Four Seasons Homes No 4 Limited

# Northcourt Care home

## Inspection report

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## Ratings

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

## Overall summary

We carried out an inspection on the 3 February 2015. At the previous inspection on the 8 August 2014 we found the service compliant with the outcomes inspected and found the new registered manager had made some significant improvements following concerns with this service in the previous year.

The home is a nursing and residential home which can accommodate up to 65 people. It is divided into three separate units to accommodate people with differing needs. The home accommodates some people that have a dementia.

The home had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept as safe as possible because individual risk assessments were in place for any identified risk to

# Summary of findings

people's health and safety, such as risk of falls or developing pressure sores. These assessments were kept under review and showed what actions staff were taking to minimise risks to people.

Medicines were administered by staff who were trained to do this competently. Audits were completed to check that medicines were appropriately stored, kept at the right temperature and there were adequate stock so people could receive their medicines as required.

There were enough staff to meet people's needs and this was kept under review to ensure any change to people's needs was recognised and staffing levels could be reviewed accordingly. This ensured people's needs were met in a timely way and people's health and welfare was promoted.

Staff knew what steps to take if they though a person was at risk from abuse or intentional harm. Staff were provided with training to help them recognise abuse and policies and procedures told staff what actions they should take. This helped promote people's safety.

Staff had the necessary skills, experience and support to meet people's needs effectively and help people make decisions about their care and welfare. Where a person was assessed as lacking capacity to make decisions about their care and welfare, staff acted lawfully to ensure decisions were made in their best interest and were properly recorded.

People were not fully supported to eat or drink enough for their needs. People's records did not always show us how staff ensured people were adequately nourished. This meant we could not be assured people were always adequately nourished or protected from unintentional weight loss. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

People needs were assessed before admission to the home and a care plan was put in place and told staff what people's needs were and how they should be met. People's needs were kept under review to ensure any actions identified remained appropriate and to ensure people's health and welfare was promoted. Care plans included information about how people's health care needs were monitored and met by multiple agencies as required. They also told us how people were provided with occupation to keep them active through planned one to one and group activities which provided people with mental stimulation and helped reduce social isolation.

Staff were kind, caring and met people's emotional needs. They were aware of people's individual needs and provided care to people based on their expressed wishes and preferences. They were respectful and provided care which was dignified and enhanced people's privacy, and independence.

The home had an effective complaints procedure and took into account the views of people who used the service to help them improve the service.

The home was well led with systems in place to assess and evaluate the effectiveness of the service delivery and to assess risks to people's care and welfare so these could be reduced. However we identified concerns around the monitoring of people food and fluid intake and this specific area requires improvement. There was a positive ethos in the home and it was run in the interest of people using the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe

There were enough staff with the right skills to deliver the care.

Staff had the right skills to enable them to administer medicines safely to people.

Risks to people's safety were assessed and as far as possible reduced to ensure people were as safe as possible.

Staff received training to help them recognise and act on concerns if they suspected a person to be at risk from abuse.

**Good**

**Is the service effective?**
The service was not always effective.

People did not always get enough support to eat and drink in sufficient quantities and there was inadequate monitoring of people's weights.

Staff were supported with their professional development to ensure they had the right skills to meet people's needs.

People's health care needs were met.

Staff acted lawfully when supporting people in making decisions about their care and welfare.

**Requires Improvement**

**Is the service caring?**
The service was caring

Staff were skilled in meeting people's needs and knew enough about them to enable them to do this effectively.

People's dignity and individuality was upheld by staff.

Staff were consulted about their care needs.

**Good**

**Is the service responsive?**
The service was responsive

People's needs were assessed and kept under review. Staff providing the care was familiar with people's needs.

People's views were sought and the home had an effective complaints procedure.

**Good**

**Is the service well-led?**
The service was well led

**Good**

# Summary of findings

The manager had clear visions and values which were promoted and shared throughout the staff team.

There were systems in place to assess the quality and effectiveness of the service provided.

People were consulted about the service received and the service was led by people using it.

