

Four Seasons Homes No.4 Limited

Marquis Court (Tudor House) Care Home

Inspection report

Littleworth Road
Hednesford
Cannock
Staffordshire
WS12 1HY

Tel: 01543422622
Website: www.fshc.co.uk

Date of inspection visit:
30 October 2018

Date of publication:
06 December 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on the 30 October 2018 and was unannounced.

Marquis Court Tudor House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 52 people in one adapted building, arranged over two floors. There is a floor for residential care and a floor for nursing care. At the time of our inspection, there were 31 people living there, some of whom were living with dementia. There is a communal lounge and separate dining room on each floor and a small garden area to the front and side of the home.

There was a registered manager in post. They were unavailable during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we asked the provider to take action to make improvements to staffing within the home. At this inspection the provider has not made the necessary action.

There were not enough staff available for people and they had to wait for support. We raised this as a concern at our last inspection and the provider has not taken the necessary action to comply with this regulation. This is the fifth consecutive time this service has been rated as requires improvements.

The lack of staff in the home meant people were not always encouraged to be independent or supported in a kind and caring way. This was because staff were rushing and did not always have time to spend with people to ensure they received the support they needed. This included a condition of one person's DoLS authorisation not being met. We also found people's capacity had not always been assessed when needed. At this inspection people are not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service do not support this practice

People felt there could be more to do in the home and there was not always the opportunity for people to participate in activities they enjoyed. People did not always receive care that was responsive to their needs and care records were not always accurately completed.

People were happy with the staff that supported them and the provider had ensured they were suitably recruited. Staff understood safeguarding and how to protect people from potential harm. People were encouraged to make choices and their privacy and dignity was considered. People were happy with the food and drink that was available. There were infection control procedures in place and these were followed.

Risks to people were considered and reviewed and medicines were managed in a safe way. Staff received an induction and training that helped them support people. The home was decorated in accordance with people's needs and preferences.

Staff offered consistent care and knew people well. When people complained they were happy with the outcome, there were complaints procedures in place that the provider followed. People were supported to access health services when needed. Staff felt listened to and knew who the registered manager was. Relatives and friends could freely visit the home. The provider worked jointly with health professionals who came into the home. The provider was displaying their rating in line with their requirements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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.

There were not always enough staff available for people and they had to wait for support. Risks to people were managed in a safe way. Staff understood safeguarding procedures and how to protect people from potential harm. The provider had ensured staffs suitability to work within the home. Medicines were managed in a safe way. There were infection control procedures in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Capacity assessment were not always in place when needed and conditions on people's DoLS were not always being met. Staff received training and an induction. People enjoyed the food and drink and were offered a choice. People had access to health professionals when needed and home was clean and decorated in accordance with people's choices and needs.

Requires Improvement ●

Is the service caring?

The service was not always caring.

As staff were rushing they did not always have time to spend with people. Peoples independence was not always encouraged. People's made choices about how to spend their day and their privacy and dignity considered. Relatives were welcomed into the home.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People felt there could be more to do and there was a lack of activities within the home. Care records were not always accurately completed and care was not always responsive to people's needs. Staff knew people well. There was a complaints procedure in place and complaints were responded to in line with this.

Requires Improvement ●

Is the service well-led?

The service is not always well led.

The service has been rated as requires improvement on five consecutive occasions and remains in breach of regulations. The provider had not taken action to ensure there were enough staff available in the home for people. There were systems in place to monitor the quality within the home and when needed action was taken. The provider sought the opinions of people who used the service and used this to make changes. Staff felt they were supported and had the opportunity to raise concerns.

Requires Improvement 

Marquis Court (Tudor House) 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 visit took place on 30 October 2018 and was unannounced. The inspection visit was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons must tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority for any feedback they had on the home. We used this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with six people who used the service, three relatives or visitors, three members of care staff and the nurse on duty. We also spoke with the deputy and regional manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for seven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment records.

