

# Innovation Healthcare Ltd

# Abbeydale Nursing Home

## Inspection report

10-12 The Polygon  
Wellington Road  
Eccles  
M30 0DS  
Tel: 0161 7072501  
Website:

Date of inspection visit: 22 October 2014  
Date of publication: 28/01/2015

## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

Abbeydale Nursing Home is registered to provide residential and nursing care for up to 24 adults. Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space to the front of the property and a garden to the rear. The home is within walking distance of Eccles town centre and public transport systems into Manchester and Salford. At the time of our inspection there were 16 people staying at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Improvements were required in the way management monitored the quality of services provided. We found

# Summary of findings

limited and ineffective quality assurance systems in place to guide improvements in service delivery. Additionally, improvements were required in the way the service engaged with people and their representatives in relation to the standard of care and treatment provided. We found that no resident or family meetings had taken place and the last time a quality assurance questionnaire had been circulated to people and their families was 2012. This is a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Throughout the inspection we observed people being treated with sensitivity and compassion. The atmosphere in the home was calm, friendly and people were clearly at ease with staff. Staff provided appropriate care to people and it was clear they knew the people they supported and understood their care requirements. The experiences of people who lived at the home were positive. People told us that they or their loved ones felt safe living at Abbeydale Nursing Home.

During the inspection we reviewed how medication was administered and found people were protected against the risks associated with medicines because the home had appropriate arrangements in place to manage medicines.

We found care plans reflected the health needs of each person and all risk assessments were in place. Staff were able to demonstrate a good understanding of each person's needs and the care and support required.

Improvements were required in the way the service demonstrated that people were involved in determining their care and support needs and providing formal consent to the care and support they received. Though people told us that they had been consulted about their individual care needs and had provided consent to the care and treatment they received, this was not clearly documented within the care file.

People told us they were happy with the quality of food and nutrition provided. We observed lunch time and found the food to be both home cooked and appetising.

Links with healthcare professionals was good and who told us the home followed their instructions and advice and delivered appropriate care.

Improvements were required as staff supervision was ad-hoc and inconsistent even though the manager aimed to have staff supervisions every three months. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner.

On the day of our inspection we observed people were appropriately dressed. People were well-groomed and neat and tidy. People's care plans contained instructions on personal hygiene and individual requirements for bathing and showering.

There were no set activity programmes on the day of our visit with most people spending the day watching TV, sleeping in their chairs or speaking to others. Improvements were required to ensure people were physically and mentally stimulated with regard to their individual needs.

It was apparent that the service worked in a successful partnership with other health care services to ensure people who used the service had their individual needs met. This was confirmed by looking at individual care files and speaking to visiting professionals on the day of our inspection.

We were told that handover meetings were conducted at each shift change over. This enabled staff to provide an overview of each person who used the service and highlight any changes to individual needs at the beginning of the shift.

# 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. People who used the service and their relatives told us they or their loved ones were safe at Abbeydale Nursing Home. One person who used the service told us; "I feel very safe here. The staff are always there for us if we need them."

We found appropriate safeguarding procedures were in place. Staff told us they had completed training in safeguarding adults, which we verified by looking at training records. Each staff member we spoke with was able to explain the process they would follow and showed a good understanding of what action they would take if they had any safeguarding concerns.

We found there were suitable arrangements in place to manage risks appropriately. There were a range of risk assessments in place which included nutrition, falls, bed rails, bathing, hoisting and moving and handling. Staff were aware of risks to people and the plans in place to keep people safe from harm.

Good



### Is the service effective?

People and their relatives told us they consented to the care and support that was provided by the service. We witnessed staff seeking consent from people before undertaking any tasks or explaining to people what they needed to do before undertaking that task. However, improvements were required as we did not find evidence within the care files we looked at to demonstrate that formal written consent had been obtained from the person who used the service or their representative.