# Northcourt Care home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 February 2015. The inspection was undertaken by an inspector and a bank inspector who was a qualified nurse. Before the inspection we reviewed the information we already hold about the service which included previous reports, feedback from members of the public and notifications. A notification is information about important events which the service is required to send to us by law. We also reviewed the provider information return (PIR) which is a form we ask all providers to complete to tell us how they are managing their service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During this inspection we spoke with 12 people, six relatives, ten staff including activity staff, domestic staff, catering staff, care staff and trained nurses. We reviewed six care plans, medicine records and other records relating to the management of the home.

Good

# Is the service safe?

## Our findings

People were cared for in a safe environment and we observed how people were supported with their needs in relation to their health and safety. People we spoke with told us that they felt safe and did not have any concerns. One person said, "I have no worries here. I am always safe."

The majority of all staff had completed updated training in protecting people from abuse. There were plans in place for the other staff to undertake this essential training in the near future. There was a system in place which highlighted when staffs refresher training was due so it could be booked. All the staff we spoke with could tell us about the different types of abuse and what they would do if they suspected potential or actual abuse. They said that they would report it to the registered nurse or management team. All staff said that they would have no hesitation in doing this. They told us that any accident or incidents would also be reported to the registered nurse or management team. Accidents and incidents were audited by the management team on a regular basis which included any unexplained injury or bruising which was recorded on body maps. We saw evidence that actions had been put in place to help reduce the risk of further occurrences. Staff were aware of external agencies responsibilities in relation to safeguarding people and had access to their contact details.

People's needs had been assessed and appropriate risk assessments were in place in relation to these. These included people's risks in relation to hydration and nutrition, pressure area care, mobility and mental health needs. Risk assessments had been reviewed on a regular basis and when staff recognised a change in the risk to people. We saw that risk assessments had been amended in response to peoples changing requirements.

People identified at risk were checked regularly by staff. For example we saw that one person required hourly checks due to them being cared for in bed due to high dependency needs we saw that staff were carrying out hourly checks and recording these accurately. We found that people identified as being at risk had been monitored as appropriate to their needs. Staff told us that for people cared for in bed they regularly checked whether the person required any personal care and checked that they had had enough to drink. Some people were assessed as at high risks of having a fall. We saw that risk assessments were in place for these people and actions had been documented and communicated to staff with the aim of reducing the number of falls they had.

Staff were familiar with the emergency procedures. They confirmed they had received fire safety training. Staff were aware of the business continuity arrangements within the home in relation to events such as loss of utilities and the need for evacuation. The home was well maintained and regular auditing of the maintenance systems ensured that safety systems and equipment were safe for use and in good working order.

We found that the number of staff on duty on the day of our inspection was sufficient to meet the needs of the people living at the home. We asked the registered manager how they determined their staffing levels. They told us that they used a dependency tool that looked at how many people there were who used the service alongside their dependency needs. We reviewed the staff rotas for the four weeks prior to our inspection. We noted that a number of shifts had not been covered by the permanent staff. They had however, been covered by agency staff.

Staff told us that usually there were sufficient numbers of staff to safely care for people in a timely manner. They told us that problems only occurred if people telephoned in sick at the last minute. They said that shortfalls in staffing numbers were usually covered by their own staff. If this was not possible, then shifts would go out to agency staff. They said that the agency staff tended to be the same people which helped the people who used the service because staff were familiar with their needs.

Appropriate arrangements were in place in relation to obtaining medicine. Medicines were booked in and authorised and signed for by two members of staff. This minimised the risk of any errors occurring when recording the number of medicine received.

There were systems in place to audit medicines regularly to ensure they were correctly stored, and the stock level matched what the records said about what should be left in stock. The medication records we looked at were accurate without gaps. This meant that the system to record medicine administration was robust and accurate.

There was just one person deployed to administer medicine. This meant that the morning medication round took a long time. By the time the morning round was

Good

# Is the service safe?

complete the lunch time medication round was due to start. This meant that there was a risk that people could receive their medicine too quickly after the first dose. We spoke to the manager about this and they agreed to consider asking another member of staff to support the medicine round in order to ensure that people's medicines were given to them at the correct time.

