrent infections or were at risk of reduced skin integrity did not have their food and fluid intake monitored.

Staffing and recruitment

● At the last inspection we found that staff were not always deployed effectively to keep people safe. This was a breach in the regulations. At this inspection we saw that the breach had not been met. There were enough staff to ensure people in the communal areas were safe and provide them with companionship. However, we saw people in their rooms were isolated and at times at risk of being unsafe. We saw some people did not have call bells, drinks or walking aids in reach. We highlighted this to the staff who immediately assisted the person. The registered manager had implemented a check sheet in people's bedrooms for staff to sign every time they went in to see a person. We saw one list that indicated that no-one had been in to see this person for more than two hours. We discussed this with the registered manager who advised that this was a recording issue and felt confident that the person had received appropriate checks by staff.

● Some people we spoke with told us they had to wait for their care, comments included, "Sometimes I have to wait half an hour for them to get me out of bed because there aren't enough staff or hoists." Another person said, "I do often wait for them." Other people told us that staff arrived quickly every time they called, "I don't have to wait."

Using medicines safely

● At the last inspection we saw that medicines were not consistently well managed. This was a breach in the regulations. At this inspection we saw that required improvements identified in the last inspection report had been implemented. However, we found more improvements were required and the breach had not been met. One person was receiving medicines covertly and the provider could not demonstrate that they had completed a best interest meeting or obtained guidance from a GP and pharmacist. One person was documented as able to self-administer one of their Pro-Re Nata (PRN, as and when required medicine). There were no risk assessments in place for this as required.

Learning lessons when things go wrong
● At the last inspection we saw that lessons were not learned from adverse incidents. At this inspection we saw that when people had fallen, the registered manager took steps to prevent the same thing happening again. However, this did not happen for incidents other than falls. For example, one person we saw had displayed behaviour that could be perceived as challenging and dangerous to themselves and others. There were no records to show that this had been investigated, referred to relevant professionals or followed up with preventative measures. Another person had suffered from an accident that occurred during a moving and handling procedure that had occurred in August 2018 when the previous registered manager was in post. The staff involved had not been provided with further training or supervision to ensure the same thing couldn't happen again.

Preventing and controlling infection
● During the inspection we saw that infection prevention and control measures were not always followed appropriately. For example, we saw staff handling and cleaning up bodily fluids whilst not wearing aprons. We saw disposable aprons were available in the home.
● We saw one person's bedroom had an infestation of insects, traps had been laid but a pest control company had not been informed. The person was moved to another room and a pest control company were contacted immediately after the inspection.

This evidence demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;
● At the last inspection we found an incident that should have been reported to the local authority safeguarding team. This was a breach of the regulations. At this inspection we found more instances that had not been discussed with the local authority safeguarding team, therefore the breach had not been met. These included pressure sores and behaviour that may be perceived as challenging that may have caused risk to people's safety.

This evidence demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People we spoke with told us they felt safe. One person said, "I feel safe here, the room and the carers all adds up to me feeling safe." A relative said, "Completely safe. I can relax knowing [relative] is safe here."
●Some improvements had been made to learning lessons from incidents since the last inspection. For example, one person had tried to leave the building several times. The registered manager had researched and bought dementia friendly coverings for the fire escape doors. This had led to a marked reduction in this person's attempts to leave via a fire escape and therefore enhanced their safety and well-being.
● Systems to manage medicines were organised and ensured timely administration. Staff were following

protocols for the receipt, storage and disposal of medicine.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
●We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● At the last inspection we saw that MCA was not being followed. The was a breach of the regulations. At this inspection we saw that improvements had been made and the breach had been met. Each person now had detailed mental capacity assessments and evidence of best interest decisions. DOLS applications had been made appropriately and conditions on DOLS were being adhered to.
● At the last inspection we found that the provider was not ensuring consent to care, and treatment was not sought in line with law and guidance. This was a breach of the legal regulations. At this inspection we saw that improvements had been made and the breach had been met. Where people had been assessed as lacking mental capacity, decisions were made in their best interest. Families were only requested to consent on a person's behalf when they had Lasting Power of Attorney (LPA). LPA is a legal document that authorises an appointee to make decisions on a person's behalf.
● People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation.