We found care plans reflected the current health needs of each person. Staff we spoke to were able to demonstrate a good understanding of each person's needs and the care and support required.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found their knowledge was limited and we discussed this with the management who told us that training would be scheduled.

We looked at staff personnel records and found that supervision and annual appraisals were ad-hoc and inconsistent.

Requires Improvement



### Is the service caring?

The service was caring. We observed staff knocking on doors before entering rooms which ensured respect for people's dignity and privacy. One person who used the service told us; "I can't get around very well on my own but they are always there to help me, very thoughtful."

Good



# Summary of findings

Visiting family members told us that staff were very caring and sensitive when dealing with their loved one. One visiting relative told us; "You could not fault the staff here, they are so caring."

People's care plans contained instructions on personal hygiene and individual requirements for bathing and showering. We saw two staff members using a hoist when supporting a person who used the service. They were patient and sensitive and talked the person through the process in an unhurried manner.

## Is the service responsive?

Some aspects of the service were not responsive. From our observation and discussion with people who used the service, activities to stimulate people mentally and physical were limited. Though we saw one person playing a board game with a member of staff the majority of residents sat around watching a TV during the day or sleeping.

We were told that some staff had taken residents out in their own time and that some staff had been trained in delivering wheelchair exercises though there was no evidence of when these events last took place. It was therefore unclear to us the extent and level of stimulation that people received.

In relation to pain control when administering medicines to people who could not communicate, we found there was no documented evidence of the service using any tool for assessing pain or having provided clear guidance to staff when to administer pain relief. However, one staff member we spoke to was able to clearly demonstrate their understanding of non verbal clues in respect of people who could not communicate and described the steps they would take in determining people's need.

## Requires Improvement



## Is the service well-led?

Some aspects of the service were not well-led. Improvements were required with quality assurance systems. We found limited and inconsistent quality assurance systems in place to guide improvements in service delivery.

We found that no resident or family meetings had taken place and the last time a quality assurance questionnaire had been circulated to people and their families was 2012. One visiting relative told us; "I have not done a survey but other people may have. I think it would be a good idea though." It was therefore not clear to us how the service regularly sought the views of people who used the service or their representatives regarding the standard of care and treatment provided.

Staff told us they understood their roles and responsibilities and received the support they required to provide a good standard of care to people and to develop their skills through training. One member of staff told us; "We do get lots of training here which helps us do our job."

## Requires Improvement



# Abbeydale Nursing Home

## Detailed findings

### Background to this inspection

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

This unannounced inspection was carried out on the 22 October 2014 by two adult social care inspectors and a specialist advisor. The specialist advisor was a consultant physician.

Before the inspection, we reviewed all the information we held about the home. On the 15 January 2014 we conducted a responsive inspection at the home following concerns from other health and social care professionals. We judged the service did not have suitable arrangements in place to ensure that people were safeguarded against risk of abuse and records were disorganised and poorly maintained. At our last inspection on the 18 March 2014, we judged the home now met those essential standards.

We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local vulnerable adult safeguarding team, the local NHS infection and prevention control team and NHS Salford Clinical Commissioning Group. We reviewed information sent to us by us by other authorities.

Before the inspection the manager was requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The service have since informed us they did not receive this request.

During our inspection we spoke with six people who lived at the home, five visiting relatives, and six members of staff. We also spoke to five health care professionals who were at the home on the day of the inspection. Throughout the day we observed care and support being delivered in communal areas and also looked at the kitchen, laundry area, bathrooms and people's bedrooms. We looked at the personal care and treatment records of five people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the home.

# Is the service safe?

## Our findings

One person who used the service told us; “I feel very safe here. The staff are always there for us if we need them.” Another person who used the service said “If I press the buzzer someone always comes in very quickly, I hardly need to wait.” One visiting relative told us; “I have complete peace of mind here. I know X is safe here.” Another relative we spoke to said “The staff are very good here. They keep a close eye on things all the time. We have been to see other homes but in the end we decided to come here. There always seems to be staff around.”