Is the service safe?

Our findings

At our last inspection we could not be assured there were always sufficient staff to provide timely care that ensured people were protected from avoidable harm. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the same concerns. Safe remains rated as requires improvement.

There were not enough staff available to offer support to people. One person said, "No we've never got enough staff." Another person told us, "I don't think there is you know. [Enough staff]. They all seem okay but I do think they are all run ragged." On the nursing floor we saw for long periods of time staff were not available to offer support to people in communal areas. This was because staff were supporting other people in their bedrooms. For example, the deputy manager and staff told us that staff should be present 'in or near' communal areas so that people could summon help if needed, as people could not always access call bells. We saw there were four or five people in the nursing lounge during the morning of our inspection. Between 09.37 and 11.40 staff passed through the lounge on seven occasions, however they did not provide any support or lengthy interactions with people on these occasions. There were long periods of time [40 minutes on one occasion], where there were no staff available for people, should they need assistance. When we discussed this with the management team they told us the nurse would base themselves in the office which was near to the communal area, so that people had support if needed. However, we observed this did not always happen as they were completing other tasks such as medicines and supporting the GP. This meant there were not always staff available for people.

On the nursing floor the deputy manager and staff told us there were 16 people who needed two staff to support them with personal care and to mobilise. On the day of our inspection there were three care staff available to complete this. At 11.05 staff told us three people were still waiting for support to get out of bed as they had not been able to offer support to these people as yet. It was after mid-day when all people had received the support they needed.

At meal times we saw people did not always receive the support they needed and people had to wait. On the residential floor, we saw the first person received their meal at 12:35, the last person in the lounge did not receive their meal until 13:05, meaning they waited a further half an hour. Most people in this area had finished eating their meal during this time, some had started their desserts. We spoke with staff and they told us this was because other people were being supported during this time. On the nursing floor we saw one person who needed encouragement to eat and drink did not receive this as staff were busy with other people. We saw they were offered two breakfasts which they did not eat, staff took this from the person without offering any support or encouragement.

Another person had a DoLS authorisation in place. There was a condition on this DoLS authorisation to ensure they went outside each day. It was also to be documented when this had happened. We checked records and did not see any documentation to confirm when this last happened. Staff we spoke with were aware of this condition, however told us due to the lack of staff in the home this did not always take place. One staff member said, "I know [person] should go out, but half an hour out is half an hour care missed for

other people." This meant there were not enough staff available to ensure the conditions of this person's DoLS authorisation were met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The deputy manager explained how staffing levels were calculated using a dependency tool and showed us that the required staffing numbers were being met. However, on checking the staff rosters we found that on a number of occasions, they did not always reflect the dependency tool and the amount of staff that had been needed. For example, we checked the rota from 15-28 October 2018 out of the 28 day shifts during this period on 20 occasions there were not the correct amount of staff the provider told us they needed. Staff raised concerns with us about this. One staff member said, "We are rostered for three people but if someone rings in sick we drop below. It's very heavy and busy on the floor." This meant that the provider had not ensured people were always supported by sufficient staff. We raised this as a concern at our last inspection.

As at our last inspection we found the dependency tool was not consistently completed. At this inspection we found the same concerns. People's care needs did not always match those shown on the dependency tool. For example, one person was in receipt of end of life care, the dependency tool had not considered the changes to this person's needs and they were recorded as 'low' need in this area.

This is a continued breach of Regulation 18(1) of the Health and Social Care Act (Regulated Activities) regulations 2014.

People told us they felt safe living at Tudor house. One person said, "Yes, you've got two doors and they are always locked. Some of the staff know I smoke so I have to go out. They ask if I want them to come with me. That's good." Risks to people had been considered and risk assessments were in place. When incidents had occurred within the home, risk assessments had been reviewed to consider if changes were needed. For example, when people were at risk of falls. When people needed equipment to mobilise or transfer, this had been maintained and tested to ensure it was safe to use.

