

Highfields Limited

# Highfields Nursing Home

## Inspection report

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26 September 2023  
27 September 2023  
10 October 2023

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Highfields Nursing Home is a residential care home providing personal and nursing care for 27 people aged 60 and over at the time of the inspection. Some people living in the service live with dementia. The service is registered with the Care Quality Commission for up to 42 people. Highfields Nursing Home accommodates people in one adapted building over 2 floors. There were communal lounges and dining facilities for people within the service.

### People's experience of using this service and what we found

Infection control standards were poor due to the lack of robust cleaning processes. There was a lack of provider checks on cleaning, equipment and environmental safety.

Medicines management and administration was not always safe. Medicines audits to identify errors, staff training and competency were out of date.

Quality monitoring processes and systems in place were not up to date and there was a lack of ongoing improvement in place.

Records relating to people's care contained information and guidance to enable staff to provide the safe care and support people required. Risk management was in place for people who were at a high risk of falls and who may present a risk to others from their behaviour.

Staff knew people well and showed kindness and compassion towards people. We received positive feedback from relatives and visiting professionals about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 October 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been rated requires improvement for the last 7 consecutive inspections.

We will describe what we will do about the repeat requires improvement in the follow up section below.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The inspection was prompted in part due to concerns received about shortfalls in responsiveness to people's health care needs and effective working with health partners. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We carried out an unannounced inspection of this service on 26, 27 September and 10 October 2023. At our last inspection, breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfields Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the administration of medicines and infection and prevention control measures; Regulation 12 (Safe Care and Treatment), the failure to ensure people were protected from the risk of harm and abuse, Regulation 13, (Safeguarding); systems and processes to monitor the quality of care, Regulation 17 (Good Governance) ; the failure to ensure staff were suitably trained and competent, Regulation 18 (Staffing) this inspection.

The provider has taken prompt action to mitigate the risks identified at inspection and has provided evidence of improved processes and risk management which they are implementing. We will review this at our next inspection.

Please see the action we have told the provider to take at the end of this report.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.



## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement**



### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good**



### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# Highfields 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 3 inspectors and 1 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.

#### Service and service type

Highfields Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highfields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 September 2023 and ended on 10 October 2023. We visited the location's office/service on 26 and 27 September and 10 October 2023.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted Healthwatch for information they held on their database about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection.

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 10 members of staff including the operations manager, registered manager, deputy manager, registered nurses, 1 care coordinator, carers, domestic staff, laundry staff and the cook. We reviewed a range of records. This included 6 people's care plans, multiple medicines charts, staffing rotas and meetings records. We reviewed recruitment records of 4 staff and supervision and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection.

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and supplementary documentation sent to us by the provider.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant 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.

At our last inspection the provider had failed to identify lessons learned, which meant people were at risk of avoidable harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst improvements had been made to accidents and incidents management, further improvements were required to the oversight of the service and the provider remained in breach of Regulation 17. Please see the 'well led' section of this report.

### Learning lessons when things go wrong

- Systems and processes to review incidents and analyse these to reduce further re-occurrence were ineffective. This meant the service had not embedded learning from events and taken robust action to improve quality and safety.
- For example, the provider had failed to ensure actions from their service improvement plan had been implemented to ensure people were protected from health and safety risks related to the environment.

### Using medicines safely

- Medicines were not received, stored and administered safely. Staff involved in handling medicines had not received recent competency checks around medicines.
- Prescribed creams containing medicine were left in people's bedrooms. The labels were not readable and the risk of these being applied to the wrong people or a person ingesting these was high. We asked the registered manager for these to be stored securely after the first day of inspection. We checked and this had been completed when we returned on day 2.
- Medicines prescribed 'when required' (PRN) did not consistently have an associated protocol that provided staff with guidance in relation to safe administration. One person had a (PRN) that was an epilepsy rescue medication. However, staff were not trained to administer this medicine. This put people at risk of not having their health needs effectively managed.

After the inspection, the provider ensured the appropriate staff were trained and assessed as competent to support people with their medicines.

- Some medicines administration records we reviewed were inaccurate, with entries overwritten by staff. The provider responded to this immediately after our inspection by carrying out a full audit of medicines documentation.
- Photographs on people's medicines profiles were current and their allergies were clearly recorded at the



front of the files. Medicines care plans for people gave clear information for staff to follow.

### Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. We found significant areas of concern in relation to poor infection control practice at the service, placing people, relatives and visitors to the service at risk of exposure to infection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Areas of the home were in a state of disrepair meaning it could not be cleaned effectively. The home was visibly dirty in parts, with stains and malodour observed on some carpets, flooring, and mattresses.
- We were not fully assured the provider was supporting people living at the service to minimise the spread of infection. Due to the lack of robust implementation of infection prevention and control practices at the service.
- We were not fully assured that the provider was responding effectively to risks and signs of infection. We found multiple items of prescribed pressure relieving equipment which were soiled and not marked for specific people's use throughout the service. The provider audits had failed to identify these as a risk to people.