Throughout the inspection we observed people being treated with sensitivity and compassion. The atmosphere in the home was calm, friendly and people were clearly at ease with staff. Staff provided appropriate care to people and it was clear they knew the people they supported and understood their care requirements. We saw care staff comforting and chatting to people as they sat in the main lounge. People told us that they or their loved ones felt safe living at Abbeydale Nursing Home.

Staff told us they had completed training in safeguarding adults which we verified by looking at training records. We spoke with six members of staff about safeguarding vulnerable adults and whistleblowing procedures. Each staff member we spoke with was able to explain the process they would follow and showed a good understanding of what action they would take if they had any concerns. This included where to locate appropriate guidance and use of the reporting and recording procedures.

There was a safeguarding adult's policy and procedure in place, which described the procedure staff could follow if they suspected abuse had taken place. The policy also provided an overview of the different types of abuse that could occur such as physical, financial or sexual. The service maintained a record of safeguarding referrals that had been made which we looked at. One member of staff told us; “If I thought something was not right I would be straight in to see the manager.”

We found there were suitable arrangements in place to manage risks appropriately and keep people safe from harm. There were a range of risk assessments in place, which included nutrition; falls; bed; rails; bathing; hoisting and moving and handling. Staff were aware of risks to

people and plans were in place to keep people safe from harm. For example, where people had been identified as being at nutritional risk, referrals and involvement of other health professionals had been clearly recorded in individual care plans.

We looked at how the manager ensured there were sufficient numbers of suitably qualified staff on duty to meet peoples' needs. We looked at rotas, spoke to staff and people who used the service and found there were sufficient numbers of trained staff on duty to provide appropriate levels of care and support for the current numbers of people staying at the home. On the day of our visit there was one registered nurse and four care staff to support the needs of 16 people. In addition there was a cook, a maintenance person and the registered manager who was also a registered nurse. People who used the service, relatives and visiting professionals told us they had no concerns about staffing levels.

We found the home was maintained to a safe standard. During the inspection we looked at checks and maintenance reports that had been undertaken. These included electrical appliance testing; fire alarm system; emergency fire lighting and fire extinguishers. A fire hazard analysis had recently been undertaken and there was an emergency evacuation plan in place to appropriately support people if they needed to be evacuated from the building in the event of a fire. We found the general environment to be safe with medication, store rooms and access to the basement areas locked.

We looked at a sample of staff recruitment files and found each file contained records, which demonstrated that staff had been safely and effectively recruited with appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks having been undertaken and suitable references having been obtained.

During the inspection we reviewed how medication was administered, recorded and stored. We found people were protected against the risks associated with medicines because the home had appropriate arrangements in place to manage medicines. We looked at a sample of medication administration records and found they had been completed correctly.

We found medicines were administered by registered nurses only. We observed nursing staff administering

## Is the service safe?

medication to residents and noticed they stayed with people to ensure they took their medication as required. This ensured people received their medication in line with their prescription.

We found all medicines were stored securely in a metal trolley which was stored in a locked treatment room with controlled access. Controlled drugs were stored securely

within the treatment room. We reconciled the quantities of controlled drugs and found stocks tallied with the records. Where medicines required cold storage, daily records of temperatures were maintained. We found there was a medicines policy in place which included guidance on roles and responsibilities, administration and disposal.



# Is the service effective?

## Our findings

People and their relatives told us they consented to the care and support that was provided by the service. We witnessed staff seeking consent from people before undertaking any tasks or explaining to people what they needed to do before undertaking that task. However improvements were required as we did not find evidence within the care files we looked at to demonstrate that formal written consent had been obtained from the person who used the service or their representative. We could therefore not be sure that people or their representatives had fully consented to the care and treatment they received.

We found care plans reflected the current health needs of each person. Staff we spoke to were able to demonstrate a good understanding of each person's needs and the care and support required.