People had plans in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "If I saw something, I would report it to the senior or management and write it down in the care plans. The management would address it. If not, I know about whistleblowing." Another staff member said, "I have done safeguarding training. It is protecting people from any kind of abuse." Procedures were in place to ensure any concerns about people's safety were reported appropriately and we saw when needed these procedures had been followed.

Medicines were managed in a safe way. When asked if people receive their medicines on time one person said, "Yes most of the time." Another person told us, "Yes I know what I take [and then listed the medicines]." We saw staff administering medicines to people and they stayed with them ensuring they had taken them. We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people received medicines on an as required basis we saw there was guidance in place for staff to follow. When people had covert medicines, we saw there were procedures in place for this. Covert medicines are the administration of medicines in a disguised form. We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks

associated to them.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. The provider also completed an audit in relation to infection control and we saw when needed, action was taken to make improvements. There were housekeeping staff who were cleaning communal and individual's areas during our inspection to ensure the environment was clean and maintained.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for three staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. When potential risks had been identified, the provider had systems in place to mitigate and review these risks to ensure people were safe. The provider had also ensured the suitability of agency staff who worked in the home and there was a system in place to ensure nurses held the relevant qualifications.

Is the service effective?

Our findings

At our last inspection we found people did not get the support they needed to manage their dietary needs. At this inspection we found improvements in this area. We found people's weight was monitored and when concerns had been identified incident forms had been filled in so that action had been taken. We saw referrals had been made to GP and dieticians when needed, and care plans and risk assessments were updated to reflect this. However, we found further areas where improvement was required. Effective remains rated as requires improvement.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

As noted in safe, due to the lack of staff in the home the conditions of one person's DoLS was not being met as there was not always staff available to take this person out in the garden as required. When restrictions were placed upon other people the provider had considered this and made the relevant referrals for these to be considered.

For some people we saw the principles of MCA had been considered. We saw there were individual capacity assessments in place. Decisions had been made in people's best interests and there was evidence to show these were the least restrictive options. However, for other people the principles of MCA had not always been followed. For example, one person liked to access the outside areas, however due to the risks staff had identified, they were supervising this person when they went outside. The provider had considered this to be a restriction for this person and told us they had considered a DoLS application, however there was no capacity assessment in place to consider if this was needed.

Staff knew people well and were provided with an induction and training. One staff member who had recently started working at the home told us, "I had an induction and I had moving and handling training. The manager is putting on other training." They told us they had found this helpful. Other staff told us they received ongoing training and had the opportunity to have updated training in key areas such as infection control and fire safety.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation for example; when people used a specific medical device, we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies so that staff had information available about the specific conditions and equipment.

People enjoyed the food and were offered choices. One person said, "It's quite good actually now. There was a spell when it wasn't very good but it's got better again now." Another person told us, "Yes, there's usually a choice of two and I just pick what I want." At breakfast and lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal, for example we saw one person was having beans on toast. They told us, "I just fancied this today". In the residential unit some people choose to eat in the dining room whereas others ate in the communal lounge. People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks. During the morning of our inspection we saw staff asking people what they would like for their meals at lunch time and that evening. When people needed specialist diets this was provided for them in line with recommendations provided by professionals. Records we looked at included an assessment of people's nutritional risks. When risks had been identified we saw that food or fluid charts had been introduced so this could be monitored. The provider also ensured people had the opportunity to complete a dining experience survey so they could give feedback. We saw the feedback people had given was positive.

People had access to healthcare professionals and their health was monitored within the home. We saw documented in people's notes and staff confirmed that the GP visited the home when needed. During our inspection we saw that district nurses were in the home completing assessments and interventions for people. We saw that staff worked alongside these professionals to offer support. Records we looked at included an assessment of people's health risks. People were also weighed and any concerns were recorded and reported on an incident form so action could be taken. When needed we saw referrals had been made to health professionals; for example, to Speech And Language Therapists and memory clinics.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. When people on the residential floor sat in communal rooms they had tables next to them with their own individual items near to them. People had photographs of themselves on their doors to help them find their rooms. There was a garden and smoking area that people could access and during our inspection some people chose to be seated outside.

