Leicestershire County Care Limited

Woodmarket House

Inspection report

Woodmarket
Lutterworth
Leicestershire
LE17 4BZ

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

About the service
Woodmarket House is a residential care home providing personal care to 38 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

People's experience of using this service and what we found
Care and support was not safe because risk was not always identified or managed effectively. Staffing numbers were not sufficient to provide the monitoring and supervision people required and there had been a number of unwitnessed falls. When people were at risk from not eating or drinking enough there was no recorded action when the amounts taken each day were not sufficient.

Staff did not have enough time to spend with people and could not always deliver care and support in the way people preferred. People had limited opportunities to follow their chosen interests and hobbies although the provider had begun to take action about this and a new activities coordinator had been employed. Staff were recruited in a safe way because the provider carried out checks and sought references from previous employers.

People mostly had their medicines managed in a safe way, records were accurate and up to date and medicines were stored in the correct way. One person did not have their medicines for a week because there was no stock available. Medicines audits had not identified the person was without their medicine and this may have caused unnecessary pain and suffering for the person.

At the time of this inspection there was an ongoing safeguarding investigation which had not been concluded. People and staff felt safeguarding concerns would be taken seriously and investigated. Staff did not always manage behaviour which may challenge in a safe way. The care plan and risk assessment for one person failed to identify the risk regarding this and the person may have received care and support which did not protect them from abuse and did not comply with consent legislation and guidance.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

People were not involved in planning or reviewing their care and did not always receive care and support that met their preferences.

Quality monitoring systems were not effective in identifying risk and areas requiring improvement. Some areas of the service required redecoration or refurbishment but there were no timescales in place. The registered manager did not know when this action would be taken.

People liked the meals provided but did not always receive the supervision or support they required.

Staff received induction and ongoing training and had their competency assessed. The registered manager had recently returned from long term leave and was carrying out one to one sessions for staff. This meant staff training development needs could be identified.

Daily cleaning schedules were followed. Staff had access to protective equipment designed to protect people from infection. People's rooms were clean and fresh, but windows inside and out were grimy and smeared.

Staff had developed positive relationships with people and made visitors feel welcome. Staff protected people's privacy and made sure information was confidential and only shared when appropriate to do so.

Enforcement
We have identified breaches in relation to safe care and treatment, person centred care and monitoring the quality and risk at the service.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good. (Report published 8 February 2017).

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our resonsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Woodmarket House

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Woodmarket 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We went back to the service for a second day and this visit was announced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with six members of staff including the area manager, registered manager, assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
• Risk was not always assessed or managed. One person lost 5 kg in weight over a six week period. Staff had recorded in their nutritional care plan that the person was frail and had a low weight so required fortified meals. However, there was no nutritional risk assessment carried out and no record of their food and fluid intakes each day. Staff recorded in daily records on several occasions the person had a poor food and fluid intake. declined to eat and drink or ate and drank very little. There was no record of action taken to promote food and fluid intake or consultation with a healthcare professional regarding weight loss and poor appetite.
• There were seven unwitnessed falls in September 2019. Monthly falls audits had been carried out, but there had not been any effective analysis or action taken to reduce the number of falls. The registered manager and staff told us there should always be staff in the main communal areas, but this was not always possible.
• Staff identified one person was unwell and this caused some confusion and hallucination. Despite this, no additional support was provided to reduce the associated risk with this illness. The person had fallen on two occasions and sustained bruising requiring hospital treatment.
• Another person fell from a wheelchair while staff were transferring them and sustained a skin tear. There were no changes made to the person's risk assessment or care plan to reduce the risk of this happening again.
• One person had been assessed by the speech and language therapy team (SALT) as being at risk of choking because of swallowing difficulties. A thickening agent was prescribed to be added to fluids and instructions given to staff to supervise them at meal times. Staff did not follow the SALT advice or include it in the plan of care. This meant the risk of choking when eating and drinking was not being managed.
• Documents for recording the daily amounts of food and fluids for two people were not checked or totalled for each day. This was despite one of the people having lost a significant amount of weight and on the majority of records for September 2019 had not had sufficient amount to eat or drink. This meant nutritional risk was not being managed effectively.
• Two people had been put on low fat and low sugar diets because staff had assessed their body mass index as above healthy range. There was no consultation with healthcare professionals so there was no way of knowing if this dietary regime was suitable or safe for the individual.
• One person had been at the service for seven days and did not have any risk assessments or care plans in place. This was despite known mobility problems, nutritional needs and a diagnosis of dementia. This meant risks associated with mobility and nutritional needs were not being managed.
• We saw staff give this person a meal containing food they were intolerant to and would make them unwell. The staff member realised the mistake just as the person was about to eat the meal and removed it. There

were no written risk assessments or plan to manage the risks associated with their mobility problems.