It was apparent that the service worked in successful partnership with other health care services to ensure people who used the service had their individual needs met. GP and other health care professional appointments and visits were recorded in care plans demonstrating a multi professional approach to providing care for the individual. A visiting GP told us that they had no concerns about the care provided, that the nurses seemed competent and that the end of life care was good.

We found that appropriate referrals had been made to other health professionals to meet the specific needs of people. On the day of our inspection we spoke to five visiting health professionals all of whom spoke favourably about the effectiveness of care provided. Comments included; "For the most part instructions are followed very well. No concerns about the safety of residents the nurses are very cooperative." "My experience is that recommendations are followed and I have no concerns." "Generally no concerns about the quality of care delivered."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the

person's rights and freedoms. Care home providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

We saw there were procedures in place to guide staff on when a DoLS application should be made. The home had also recently worked in partnership with the local authority in obtaining a Deprivation of Liberty Safeguard authorisation to ensure a vulnerable person remained safe at the home by preventing them from leaving the home unaccompanied. We looked at a risk assessment that recorded the steps taken to support the person and to reduce the risk of them leaving the building on their own, which included half hourly checks. We checked records to confirm that half hourly checks had been undertaken and were recorded accurately. The home was able to demonstrate through hand-over sheets that all staff had been informed of the needs of this person and the steps required to ensure they were safe.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found their knowledge was limited and we discussed this with the provider and manager who told us that training would be scheduled.

We looked at staff personnel records and found that supervision and annual appraisals were ad-hoc and inconsistent, even though the manager aimed to have staff supervisions every three months. We found that only three members of staff had received supervision since our last visit in March 2014. Supervisions and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. The manager told us that the service was about to undertake annual appraisals. One member of staff told us; "We do have supervisions but they are not regular. Same with staff meetings, we have them but not all the time but we do have handovers every day which is a sort of a meeting."

We looked at training records, which indicated staff had undergone recent training in respect of infection control, manual handling, first aid and fire safety. Staff told us they were encouraged and supported by the manager to gain further social care qualifications. New staff underwent a period of induction training, which included a set learning programme and shadowing senior staff before providing care and support on their own.



## Is the service effective?

People told us they were happy with the quality of food and nutrition provided. We observed lunch time and found the food to be both home cooked and appetising. We found the atmosphere to be both calm and relaxed. We saw people were encouraged to be independent when eating their meals, though support was given where needed with eating and drinking.

It was clear from speaking to the cook that they knew people's food preferences. They told us; "I make them whatever they want and I sit with them at meal times." The meals were not rushed and people were provided with appropriate support and hydration. We looked at a four weekly cycle for menus; these showed people were offered a range of meals and a choice of food at each meal time.

Two people who used the service told us; "The food is always nice and we get plenty. If you want some more or you feel like something different you can ask. We get a good choice," and "We get plenty of drinks in between

meals, you only need to ask and they sort it out for you." One visiting family member said "My X has got to have a soft diet and he always enjoys it, he always finishes the meals which says a lot."

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that people who were assessed as being at nutritional or hydration risk, had the relevant fluid balance and food charts in place and we saw that these were completed appropriately. Where one person required Percutaneous Endoscopic Gastrostomy (PEG) feeds, we found the appropriate equipment was in place and that feeds were stored safely in the treatment room. People were referred to dietitians and Speech and Language Therapists (SALTs) when needed. Guidance from professionals was recorded in people's care records, which ensured staff had information about how to support people with their nutrition and hydration needs.

# Is the service caring?

## Our findings

People were supported by staff who were kind and compassionate that upheld their dignity. We observed staff knocking on doors before entering rooms which ensured respect for people's dignity and privacy. Staff responded to call bells quickly which we observed and was confirmed by several people who we spoke to. One person who used the service told us; "I can't get around very well on my own but they are always there to help me, very thoughtful." Another person who used the service said "The care staff are always helping someone, they don't get a chance to sit down sometimes."