Is the service caring?

Our findings

At our last inspection we found the staff did not always have time to spend with people. This area was rated as requires improvement and the rating remains the same.

People and relatives were happy with the staff that supported them, however they did not feel they had time to spend with them. One person said, "They are always rushed off their feet but they manage to see to you." Another person told us, "They are rushing about so can be a bit abrupt but it's not their fault they are all lovely just very busy." We observed there were long periods where staff did not offer support to people in communal areas or when people were in their rooms. As staff were rushed they did not always have time to spend with people or explain what they were doing. On the nursing floor as staff were so busy we did not see them interacting with people except at mealtimes. This meant staff did not have time to treat people in a kind and caring way.

People's independence was not always promoted as staff did not always have time to spend with people. One staff member said, "We would like to be able to spend time with people and encourage them to do things for themselves but because it is so heavy and there is so much to do we don't have the time to do it." Another staff member said, "Sometimes if we are behind a lot we have to just do it for people or we would never get everyone up." On the nursing floor we did not see that people were encouraged to do things for themselves, for example at mealtimes. On the residential floor we saw that people were encouraged to walk around the home independently with their walking aids and minimal assistance was offered by staff. Staff spoke to us about how one person liked to be independent and the tasks they liked doing for themselves like making their own bed. We saw staff encouraged the person to do this. The care plans and risk assessments we looked at demonstrated the levels of support people needed.

People told us they made choices about their day. One person said, "I like to stop in bed its more comfortable and I'm away from the others." Another person told us how they liked to spend time between the communal lounge and their bedroom. Staff gave us examples of how they supported people to make choices. One staff member said, "We ask people what they would like to wear in a morning." Care plans we reviewed reflected people choices as well as likes and dislikes.

We saw that people's privacy and dignity was promoted. Staff spoke to people in a discreet way and when people were being supported with personal care they went to the bathroom or their bedroom and the doors were closed. Staff gave examples of how they maintained people's privacy and dignity. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. This demonstrated that people's privacy and dignity was upheld.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said, "Yes we are welcomed." A person told us, "Yes, my relation can go to the office and have a chat if they need too." We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

At our previous two inspections we raised concerns about the lack of activities at the home and at this inspection we found the same concerns. Responsive remains rated as requires improvement.

There was no activity co-ordinator in place and people felt there could be more to do. One person told us, "Well I like a game of bingo. We have a new lady who does the activities but we have to give her time because she does caring as well." Another person said, "We haven't got none[activities]. We don't do anything. The one before [activity worker] used to try and do something but we don't do anything now. There is a sewing machine and we worked together to make hearts and hung them up. They were beautiful. The manager keeps saying they will sort it out but they never do." On the nursing floor we did not see any activities taking place or interaction other than when staff were supporting people with tasks. In the communal area the television was on for long periods of time and people were asleep. In the residential unit staff were preparing for a Halloween party the following day, however they did not involve people with this. One person commented, "I could have helped with that I would have liked to." We did not see any other activities taking place. A staff member who was allocated to complete activities told us they were delivering care hours so were unable to support with activities.

We found care records were not always accurately completed. For example, we observed that one person did not eat their breakfast or drink their cup of tea. We checked the records and it stated they had eaten a quarter Weetabix and toast and eggs. It also stated they had drunk 175mls of tea. We saw documented in another person's care plan they needed a dressing on a wound. We saw this person did not have a dressing in place. When we discussed this with the nurse they told us this was no longer needed and the records had not been updated to reflect this change.