We observed staff administering medicines safely to people. The nurse checked the person's identity, explained the medicine to them and then stayed with them until they had taken their medicine. The nurses told us that their competencies in relation to the management of medicines were assessed on an annual basis. We saw that there was a procedure in place for managing medicine administration errors. This consisted of informing the person's doctor and making the appropriate notification if required, investigating the error and learning from the incident.

Requires Improvement

# Is the service effective?

## Our findings

People were not sufficiently supported to eat and drink enough for their needs. We observed lunch on each of the three floors. People were offered a choice of what they would like to eat for lunch. However we did not see anything to support people with their decision making when they were unable to verbalise their choice, such as picture food menus. This might benefit some people. People said that they enjoyed the food. One person said, "The food is always good, and there is so much of it." Another person said, "We get well fed here. You can't complain you don't get enough to eat and drink."

We observed a person who did not eat their food despite encouragement from staff. This was because initially they struggled to eat their food independently and then another person put their hand in their food, this was replaced by staff but when the person did it for a second time, the person said, " I am beyond eating." This person had a poor dining room experience. We noted that one person was sat at a table which was too low for them and another person was unable to sit at the dining room table as staff were unable to facilitate their movement. Both of these people were given their meal where they were already sitting. On another unit we saw that people were served their food but as staff were busy they did not get the assistance with their food in a timely way. This meant food may be cold by the time staff were able to support people to eat. Staff told us additional staff were redeployed to the dining room at lunchtime but we were concerned that not everyone had the assistance they needed in a timely way because of the way lunch was organised.

One relative expressed concerns about their family member weight loss and felt their family member did not always get enough support to eat and drink. We passed this information onto the manager who was already aware of their concerns.

We observed hot and cold drinks being offered to people at regular times throughout the day. However, we reviewed people's fluid charts and saw that there were gaps in these. Staff assured us that people had been given drinks and said that they had forgotten to document this. This meant that there was not an accurate picture of how much people had drunk during the day, to help ensure that their hydration needs are met.

The Malnutrition Universal Screening Tool (MUST) which is a nationally recognised tool was used to help determine if people were at risk of malnutrition. We saw that this was effectively used and that appropriate action had been taken to support people at risk through fortifying their food, administering prescribed supplements and encouraging people to eat their food and drink their drinks. People had been weighed on a regular basis as documented in their care plan. We did however note that one person's MUST had not been calculated correctly, we highlighted this to the manager who told us that they would ensure all staff knew how to do the MUST assessment correctly. We also identified several people who were still losing weight despite having a MUST in place. We also identified poor evaluation of how much people were drinking through the day and night as totals were not always added up and it was not clear what actions were taken if people did not get enough fluid. We also found some forms about people's dietary needs were not dated so we could not see if the information was still relevant.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2010.

Staff had the necessary skills and experience to support people effectively.People we spoke with said that they felt well cared for. One person said, "I get well looked after here. The girls (staff) are super and make sure I get all that I need. I have no complaints."

One person's relative we spoke with said, "I am very happy with my (family member's) care here. The staff are very kind and look after them. I have no complaints and feel happy going home knowing that they are being well looked after."

We spoke with care staff and they told us that they felt very well supported to undertake further training and education to assist them with their roles. All of the staff we spoke with had a good understanding of the needs of people they cared for. Staff could tell us about people's individual needs, and the care, treatment and support they required in order to meet their needs.

We spoke with staff about the training they received. Staff told us they mostly completed e-learning which was computer based training. Some staff told us about training they had received recently which was face to face. Staff were expected to go through a 'resident experience' and

Requires Improvement

# Is the service effective?

experienced both good and poor care. They then had to reflect of their experiences in order to help them recognise, how people they are caring for might feel. This training was going to be expanded to all staff.

Trained nurses received additional training and support to help them keep their professional qualifications up to date.

Staff told us how they supported people with making decisions and knew what actions to take if a person was not able to make decisions for themselves. People care plans recorded if people were able to make their own decisions in relation to their care and welfare. This was kept under review. Where a person needed support this was also recorded and we could see how the home supported people in making best interest decisions which were recorded and showed who had been involved. Staff had received training and were aware of legislation relating to capacity so they could support people appropriately.