We saw there were adequate numbers of staff supporting people with their needs in a patient and unhurried manner. Visiting family members told us that staff were very caring and sensitive when dealing with their loved one. Comments included; "You could not fault the staff here, they are so caring." "We have no issues with the staff, they are marvellous." "Abbeydale was recommended to us, we heard some very good reports about it and the carers." It was apparent that staff knew the people they supported and their individual needs.

People's privacy was respected at all times. We saw people were able to spend private time in their bedrooms if they wished. Family members told us there was no restrictions on when they could visit and were always made to feel welcome whatever time they visited.

On the day of our inspection we observed people were appropriately dressed and who told us they had been able to choose their own clothes. People were well-groomed and neat and tidy. People's care plans contained instructions on personal hygiene and individual requirements for bathing and showering. We spoke to one member of staff who told us; "I think we all do our best and that's all you can ask."

We saw two care staff members using a hoist when supporting a person who used the service. They were patient and sensitive and talked the person through the process in an unhurried manner.

We found care files contained evidence of advanced care planning discussions with the person or their representatives to determine the way they would like to be cared for at the end of their lives. Care files were person centred and clearly reflected people's preferences and choices.

From our observations and speaking to people, care plans and risk assessments had been drawn up in consultation with each person or their representatives. We witnessed an initial assessment being undertaken in a private corner in one of the lounges by a member of staff involving the person who intended to use the service and their family. The person was clearly consulted about their needs and it was apparent they were actively involved in making decisions about their care and treatment, which was recorded by the member of staff.

# Is the service responsive?

## Our findings

We spoke to two people who used the service and asked them how responsive the service was to their needs. One person told us; “When I press my call bell someone comes almost straight away.” Another person who used the service said “I have not had any reason to complain but if I did I would talk to one of the staff, they are all very nice with us.” We asked two visiting families their view. One relative said “We did complain about the food, mainly the portion sizes, but overall everything else seems to have been OK.” Another visiting relative said “The manager has told us if we have any issues to see her. We hear people asking for things during our visits and someone always goes over to them to see what they need.”

We found people were provided with information they needed to help them to make decisions and choices about the care they received. The home undertook an initial assessment prior to admission involving the person and their family to determine what the person’s individual needs were. This assessment was used to inform a decision about whether the home could meet the person’s care and support needs. The manager informed us of a recent assessment undertaken where it was decided that the home could not cater for the needs of the individual. This was due to the person being at high risk of falls, which the manager did not believe they could manage effectively in that instance. This demonstrated that the initial assessments were being used to ensure the service could meet people’s needs effectively.

During our inspection we looked at a sample of five care files of people who used the service. We found people’s needs were assessed and care and support was planned and delivered in accordance with people’s wishes. We saw comprehensive assessments of need had been carried out by staff and appropriately recorded in care files with clear instructions as to the level of care and support needed by the person. For example, in relation to personal hygiene around bathing and showering, we saw clear instructions about the care required and the number of staff required to support the person during that task.

From our observations and discussion with people who used the service, activities to stimulate people mentally and physical were limited and ad-hoc. Though we saw one person playing a board game with a member of staff the majority of residents sat around watching a TV during the

day or sleeping. We saw regular engagement between staff and people who used the service throughout the day. However, there was no set activity programme in the home on the day of our inspection and though the manager told us people were individually taken out and organised activities were occasionally undertaken, these details were not recorded.

We were told there had been a gardening activity the previous day, which was confirmed by one person who said they really enjoyed it. We were told that some staff had taken residents out in their own time and that some staff had been trained in delivering wheelchair exercises, though there was no evidence of when these events last took place. Improvements were required as it was therefore unclear to us the extent and level of stimulation that people received.