The provider failed to robustly assess the risks relating to the health, safety and welfare of people. They did not put measures in place to reduce any identified risks. This placed people at 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.

Staffing and recruitment
• Staffing numbers were not sufficient to meet people's needs or keep them safe.
• A dependency tool was used to calculate the numbers of staff required to meet people's needs. From 2 September to 23 September 2019, the required staffing numbers were not met on 31 occasions.
• There were 38 people using the service and nine of these required two staff to attend to them because of mobility needs. The provider calculated that three members of staff were required at night. This meant if two staff members were assisting one person there was only one staff member remaining to meet the needs and monitor the safety of 37 people, many of whom were at risk of falling and had high dependency needs. There were times when only two members of staff were on duty at night and this meant if they were attending to one person there were no staff available for everyone else.
• The number of unwitnessed falls may have had a direct correlation to insufficient staffing numbers.
• Staff could not always be present in the communal lounge where people had been identified as at risk of falling and required supervision. There were not enough staff to safely monitor people at risk of falls in the main communal lounge or in other areas of the home such as their bedrooms and the other lounges and this meant people were at risk.
• Staff told us they did not have time to spend with people.
• One person told us they had to wait for staff to respond to their request for more than 45 minutes. The registered manager carried out call bell audits which identified when people had tow ait for more than 10 minutes for staff to attend. We saw that on three occasions in September the audit identified staff had not answered the call bell within 10 minutes. The registered manager investigated and recorded that staff had been busy assisting other people. The call bell audit had not been carried out for July and August 2019.
• Staff were recruited in a safe way because checks were carried out with previous employers and with the 'disclosure and barring service' to check if there was any reasons or criminal convictions that would make the employee unsuitable for the role.

Using medicines safely

• People usually received their medicines at the right time and in a safe way. However one person did not receive their prescribed pain relief tablets for an entire week because stock ran out. Records showed that staff had attempted to get a new prescription for the tablets but the person did not receive any for a week despite being in constant pain.
• There were policies and procedures in place for the safe management of medicines. Staff had received training and had their competency checked.
• Records were maintained for the receipt, administration and return of medicines and these were accurate and up to date.
• Protocols were in place for medicines that were prescribed 'as required'. This meant staff understood when these medicines should be given and in what circumstances.
• Medicines were stored securely and staff checked daily that storage temperatures were in line with manufactures requirements.
• There was no one at the time of our inspection managing their own medicines but staff told us people could do this if they wished to and it was assessed as safe.
• Staff knew what action to take in the event of a medicine error. They told us they would always seek

medical advice.
• Weekly audits were carried out to check that people had received their medicines and in the right way. However, these audits had not identified a person had been without their prescribed pain relief medicine for a week.

Systems and processes to safeguard people from the risk of abuse
• The provider had polices about safeguarding people from abuse. Staff knew how to recognise signs of abuse.
• At the time of our inspection there was an ongoing safeguarding investigation which is not yet concluded.
• Systems and processes had not identified the risk of abuse for one person or instructed staff what action they should take in response to behaviour that some staff found challenging. This meant the person was not protected from abuse.

Learning lessons when things go wrong
• When things went wrong the provider did not always identify themes or take action to learn and make changes. The falls audit had not identified any themes or considered the low staffing numbers as a contributory factor to the number of unwitnessed falls.
• The medicine audit had not identified a person going without pain relief tablets for a week. This is despite a previous safeguarding investigation which took place earlier in the year where a person was without their medicines for three weeks. This investigation was carried out by the local authority and was substantiated.
• The registered manager told us they had acted and ensured lessons were learned in response to a power cut and an incident when a person became hypothermic. They told us they had discussed these incidents with staff at team meetings and had cascaded learning to other services within the provider's group.

Preventing and controlling infection
• People's rooms and communal areas were clean. The cleaning staff followed daily cleaning schedules.
• Staff had access to all the personal protective equipment they required such as gloves and aprons.
• People told us they were happy with the cleanliness of the home.
• Staff had received training about food hygiene and the recent visit from the local authority environmental health officer was positive.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Some people did not have their needs assessed or assessments did not consider all needs in a holistic way. For example, one person experienced constant pain but there was no care plan for this.
• The registered manager told us they kept up to date with current legislation, standards and evidence based guidance through ongoing training and updates from the wider organisation.