One relative told us there was a delay in getting their family member the support they needed to help them with their mobility because the information at the point of their admission to the home was inaccurate and resulted in their relative remaining immobile. The relative had power of attorney for their family members care and welfare which meant they could make decisions on their behalf. However they did not always feel they were adequately involved in decision making or care reviews about the family members' health care needs.

People had access to healthcare services and received on-going health support. This included access to General Practitioner (GP), the home used five different surgeries so people had a choice. The nurse told us they had a really good relationship with GP surgeries. People had access to district nurses, chiropodist, a mobile dentist, the falls prevention team and physiotherapist. We saw that people, at risk of malnutrition, were appropriately referred to a dietician. One person who struggled to form and speak their words had been referred to a speech and language therapist. Staff told us they worked closely with Macmillan nurses where a person required palliative care.

Good

# Is the service caring?

## Our findings

Throughout our observation we saw positive, kind interactions. Staff took time to stop and talk with people. We noted that staff altered the way they communicated with people according to their needs. For example staff were tactile and for one person who clapped when they were content, staff mirrored this behaviour which enhanced the person's well-being.

One relative told us, "The staff go the extra mile. They are very caring; it's like a busy family." Other relatives commented on how they were welcome at the home and we saw staff offering relatives emotional support and encouraging them to join their family member for a meal.

We observed staff supporting a person who was poorly and had little appetite. Staff provided them with different options and comfort foods. They encouraged and praised them and took the time to make sure their needs were met. They provided support to their family members who were visiting. We observed the manager sitting and reading to a person who was confined to bed.

Staff told us that if a person was ill or at the last stages of their life staff would stay with them to make sure they were not alone and families were encouraged to stay. People wishes were known and people were supported to have a dignified death. Within the home was a garden of remembrance which was a touching tribute to people who had passed away and gave somewhere for the relatives to go to remember their loved ones.

Staff told us the manager had made a big impact on the home and the care was very good. One staff member told us "people are treated with respect." Another staff member said people were cared for like, 'family members.' And others said they would not hesitate to recommend the home if someone needed care.

People's wishes were known and we saw from both practices in the home and from people's records that people received care based on their individual needs and wishes. For example people were supported by staff, volunteers and family members to maintain their hobbies and interests. The activity programme was being developed further to take into account people's backgrounds and abilities. Some people had been supported to go into town and recently the home celebrated, International day, where everyone wore different national costumes and tried different national foods. There were also plans for people to go on an outing to the beach. However the service recognised that not everyone could do this so staff were making a beach at the home, including a light house. This showed the service was inclusive of people's diverse needs.

People were treated with dignity and respect. We observed staff addressing people in a way that was appropriate to their needs. Staff knocked before entering people's rooms and responded to people's needs in a timely way. Personal information held about people enabled staff to provide individualised care.

People were encouraged to be involved in their care, some but not everyone had been involved in drawing up their care plans. People were routinely asked their views about how the service was delivered and a newsletter was circulated to people and their families monthly to keep everyone up to date with the changes in the service. The manager had protected time each week to meet with people and, or their families if they had anything they wished to discuss. He also often helped provide care to people so was aware of people's needs and wishes. The home had a resident of the day which meant on each floor, the resident of the day was a named person and staff reviewed everything about that persons care on that day. Staff did this with the person concerned to ensure they felt all their needs were being met and they were happy with their care.

Good

# Is the service responsive?

## Our findings

We spoke with people using the service. One person said "I get well looked after here. The girls (staff) are super and make sure I get all that I need. I have no complaints. "One person's relative we spoke with said, "I am very happy with my (family member's) care here. The staff are very kind and look after them. I have no complaints and feel happy going home knowing that they are being well looked after."

All of the staff we spoke with had a good understanding of the needs of people they cared for. Staff could tell us about people's individual needs, and the care, treatment and support they required in order to meet their needs.