Staff working with other agencies to provide consistent, effective, timely care
● At the last inspection we found that safeguarding referrals weren't always made. At this inspection we found that this was still the case. We found a person with a pressure sore who had not been referred to the appropriate healthcare professionals in a timely manner. We discussed this with the registered manager and recommended they liaise directly with the local authority and clinical commissioning group to improve their understanding of what should be referred, when and to whom.

Supporting people to eat and drink enough to maintain a balanced diet

● Staff weighed people every month. Some people had gained and maintained weight since moving into the service. However, some had lost weight. One person had lost a significant amount of weight in a short period of time. They had only been referred to a health care professional after three months of consistent weight loss. When people were identified as losing weight, it had not been considered they should be weighed more regularly.

● We saw care staff take some people's meals to their rooms. We saw that one member of staff took two people's meals at the same time. They assisted one person to eat and the other meal was left uncovered and not kept warm. We saw that staff routinely carried food around the home without covering it first.

● We saw a number of occasions when people who were alone in their rooms did not have access to a drink. We saw one person had a drink in their room but it was not placed somewhere they could see or reach it.

● People were provided with fresh home cooked food using fresh ingredients. People told us they enjoyed the food. Comments we received included, "I enjoy my food very much." Another person said, "The puddings are good." We observed lunch time in the communal dining area and saw this was a sociable time where people enjoyed their food. The kitchen had received the highest food hygiene rating of five stars.

● The chef kept detailed up to date lists of people's dietary requirements and food and drink preferences. Menu's had been designed with people's likes and dislikes in mind. People requested certain meals, and these were then included on the four-week rolling menu.

Staff support: induction, training, skills and experience

● People told us they were cared for by staff who were well trained. Comments included, "I've never had cause to think the staff weren't well trained, they are very attentive." Another person said, "Staff here are definitely well trained."

● Staff told us they felt well trained. New staff received an induction which included training and a period of shadowing experienced staff. Staff who were new to care were supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.

● We reviewed the training documentation and found that regular training was undertaken by staff and documentation relating to this was kept.

Adapting service, design, decoration to meet people's needs

● At the last inspection we found that the service did not have effective dementia friendly signage. The building is grade 2 listed so the registered provider has limitations on their ability to re-structure the building. The building is an old hospital and as such the layout can be difficult to navigate. At this inspection we found that improvements had been made, pictorial images were used to guide people living with dementia around the home and to assist them to identify their rooms. We discussed this with the registered manager who agreed that more improvements were required. The registered manager explained that they had plans to continue to make improvements.

Supporting people to live healthier lives, access healthcare services and support

● Some people had moved into the home and seen an improvement in their health and well-being. However, there were other occasions, for example the lack of food and fluid monitoring or pressure care where people were not effectively accessing healthcare services. Referrals in these instances were delayed and this had put them at risk of deterioration.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained in that personal care was completed behind closed doors and curtains. People who wished to spend time alone were enabled to do so. However, we found little evidence of people's dignity and independence being promoted. As discussed in the safe section of this report, we saw that people were routinely left with hoist slings underneath them. This compromised their dignity and did not demonstrate person-centred care.
- We asked the registered manager how they promoted people's independence. She explained that this was achieved by encouraging people to do as many things as they could for themselves. For example, choose their own clothes and being assisted to complete their own personal care, rather than staff doing this for them. We saw little evidence of other examples of promotion of independence. The registered manager explained that she had started to implement more trips out for people and that promotion of independence was an area she had identified as requiring improvement when she began her role. The registered manager had more plans to continue to place greater emphasis on promotion of independence.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we saw examples of kind and caring interactions between staff and people living there. We saw staff spoke with people respectfully and with a friendly demeanour. We saw people laughed together and engaged in meaningful conversations. However, we saw that people who were not in the communal lounge were, at times, isolated and lacking support. Some people were not provided with the stimulation they liked and did not have access to their mobility aids and drinks.
- People who lived at Bakewell Cottage Nursing Home and their families spoke very highly of the care they received. Comments included, "They [staff] are friendly, they do care, even if they don't agree with what I want they always do what I ask them to do."
- Staff were aware of people's individual needs and preferences. Care plans contained detailed information about people's life and family history, what interested them and how they would like to be supported. This included people's equality and diverse needs and preferences. People were enabled to express themselves in whichever way they felt comfortable.
- Church services were held at the home for people who wished to take part. The registered manager explained that if people moved into the service and followed a different religious denomination they would be supported to do this.