The care people received was not always responsive to their needs. The deputy manager told us one person had recently started to require end of life care. We checked the records and we saw the GP had visited six days prior to our inspection and considered this. The person had also commenced anticipatory medicines they had been prescribed. There was no care plan or guidance in place for this person.

This is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) regulations 2014.

Staff knew other people well and knew their needs and preferences. One person said, "I have been here too long. They know what I like." Staff told us they were able to read people's care plans to find out about people and felt the information was detailed. Staff also had the opportunity to attend handover at each shift where they could share information and changes about people. One staff member said, "We find out what has changed since our last shift". People told us they were happy with their care. One person said, "I'm happy here." We saw care plans and risk assessments were regularly reviewed and updated and meetings were held with professionals when needed. This demonstrated that people's care was reviewed regularly to ensure it met their needs.

We saw people had communication care plans in place stating their preferred method of communication.

When people used different methods to communicate staff knew about these and we saw this was implemented during our inspection. For example, staff told us how someone who did not verbally communicate used their body language and gestures and other people used pictures and objects of references. People's cultural and religious needs were considered as part of the assessment process for people. No one at the time of our inspection was being supported with any religious or cultural needs.

We saw the provider had a complaints policy in place and the provider had responded to complaints in line with their policy. People knew how to complain and were happy with the outcome when they had made a complaint. One person said, "Yes, start off with the carer, then management then CQC. They told us anytime we are in trouble just phone them. It doesn't matter what it's for." Another person said, "I have had a few grumbles and I am happy with how they dealt with them."

Is the service well-led?

Our findings

At our last inspection we rated well led as inadequate. At this inspection we found improvements had been made and therefore the rating has improved to requires improvement. However, further improvements were needed.

We have again found concerns that there were not sufficient staffing levels within the home to meet the needs of people in a timely way. This has resulted in a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the necessary actions had not always been taken to ensure people's care was personalised and met their assessed needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This showed that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on five consecutive inspections.

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

Since our last inspection the provider had introduced a range of audits to ensure the care and support people received was monitored. We saw that there was an analysis of incidents and accidents within the home so that trends could be identified and action taken. Quality checks were completed within the home. These included monitoring of medicines, infection control and health and safety issues. We saw when areas of improvement had been identified the necessary action had been taken. For example, when people had lost weight we saw actions were not closed until steps had been taken including referrals to health professionals.

The provider sought the opinions of people who lived in the home and their relatives. They had the opportunity to attend meeting to discuss and share any concerns. We also saw surveys were issued by the provider and the outcome of these were displayed within the home. We saw a 'you said we did' approach had been introduced. For example, someone had stated the home could do with a revamp. There were timescales stating when this would be started, including the purchasing of new furniture.

There was a new registered manager in place. They had started working within the home since the last inspection and had registered with us. The home was displaying their rating in the entrance corridor and on their website in line with our requirements. The provider and registered manager understood their responsibility about registration with us and had notified us of significant events that had occurred within the home. Staff we spoke with felt the registered manager and management team were approachable and

they would be happy to raise any concerns. One staff member said, "The new manager seems to be settling in, we have had some changes which seem positive". Another staff member said, "They are approachable." Staff told us they had the opportunity to raise concerns and all the staff we spoke with told us they had the opportunity to attend staff meetings and individual supervisions with their line manager.

Staff knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I know I can whistle blow, I'm sure if I raised a concern the manager would look into it and do the right thing." We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

The home worked in partnership with other agencies including health professionals. We saw they were available in the home on the day of inspection and were working alongside staff and people to develop appropriate plans and reviews.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People felt there could be more to do and there was a lack of activities within the home. Care records were not always accurately completed and care was not always responsive to people's needs.

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	The service has been rated as requires improvement on five consecutive occasions and remains in breach of regulations. The provider had not taken action to ensure there were enough staff available in the home for people.

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	There were not always enough staff available for people and they had to wait for support.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not always enough staff available for people and they had to wait for support

The enforcement action we took:

We issued a warning notice