Staff support: induction, training, skills and experience
• Staff received induction training when they first began working at the service.
• The majority of staff training was delivered on-line. Staff told us there had been a few issues with the technology involved but they now had access to the training they required to do their jobs.
• A member of the care team told us they had recently completed on- line training about medicines and had found this a useful update to their skills and knowledge.
• Another staff member told us they had completed fire training and had been updated about changes to fire safety equipment.
• One person's relative told us they felt staff had the skills and knowledge required to meet their relative's needs.
• The registered manager was in the process of completing one to one supervision sessions for all staff following their return to work from leave.

Supporting people to eat and drink enough to maintain a balanced diet
• There were inconsistencies in staff understanding regarding people's nutritional needs and this meant people did not always receive the support they required.
• Some people required their meals to be fortified and were prescribed nutritional supplements to increase their calorie intake. Records for the daily intake of food and fluids were not always checked to ensure people had received enough to eat and drink.
• Some people were on low fat and low sugar diets without any consultation from healthcare professionals so there was no way of knowing if this was safe.
• The cook told us they planned the menu in consultation with people who used the service. They knew about people's likes and dislikes. They told us there was always a choice of two meals or soup, sandwiches or jacket potatoes.
• Changes had been made to the menu in response to people's requests. For example, people had requested

the soup should be a particular brand they preferred, this was acted upon.
• People had access to drinks and snacks, including fruit.
• People told us they liked the meals provided and they always had a choice. We saw staff supporting people to choose the meal they preferred by showing them plated up meals. This was particularly helpful to people with cognitive impairment because the visual choice supported them to express their preference.
• The lunch time meals provided during our inspection were well presented and appeared appetising and nutritious.

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

• Staff worked with healthcare professionals such as GP's and community mental health teams.
• Staff followed the advice and guidance from the community mental health team and this had resulted in improved outcomes for the person.
• Hospital grab sheets were in place for most people who used the service. These contained important information for hospital staff about the person in the event of a hospital admission.

Adapting service, design, decoration to meet people's needs
• The registered manager had identified the premises and environment were in need of redecoration and updating. There were no timescales in place for the redecoration and updating would be completed.
• There were ongoing issues with a leaking roof.
• The windows at the service were grimy and smeared inside and out. The provider did not have effective arrangements regular window cleaning.
• There were accessible outside areas. However, further maintenance was required to make these areas a pleasant place for people to spend time.

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 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 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 , and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had their capacity to make decisions assessed and were referred to the DoLS team where this was required.
• Staff had not followed this legislation for all aspects of peoples support and decision making. For example, two people had not been consulted about changes made to their nutritional care plan nor had there been consultation or a best interest decision about this.
• At the time of our inspection there was an ongoing safeguarding investigation which included concerns about consent.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
• Staff did not always have the time to care for or support people in a compassionate or personal way. Staffing numbers were frequently below the numbers of staff required to meet people's needs.
• Staff told us they didn't have time to spend with people other than delivering basic care and support.
• People were not involved in developing or reviewing their care plan. Staff used a form known as a 'listening form' . This was designed to support people to express their views. However, the service could not demonstrate how they had used this information to improve people's care and not everyone was able to express their views in this way.
• One person had no care plan at all despite having mobility difficulties and cognitive impairment.
• People were not able to have a bath or shower when they wanted because there was no system in place for this and it was not clear what people's preferences were with regards to having a bath or shower or when they could access one. One person told us they had not been able to have a shower as requested on the week before our visit and had not been given any explanation for this.
• The registered manager told us they were in the process of implementing systems for this so that people's needs and preferences would be met.

Respecting and promoting people's privacy, dignity and independence
• On the first day of our inspection we saw that at lunch time one person had difficulty getting the food on their plate to their mouth. They used a fork to cut up their meal and did not seem able to use a knife, because of thus they were not able to cut the food up into small enough pieces. Subsequently we saw guidance from a healthcare professional stating the person required supervision with their meals because of swallowing difficulties. Staff did not offer the person any support or supervision during this lunchtime. Another person was sitting too far away from the table and this caused them to spill much of their meal into their lap. We pointed this out to staff who then positioned the chair closer to the table on our request.
• Staff had not always responded to physical pain, discomfort or emotional distress in a timely or appropriate way.
• Staff knew how to protect people's privacy and dignity when providing personal care. Privacy signage was used to indicate when staff should not enter people's rooms and staff always knocked before entering.
• Records were stored securely and staff understood the requirements for confidentiality and how to protect information about people.