We looked at people's care plans and saw that people had an assessment of need before moving to the service to see if the home could meet their needs. There were risk assessments and care plans in place for people and these were kept under review. Care plans and daily notes showed us how care, treatment and support was delivered in order to meet people's needs.

We reviewed care plans for people who were at a high risk of developing pressure ulcers. One of these people did have a pressure ulcer. We saw that there were actions in place for staff to follow to help reduce the risk. These included people being cared for on air flow mattresses, pressure relieving cushions, using heel guards and being monitored on reposition charts. We noted a number of gaps in records which meant we could not see if people were being turned frequently enough. We spoke with staff about this who assured us that people had been repositioned and said that they had forgotten to document this. We discussed with the registered manager the need to maintain reposition charts throughout the day and asked that they refer to the national guidance of the detection and prevention of pressure ulcers in care homes. This includes ensuring people are repositioned or that their pressure is relieved during the day as well as when they are in bed because of the pressure on their sacrum.

Some care plans included the Abbey pain scale tool which was used to help determine if people who lived with dementia and had reduced communication ability, were in pain. This helped staff to provide appropriate care to people who might not be able to communicate their needs.

Through our observations of care we saw people's social needs were met. One person told us, "Church is very important to me, staff get me there every Sunday." Other people said different religious services were held in the home.

We carried out observations on the nursing unit and the dementia unit where people were not able to tell us about their experiences of care. We spoke with people's relatives and staff who told us how people's needs were met. Relatives expressed confidence with staff and named a number of staff who they felt were particularly skilled at motivating and encouraging their family member with their personal care needs.

Records were descriptive and based on people's life experiences which enabled staff to respond appropriately and provide individualised care. For example we sat in the main lounge downstairs and saw different levels of interactions. One person was unable to recall events that had happened recently due to their dementia. They were well supported by staff and visited by family members. Staff had put together a folder which had maps and photographs about significant things in the person's life such as where they were born, where they worked and their family history. We were able to use this information to connect with the person and communicate with them about things they were familiar with. Their care record included a journal which gave us more information about their needs and how they wished them to be met. It told us who was important to them and what they enjoyed doing. This gave us a good insight into their needs.

We observed another person interacting with staff. They had photographs on the laptop and were sharing and discussing them with the person. Other people were sat at a table and engaging with staff, each other and objects of interest. One person was building a tower, another person was responding positively to music. Another person used the reminiscence room and staff told us they went in and arranged the furniture, and sometimes did some dusting in a safe environment. The room had furniture and pictures from the era most people living in the home came from. We saw that people were happy and engaged with staff and their environment. This promoted people's well- being.

The person providing activities had established links with family members and the community at large to help raise funds and increase the opportunities for people to have their social needs adequately met according to their needs.

Good

# Is the service responsive?

They told us they had received training in customer care and had registered as a 'dementia friend,' a national scheme run by the Alzheimer's Society. Its aim was to help increase the general awareness of dementia and how to effectively support people with dementia through friendship.

They told us how they chatted with people to establish their ideas of what they liked to do and then tried to facilitate this in a programme which was tailored to people's individual's needs. They had set up sensory trolleys which provided sensory stimulation for people who had lost some of their other primary senses.

The home had a complaints procedure and people and their relatives knew how to access it. We were told about some concerns and were told the manager was aware of them and was proactive in meeting with families to sort out concerns. No formal complaints had been recorded since the last inspection but the manager held weekly sessions to discuss any care issues people and, or their families had and lessons were learnt from these. Staff told us the manager was approachable and their door was always open. This was echoed by relatives.

Good

# Is the service well-led?

## Our findings

We found that that the manager promoted a positive culture that was open, inclusive and empowering. Staff told us that they felt North Court Care Home was a 'wonderful' place to work. The said that this was because of the professionalism there, the environment, the care given to people, the friendliness and the excellent team work between staff. Staff told us that there was a 'whistle-blowing' policy in place and explained what this meant. Whistle-blowing refers to staff being protected to raise concerns about poor practice within the service where they work.