The failure to ensure the administration of medicines and infection and prevention control measures were effectively managed increased the risk of harm. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach to infection prevention and control. We shared our concerns found following the inspection with the local Infection Prevention and Control Team.

### Visiting in care homes

The provider facilitated visits to the service in accordance with current government guidance. There were no restrictions to visiting for people or their relatives.

### Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse. We observed an interaction between a person and a staff member during lunch on day 2 of our inspection. The person was spoken to disrespectfully by the staff member. The registered manager reported this to the safeguarding team and commenced an investigation once we raised this with them.
- We observed one person being moved inappropriately by a staff member during the inspection. The personal care records were not correctly documented by the staff member at the time and the necessary welfare checks of the person did not occur at the time of the incident. This placed the person at risk of harm. The registered manager was responsive to the concerns raised by the inspection team and worked with the local authority safeguarding team to investigate the incident.

The provider had failed to ensure that systems and processes were operated effectively to safeguard people

from the risk of abuse. This was a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed training in safeguarding adults. Staff we spoke with knew how to recognise and protect people from the risk of abuse.
- The registered manager worked with the relevant safeguarding team at the local authority to ensure enquiries were investigated appropriately when an incident occurred.

#### Staffing and recruitment

- Staffing levels were set according to people's dependency needs to ensure that people were supported safely. People were supported by a sufficient number of staff, as reflected in their risk assessments.
- We found staff had been safely recruited with appropriate references and disclosure and barring service (DBS) checks in place prior to their appointment. This means that the registered manager could be assured that people were protected from the risk of potential abuse from unsafe staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- Risk assessments and care plans for people were personalised and had been regularly reviewed.
- Risk management was in place for people who were at a high risk of falls and who may present a risk to others from their behaviour. Staff understood how to support people to reduce these risks.
- Risk assessments relating to the environment were centrally located for use in the event of an emergency. They included Personal Emergency Evacuation Plans (PEEP's) and documents relating to the fire floor plan of the building.
- We observed people who required supervision at all times in communal areas due to their identified risks were receiving this level of support from staff.

# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the previous inspection, we found concerns relating to the cleanliness and environment of the service. At this inspection, we found the provider had failed to maintain quality standards of the service across all areas. We have reported on this further under the 'safe' and 'well led' sections of the report.
- The maintenance person had created a locally themed interior to support people living with Dementia or those people who used non-verbal ways to communicate. This included brightly coloured walls with historic photographs of transport, industry and the local football clubs. We saw people enjoyed looking at these and talking with staff about their memories.

Staff support: induction, training, skills and experience

- Clinical staff had not received training or competency checks in subjects which covered specific areas of people's identified health needs. Training records showed clinical staff had not received training to support people with catheter care, syringe drivers and the administration of epilepsy medicine. The provider took action after our inspection to ensure training was sought for staff, and alternative nursing provision was put in place for people in the interim where this was required.
- Staff had not received all of the training necessary for their roles. The provider had not ensured staff had received competency checks and supervision necessary for their roles.
- Staff had completed safeguarding adult's training. However, some staff were not implementing their learning, along with manual handling training and the observed inappropriate handling on inspection.
- Agency staff had not received a robust induction to the service, including information on codes for the doors and expected standards of care and quality. This left people at risk of harm from poor staff practice. These standards had not been monitored by the provider.

The provider had failed to provide sufficient numbers of competent and trained staff, which increased the risk to people's safety. This was a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were developed and regularly reviewed for each identified need people had, with clear guidance for staff to follow on how to meet those needs. One staff member told us, "The care plans are detailed and written the way the person would say it themselves."
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met. This was recorded in people's

care plans and staff understood the importance of this to each person they supported.

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

- The service had a clear system in place for staff to follow to ensure people with specific dietary requirements or with a risk of choking were provided with appropriate meals.
- The cook was passionate about ensuring people received good food and nutrition to support their health. The cook told us, "Eating well is so important for improving peoples' mobility by increasing muscle tone."
- Staff understood people's dietary needs well, and provided discreet support for people with their meals where this was required.
- One staff member told us, "The [residents] are everything. We do our best to make sure they are putting on weight. I ask the cook if I am worried about someone to keep a special eye on them and make sure we are fortifying everything."
- People were weighed regularly, to ensure they maintained a healthy weight. The registered manager audited the records regularly to identify any concerns and refer people to health teams as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were attentive to people's health needs, we saw from records the service had identified when people required support and arranged for people to access a range of healthcare professionals; including GPs, dentists, opticians, dieticians and health team specialists when they needed them.
- We saw the service were working in partnership with visiting health and social care teams to ensure people received timely intervention. In relation to staff skills, one staff member told us, "The nurses look after the clinical aspects of peoples' care and that's how it should be."
- One visiting health professional we spoke with told us, "The service were, 'on the ball' with seeking advice and support in regard to end of life care, dietary support and wound care support."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people well and understood their individual support needs and routines.
- People were assisted by staff in a patient and respectful way. All of the people and relatives we spoke with were complimentary about the staff team in regard to their kindness and approach towards people.
- One person we spoke with said, "Everyone looks after me very well."
- A relative told us, "The staff are angels, they go above and beyond for my family member."