Supporting people to express their views and be involved in making decisions about their care

● People and their relatives told us they felt in control of their own care. Comments we received included, "I know what's in my care plan and I'm listened to". Another person said, "I'm most definitely involved."

● Where people's relatives had LPA, they were consulted in all aspects of people's care. Relatives were invited to care plan review meetings and their input was noted in care plans.

● Regular meetings for people who lived at the service and their relatives had taken place. We reviewed the meeting minutes and saw that people were consulted about any changes in the service.

● The registered manager sent out regular newsletters, these informed people and their relatives of events that would be taking place in the home and how they could be involved if they wished to. A satisfaction survey was in progress, these had been sent to people and their relatives, but responses had not yet been received.

● Social evenings were organised where people and their relatives were invited to go to the service to spend time together and engage with staff and other relatives. One example we saw was that a cheese and wine night was planned for a fortnight after the inspection.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● We did not see any one to one activity for people who were in their rooms. We observed that people did not always have access to things that interested them. For example, one person's care plan stated that they liked to spend time alone in their room listening to music. On the day of the inspection this person did not have any music on until after 3pm. We observed them to be lacking any form of stimulation until that time.

We recommend that the service make more provision to engage with people when they are not in the communal lounge.

● The service was not doing enough to meet the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability or sensory loss are given information in a format they can understand. They could improve the way they provide information to people living there. For example, the menu's and activity signs were presented in a small print on posters on the notice board. People living with dementia or sensory loss would find it easier to read posters presented in a larger print.
● People told us that the activities on offer met their needs and preferences. Comments we received included, "They [staff] have got to know me, they know what I like and that's what we do."
● We observed the activities co-ordinator in the communal lounge. They were there all day and kept people entertained and interested. There were group or individual activities and we saw the activities co-ordinator tailored these to meet people's needs and preferences.
● Outside organisations were commissioned to provide meaningful activities to people. For example, entertainers, exercise instructors and music therapy.

Improving care quality in response to complaints or concerns
● The registered manager kept a log of complaints received. We reviewed these and found they were handled as per the complaints policy. However, we did not see evidence that lessons had always been learned from complaints or how the registered manager planned to ensure the same thing couldn't happen again. People and their relatives told us they knew how to complain and felt confident to do so if necessary.

End of life care and support
● The registered manager explained to us that they had started to admit more people who required end of life care. People's wishes for the end of their lives were explored and documented in their care plans. Where people had a Do Not Attempt Cardio Pulmonary Resuscitation Order, these were kept in a prominent position within their care plan. At the time of the inspection there were people who had been identified as potentially approaching the end of their life while in hospital. However, while living at Bakewell Cottage

Nursing Home they had shown signs of improvement both physically and emotionally and were no longer thought to be close to the end of their lives at that time.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● At the last inspection we found that the quality assurance system used by the previous registered manager was not robust. This was a breach of the regulations. At this inspection the breach had not been met. We could see that some improvements had been made. However, more improvement was required. The improvements made were only related to falls and infection, prevention and control audits. The registered manager was not auditing records relating to behaviour that challenged, sore skin, food and fluid intake or re-positioning charts related to people with sore skin. This demonstrated that management did not fully understand the principles of good quality assurance.