The provider failed to ensure that care and support always met people's needs or reflected their

preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 Person-centred care.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People were not given opportunities to contribute to the planning of their care and support.
• Care plans did not fully reflect people's physical, mental, social and emotional needs.
• Some people's care records included detailed information about their personal history and the things that were important to them, but other contained limited or no information.
• Opportunities for people to follow their chosen interests and hobbies were limited. One person enjoyed reading and had access to a variety of books which they enjoyed. Entertainers came into the service. On the day of our visit there was music in the main lounge which people enjoyed.
• The registered manager told us they had recently employed an activities organiser who planned to assess each person's preferred interests and hobbies, so they could be planned into their care and support. We saw this process had begun.
• People were supported to develop and maintain relationships with people who mattered to them. A relative and visiting friend told us they were always made to feel welcome and could visit at any time. A relative told us staff communication was very good and they were kept informed about any changes.

Meeting people's communication needs
• Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Staff used visual aids such as, flash cards and showing people the choices available to them. .Information was available in different languages on request. The registered manager was not fully familiar with the accessible information standard but was aware of the requirement to meet this standard.

Improving care quality in response to complaints or concerns
• People were asked daily by staff if they had any concerns which staff recorded on a 'listening form'.
• The provider had a complaints procedure and people were given written information about how to access this when they first moved in.
• The provider was investigating a complaint at the time of our visit and the provider's human resources department was providing support.

End of life care and support
• Staff had received training about end of life care.

• Some people had anticipatory medicines prescribed to manage pain should they need this.
• Some people had made a decision not to be resuscitated in the event of a cardiac arrest and this was recorded in the care record.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

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

• Audits were carried out to check that staff were working in the right way to meet people's needs and keep them safe. We saw that auditing was not effective and had not identified the risks and concerns identified at our inspection.

• Staffing numbers were not sufficient to meet people's needs and were below the provider's own dependency tool calculations. The potential risks caused by insufficient staff numbers were not identified nor was the lack of risk assessment or management plans or the number of unwitnessed falls.

• Audits had not identified when people had insufficient amounts to eat or drink or when care plans and risk assessments were not in place.

• The provider had a Statement of Purpose which set out their aims and objectives and services provided. However, the concerns we identified as part of this inspection showed that the provider's aims and objectives were not always delivered. People were not involved in planning their care or able to follow their chosen interests and hobbies as stated in the provider's statement of purpose.

• The medicines audit had identified some missing signatures on administration records and action had been taken about this but the audits had not identified when a person was without their medicine for seven days.

• The registered manager had carried out an environmental audit which identified areas requiring improvement through refurbishment and redecoration. There was an action plan in place but this did not include timescales and the registered manager and area manager did not know when the work would be carried out. This included a leaking roof and flooring which required replacement.

The provider failed to ensure they had effective systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a breach of Regulation 17, (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

• People were asked for their feedback using 'listening forms' where staff spent ten minutes with people and asked for their feedback. We were not given any examples of action taken or changes made through the use of these forms.

•''Residents meetings' were held. People said there were limited opportunities to go outside. The registered

manager told us they were planning to develop the garden as it required some improvements. There was a poster in the reception area asking for gardening volunteers. The registered manager told us they hoped the garden areas would be ready for next summer.
• Satisfaction surveys were sent out annually from the providers' head office. The registered manager told us people had asked for more snacks to be available. They told us they were developing a 'snack station and self-service café area in response.
• Action plans for developing the garden areas and snack station were not robust and did not provide a clear timeline for how or by when these changes would be made.
• Staff meetings were held where changes were communicated and staff were able to give their feedback. Staff told us they felt supported by their managers. However, they told us they did not have time to spend with people and were too busy to provide people with opportunities for activities or to supervise people when they were in the communal lounge. The staff meeting held in June 2019 instructed staff they were unable to use any agency staff to cover staff absences because the cost was too high.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The service had a registered manager and they were supported by an area manager, a deputy manager and senior care workers. The registered manager had recently returned from long term leave and had spent time at the providers other services with other registered managers as part of a return to work programme.
• People and staff said their managers were approachable and accessible and were confident they could raise issues which would be dealt with.

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 discussed issues with relevant parties if anything went wrong and.
• At the time of our visit the registered manager was communicating with a relative about a complaint and made sure they were kept informed.

Continuous learning and improving care
• The registered manager attended 'managers' meetings with managers from the provider's other homes. This provided opportunities to learn from each other and make improvements. They discussed any issues with staff and took action where this was required.
• Improvements required were discussed with staff in team meetings and at handover meetings. Theme of the month communications were used to highlight current issues with staff.

Working in partnership with others
• Staff and the management team worked in partnership with other professionals and agencies, such as the GP and community nursing teams to ensure that people received joined-up care.
• Information was shared with appropriate professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We 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 The provider failed to ensure that care and support always met people's needs or reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure they had effective systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that care and treatment was provided in a safe way by assessing the risks to the health and safety of service users of receiving care or doing all that is reasonably practicable to mitigate any such risks.

The enforcement action we took:

Warning notice.