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

- People, and those who were important to them were involved in their care planning and reviews.
- Information on advocacy services was displayed and available for people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Our observations of staff interactions with people confirmed this.
- People were supported sensitively when needing more assistance to keep them safe. Staff discreetly respected people's personal space.
- Records were stored safely maintaining the confidentiality of the information recorded.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. We saw that people's interests and life histories had been explored within their care plans. We were assured that people's preferences had been fully considered.
- People and their relatives had been involved in reviews of their care. We saw care plans and decisions for people were regularly reviewed with the involvement of relatives and relevant external teams.
- People's care plans included their individual preferences and interests. We saw people being offered a choice of food and drinks at mealtimes. Pictorial guides were available for people to enable them to make meal choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service used a range of methods to support people who did not have English as their first language or who may live with communication challenges. Staff had learned specific phrases or signs to enable them to communicate with people in a way which suited them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff engaged with people in a meaningful way. The registered manager had employed an Activity Co-Ordinator who offered people a range of activities tailored to their needs and interests.
- The service had engaged a therapy dog to support people. We saw the positive impact this had when people who experienced challenges with communication were sitting with the therapy dog. One person was observed to 'light up' and smile broadly when they were engaged in physical contact together. All of the staff told us how beneficial this was for people.
- Staff showed they understood the past history, likes and dislikes and care needs of people. We saw this information was recorded in people's care plans.

Improving care quality in response to complaints or concerns

- People, relatives and staff told us they could raise concerns with the registered manager or deputy and felt confident they would be addressed.

- One relative told us, "I would speak to the registered manager or deputy If I needed anything extra."
- We saw evidence of regular meetings being held for staff, residents and their relatives. The registered manager used the meetings to ensure improvements were made to the service.

#### End of life care and support

- Care plans were in place for end of life care and included details on people's last wishes and funeral arrangements. Records we viewed contained detailed information about how to support people as they wished at the end of their lives. Advanced decisions were clearly documented for people. This meant staff had relevant information to ensure people's last wishes were upheld.
- Staff we spoke with were aware of people's Do Not Attempt Resuscitation (DNAR) decisions. The service had relevant DNAR information stored centrally for emergency services to access.

# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes to monitor the quality of care and monitor staff performance were not being followed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was ineffective monitoring of the environment and the potential impact of this increased risk to people. There was an area of mixed floor coverings which created a significant falls risk to people living with dementia, cognitive impairment, sensory loss or limited mobility. The provider had failed to address this action following our previous inspection.

We raised this with the provider on day 1 of our inspection. The provider responded immediately during and after the inspection. They confirmed all the actions from the service improvement programme had been completed.

- Although provider and management audits were in place for all aspects of service delivery; these audits were not used effectively to drive improvements throughout the service. The provider and registered manager had failed to ensure they were monitoring and improving quality where any shortfalls were identified.
- The provider and registered manager had failed to identify that staff responsible for the management and administration of medicines had not completed the necessary training. The audits in place to monitor training were ineffective and placed people at risk of not receiving their medicines safely.
- One staff member felt that clinical learning could be improved. They told us, "Communication is generally very good, but I would like more learning lessons with the other nurses, we don't generally get that."

Systems and processes to monitor the quality of care and monitor staff were not being followed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the shortfalls identified on Day 2, the registered manager completed reflective learning sessions with staff related to safeguarding, manual handling and undignified care practices. Staff told us this had



helped them to reflect and improve their knowledge and understanding.

- Falls risk management was now effectively monitored within the service. Analysis of incidents for themes and trends had been completed by the registered manager. This information was used to update people's risk assessments and inform staff deployment within the service.
- Wound management records were accurately maintained by the clinical team and audited by the registered manager. These were used to ensure effective support was provided in line with advice from professional teams.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities to be open and honest, and we saw from records the registered manager informed relatives if accidents or incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw evidence of regular staff meetings; staff were able to suggest agenda items. A staff member we spoke with told us they felt able to raise concerns, and they would be listened to.
- One relative spoke positively of the support offered to their family member at the service. They told us how well staff understood their relatives needs and the registered manager was always available to talk to.
- People, relatives and staff told us they were given the opportunity to suggest changes or improvements for the service. One staff member told us, "I just like it here, it's a lovely place to work, it's very busy but it is my happy place."
- One staff member told us, "It is calm here, I feel supported." Another member of staff told us how supportive the registered manager was.

Working in partnership with others

- The service worked in partnership with appropriate health and social care professionals. We saw from records that people had been referred in a timely manner when a specific health or social care need had been identified.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The failure to ensure the administration of medicines and infection and prevention control measures were effectively managed increased the risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that systems and processes were operated effectively to safeguard people from the risk of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Failure to provide sufficient numbers of competent and trained staff, increased the risk to people's safety. Regulation 18, (1) (2) (a) (b)

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to monitor the quality of care and monitor staff performance were not being followed. This placed people at risk of harm.

### **The enforcement action we took:**

Warning Notice issued to the provider