● Two people had sore skin that had deteriorated into pressure sores. We found two examples of gaps in re-positioning charts for one of these people. The gaps had not been identified by the registered manager or senior staff. As discussed previously in the report, referrals to healthcare professionals for one person with a pressure sore was delayed. Therefore, the risks of reduced skin integrity and associated increased risk to people's health were not managed by governance systems in place.

●At our last inspection we identified that risks were not always mitigated, risk assessments were not up to date and did not consider any accidents or incidents that had occurred. At this inspection we found the required improvements had not been made. Systems for identifying and managing risk were not effective. For example, the provider was not monitoring the food and fluid intake of anyone living there. This meant that the provider was not able to track what and how much people ate and drank. This put people at risk of not receiving adequate nutrition and hydration required to maintain good health and prevent declining health. We discussed with this with the registered manager who agreed to implement this immediately after the inspection.

● At the last inspection we found that staff supervisions were inconsistent. At this inspection we found that improvements had not been fully implemented. Some staff supervisions were still not completed. Some staff we spoke with told us they hadn't received supervisions and were not aware they happened. This meant that staff were not provided with feedback about how they were performing and if improvement was required.

● We saw little evidence of support from the clinical operations manager or home owner. We did not see any documented audits or investigations carried out by them. The registered manager told us she was supported with clinical advice from the clinical operations manager. However, we found they had not identified the breaches we found during this inspection.

Continuous learning and improving care

● At the last inspection we saw that where there had been accidents and incidents there was not always a lesson learned approach. This was breach of the regulations. At this inspection we found that the breach had not been met. Whilst some improvements had been made to the analysis, oversight and lessons learned from falls, this was not the case for incidents other than falls.

● We found an incident had occurred where a person sustained an injury August 2018, this was before the current registered manager was in post. The incident occurred during a moving and handling procedure. An investigation took place but a conclusion was not reached and staff involved were not provided with supervisions or further training. This meant the registered manager could not be confident that the same incident wouldn't happen again.

This evidence demonstrated a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● At the last inspection we found that the previous registered manager had not always submitted appropriate statutory notifications. At this inspection we found the necessary improvements had not been made. The current registered manager had not informed CQC of incidents as required. We discussed this with the registered manager who told us she was not aware that this was a requirement. This displayed a lack of transparency and understanding of the legal regulations. Statutory notifications were submitted on the day of the inspection.

● Safeguarding concerns were not dealt with in an open and objective way. The registered manager had not informed the local authority about potential safeguarding incidents as required. This was a lack of openness with external stakeholders and meant that there were no independent investigations into these incidents.

This evidence demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

● We found some instances where referrals to healthcare professionals were not made in a timely manner. This meant that people were not in receipt of the necessary specialist health care support and were at risk of their health deteriorating.

● Registered providers are required to advertise their CQC ratings and most recent inspection report on their website and in the building. We saw these were in place as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● We found the registered manager had made improvements in the way people and staff were involved in the running of the service. There were regular meetings, people and their relatives who had LPA were consulted on any changes in people's care needs.

● The registered manager had designed and implemented new care plans. These included detailed information about people's likes and dislikes and how they wished to be cared for.

● The registered manager had implemented regular meetings for staff, people who lived there and relatives. This was an improvement since the last inspection. We read the minutes of meetings and saw that people and relatives were welcomed to share their views and be informed of any planned changes in the running of the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents the registered manager had not notified CQC of two service users with pressure sores grade 3 or above.

The enforcement action we took:

in progress

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 Care and treatment was not always provided in a safe way. Risks to health and safety of service users were not always assessed. The registered provider did not do all that was reasonably practicable to mitigate risk. The registered provider did not work with others to make sure that care and treatment remained safe for people using the service.

The enforcement action we took:

Imposed Conditions on Registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment

The enforcement action we took:

Requirement Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The enforcement action we took:

Imposed Conditions on Registration

Systems and processes were not in place to ensure compliance with the requirements of this regulation