People who used the service and their representatives were able to confirm that they felt able to influence their own care and the running of the home by directly speaking to staff or the manager about issues. We found that no resident or family meetings had taken place. In absence of resident and family meetings, the manager showed us letters sent to family members asking whether such meetings would be beneficial. The general response was that they were not required. Improvements were therefore required as it was not clear to us how the home listened to and responded to people’s concerns about the service and how improvements were made.

We looked at the complaints policy and procedure which was also displayed in the home. We noted no formal complaints had been made in 2014. All the people we spoke to were aware of who and how they would raise any concerns or complaints. They stated they would either speak directly to the manager or staff about any concerns and were confident matters would be addressed.

In relation to pain control when administering medicines to people who could not communicate, we found there was no documented evidence of the service using any tool for assessing pain or having provided clear guidance to staff when to administer pain relief. However, one staff member we spoke was able to clearly demonstrate their understanding of non verbal clues in respect of people who could not communicate and described the steps they would take in determining people’s need.

## Is the service responsive?

**We recommend that clear guidance is provided to staff when administering pain relief to people who lack capacity.**

# Is the service well-led?

## Our findings

We found there were limited and inconsistent quality assurance systems in place to guide improvements in service delivery. We looked at care plan audits undertaken by the provider to review the standard and content of care records.

The manager told us daily checks were undertaken for medicines, however these were not recorded and we did not see any evidence that regular auditing of medicines were undertaken by the service.

When we looked at a number of equipment and environmental cleaning audits relating to the cleanliness of hoists, wheelchairs, mattresses, shower, toilets and lounge chair cleaning schedules, we found these had not been effective. Improvements were required as the most recent checks recorded were undertaken in April and June 2014. In the case of toilet cleaning checks, the last recorded entry related to December 2013.

We also found that several bedrooms and various areas of the home such as the ground floor rear corridor had noticeable unpleasant odours which had not been identified through any auditing, though staff we spoke to were aware of the concern. We spoke to the provider about this concern and was assured that immediate steps would be taken to address the smell. We spoke to the manager about our concerns at the lack of effective audits to monitor the quality of services. They acknowledged the audits had not been undertaken consistently

We found that no resident or family meetings had taken place and the last time a quality assurance questionnaire had been circulated to people and their families was 2012. One visiting relative told us; "I have not done a survey but other people may have. I think it would be a good idea though." It was therefore not clear to us how the service regularly sought the views of people who used the service or their representatives regarding the standard of care and treatment provided. These were breaches of Regulation 10 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that accident and incidents were correctly recorded with corresponding entries made in individual care files detailing any action taken. One incident related to the need to fix bed rails in position to minimise further risk.

The manager told us handover meetings were conducted at each shift change over. This enabled staff to provide an overview of each person who used the service and highlight any changes to individual needs or any issues at the beginning of the shift. One member of staff told us; "We have staff handovers every day and if there are any problems then we are made aware of them, which is important."

The service had a registered manager in place who was present throughout our inspection and was joined later by the provider. The manager informed us that they were able to undertake a supernumerary role, which was divided between management and nursing duties. When undertaking management duties a nurse was always on duty which meant staff always had someone to consult with when seeking advice or dealing with an emergency.

During our inspection we noticed the manager was very visible on the floor, and was available to advise and provide support to staff and clearly knew each person who used the service. One person who used the service told us; "The manager is really good. She is around all day, in and out asking if we are OK". Another person said "The staff talk to us every day and if we ask for anything then they sort it out for us."

Care staff told us they understood their roles and responsibilities and received the support they required to provide a good standard of care to people and to develop their skills through training. One member of staff told us; "We do get lots of training here which helps us do our job." Another member of staff said "I know in the past we have suggested different things and the manager does listen, if it's going to improve the care then why not." The manager told us; "Making sure everyone is up to date with their training is very important, things are changing all the time." We were able to verify this by looking at the training records.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person did not have effective systems in place to monitor the quality of the service delivery and to seek the views of people in relation to standard of care and treatment provided.</p>