Staff told us that there were staff meetings and that they found these useful. They said that information about the service was cascaded to them. They said that this 'helped them to keep up to date with what was going on.' Staff told us that they were encouraged to raise any suggestions to improve the service as well as any concerns during the staff meetings.

There were staff satisfaction surveys completed on an annual basis. We saw evidence that any concerns had been acted on. It was also evident that the registered manager listened to any suggestions made by staff in relation to improving the quality of the service and acted upon this as appropriate.

The manager told us that they had an 'open door' policy and we saw evidence of this. A relative we spoke with as well as staff confirmed that they could approach the manager at any time of the day and that they were welcomed to do this.

The registered manager told us that the 'first floor of staff' had recently been awarded a ROCK award for their 'kind hearted and caring approach.' They told us that the ROCK award was a internal honour that specifically highlights the impact that the Provider's employees had made on the lives of the people they cared for. The staff we spoke with said that this made them feel very valued.

The service had also invested in the Pearl award which was a programme designed to support staff in providing care which enriched the lives of people living with dementia. The programme looked at activities and the whole environment people were cared for in to ensure it helped to promote people's well-being. We saw a vast improvement in the range and availability of activities for people living with dementia. The environment was also much improved with mosques on the wall showing what season we are in. The gardens were being revamped to create a sensory garden. There were areas people could go and use which had memorabilia from the past and were in keeping with the era most people were born. Doors were painted different colours to help people distinguish different rooms.

All of the staff we spoke with spoke highly about the registered manager and said that 'things had improved' since the new registered manager came into post. Comments such as, 'they are amazing' and 'they are fabulous' were said.

All of the staff we spoke with told us that they felt well supported by the management team. They said that they received regular supervisions and found these meaningful. Staff told us that they felt encouraged to voice their ideas, suggestions and concerns, and that they were listened to. They told us that this made them feel valued.

During our inspection we saw that the management team were highly visible throughout the home to people who used the service, their relatives and staff. People we spoke with told us that this was usual practice and that it made them feel that the manager cared about the people in the service.

The registered manager shared their aspiration with us for 2015 to continue to improve the quality of the service and to promote inclusiveness. These aspirations had been shared with staff, people who used the service and their relatives. It was evident that the registered manager was forward thinking and placed quality and person experience at the heart of the service.

The registered manager had an audit schedule in place and we saw that this was effective and up to date. The regional manager also completed a monthly audit on specific parts of the service, including, nutrition and bed rail assessments. The results from these were available along with any required actions such as referrals to other agencies.

The last medicines audit had been completed on 8 January 2015. Previous to this it was 5 December 2014. The audit included medicines arrangements in relation to prescriptions being photocopied to the pharmacy before being sent there, MARs, two staff witnessing handwritten transcribing and PRN medicines. We saw that the audit was

Good

# Is the service well-led?

effective, highlighted any discrepancies and addressed these. We also saw that there were frequent 'on the spot 'medicines inspections and audits made by the management team.

Falls were monitored and audited on a monthly basis. We saw evidence that the registered manager took account of any patterns, trends or increases in the number of falls and took appropriate action. This included referring people to the falls team.

We saw that there had been a recent infection control audit that had been undertaken by the house keeper and verified by the registered manager. The report was available for us to read and we noted that any actions had and were being remedied.

Further audits undertaken or schedules to be undertaken by the registered manager included those in relation to nutrition, the environment, maintenance documents, care documents, medication, end of life care and dementia care.

We noted that the registered manager undertook a 'human resource' audit on an annual basis. This helped to ensure that only people suitable to work for the service were employed. This included following the correct recruitment procedures and ensuring that the person had the necessary security checks (DBS). Included in the human resource audit was whether staff had received opportunity for learning as well as their appraisal and supervisions.

The registered manager told us that the provider had sent out annual satisfaction survey questionnaires to people's relatives and that they were waiting for them to be returned in order to analyse the results and implement any required actions.

There was effective working between the service and other health and social care professionals. This helped to ensure that all of people needs were being. Examples included hospital professionals such as consultants and specialist nurses and allied healthcare professionals.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs<br><br>**People were not adequately supported to eat and drink enough for their needs.** |