

Northfield Care Centre (Thorne) Ltd

# Northfield Care Centre

## Inspection report

Chace Court  
Thorne  
Doncaster  
South Yorkshire  
DN8 4BW

Tel: 01405816042

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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

Northfield Care Centre is a residential care home providing nursing and personal care for up to 80 people. At the time of the inspection 41 people were using the service.

### People's experience of using this service

There were not always enough care and nursing staff available to meet people's needs. We found no evidence that people had been harmed; however, we identified areas of risks to people's welfare. The tool used to identify the staffing needs of the people using the service was not fit for purpose and there was a discrepancy between the outcomes described by the tool and people's and staffs' lived experience. After the inspection the provider told us there were sufficient staff to meet people's needs. However, they felt the deployment of staff had been poorly managed.

In the nursing unit and the unit for people living with dementia we saw staff were under pressure to meet people's needs and, although it was evident they were trying very hard, we saw instances of shortfalls developing in the care provided. This affected the quality of the service people received in all our key questions. For instance, in the first floor units there was little time for staff to engage with people unless providing them with direct care, or to provide person-centred care at mealtimes,

There were improvements in the opportunities provided for meaningful activity, which benefitted people in the residential care units, on the ground floor more than those living in the nursing unit and the unit for people living with dementia, on the first floor. The home was clean and overall, staff followed good practice in relation to the prevention and control of infection. However, staff were very busy on the day of the inspection and sometimes failed to pick up on issues.

There had been a change of manager and the effectiveness of the audit checks had been improved considerably. Although, their management time had recently been reduced, and there was a need to ensure the improvements that had been achieved were sustained. Audit checks had been less effective for some, more recent shortfalls. This was consistent with the manager's view that the recent reduction in staffing hours had a negative impact on their management time and would, in future, have further impact.

Care records had been improved and showed people's needs were being met. Improvement had also been made to ensure risks associated with people's care and treatment were identified and managed safely. There were also improvements in people's care plans. Although, recent changes in staffing had an impact on the sustainability of this improvement and there remained areas to be addressed.

Improvement had been made to ensure safe arrangements were in place for managing people's medicines and the system in place to safeguard people from abuse remained effective.

The provider had improved systems to make sure staff received the proper training and support to carry out

their role. Staff told us they felt supported by the manager.

People's choices for their end of life care had been considered and were recorded. People we spoke with knew how to raise a complaint.

#### Rating at last inspection and update

The last rating for this service was requires improvement ( published date December 2018). This service has been rated requires improvement for the last two consecutive inspections. You can read the report from previous inspection by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At the last inspection breaches of regulation were identified. The provider was served with a Warning Notice in respect of concerns around the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had been made, but new breaches of regulations were identified in relation to staffing and there remained a breach in respect of the governance of the service. Following the inspection we asked the provider for information and assurance as to how they would address our concerns about staffing and deployment of staff.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will monitor the service closely in respect of the effectiveness of the actions taken by the provider to mitigate the risks we identified at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

# Northfield Care Centre

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, an assistant inspector 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.

#### Service and service type

Northfield Care Centre 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 home is divided into four units, one providing personal care and the other three providing nursing care. One unit provides care for people living with dementia. Accommodation is provided over three floors, with the upper two floors being accessed by passenger lift.

The service should have a registered manager, who, along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the service had a manager, but they were not registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### 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 six people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, area manager, a nurse, senior care workers, care workers and the activity coordinator. We also spoke with one volunteer. As some of the people who used the service found verbal communication more difficult and we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and improvement plans, accidents and incidents analysis and complaints records were reviewed.

#### After the inspection

We continued to seek evidence and clarification to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At our inspection of October 2018 staff were often very busy, having limited time to engage with people and people sometimes had to wait for long periods before staff responded to their needs. Some people expressed concern that agency staff were not familiar with people's needs.

- At this inspection we found there were not always enough staff to provide people with safe, good quality care.
- Most people and relatives said there were not enough staff to respond to people's needs in a timely way. One relative said, "I don't think there's enough staff. They are run off their feet."
- Staff said there had been a period when staffing had improved, but the improvement had not lasted. Several staff we spoke with said they felt very stretched. They were also concerned about future risk. This included having no capacity to deal with any unplanned issues or emergencies that might arise, without people's care being compromised.
- The provider used a staffing tool to help identify the staffing hours needed to meet people's needs. There was a discrepancy between the outcomes described by the staffing tool and people's and staffs' lived experience. This indicated the tool did not adequately consider people's identified needs, any unplanned needs, or the design of the building.
- The use of agency staff had reduced. However, some people expressed concern the service still relied on the use of agency staff on occasion. Permanent staff said although this helped with staff numbers, it took a lot of time to make sure they were aware of people's individual needs and risks. Some people commented on the difficulties encountered when agency staff did not know their needs. One relative said this affected the consistency of care received by their loved one. They said, "When it's agency staff the care does go downhill."

The provider failed to ensure enough numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider continued to operate a safe system for recruiting new staff. This helped to reduce the risk of the provider employing a person who may be a risk to vulnerable people.

### Assessing risk, safety monitoring and management

At our inspections of April 2018 and October 2018 we found the provider was not doing all that was

reasonably practicable to mitigate risks associated with people's care and treatment. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We found staff were under pressure to meet people's needs. The manager told us staff were working exceptionally hard to make sure people were safe. However, we saw instances of shortfalls developing in the care provided. For instance, there were times when people who were at risk of falls were left unattended in communal areas. We saw one person was assessed as having a very high risk of falls. Their freedom of movement restricted, when this was not part of their planned care. This was as a result of staff trying to manage the risk of the person falling, during the times they were away attending to the needs of others.
- In most cases, risks associated with people's care and treatment were identified and managed. For example, where there were risks associated with people losing weight, there was evidence that action had been taken to address the person's needs in a timely way. However, one person's risk assessment and care plan included contradictory information related to their nutritional needs. Staff were aware of the person's needs but relied on verbal handovers for up to date information.
- Records reflected that some people's 's care plan had not been followed regarding how often their weight should be checked. This issue was discussed with the manager and they undertook to address it as a matter of priority.\_

The provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems to evaluate people's care records had been strengthened and overall, this helped to make sure any risks associated with people's care and treatment were identified and managed safely.
- Improvements had been made in the records staff kept of people's care. This showed people had received appropriate care. For example, positional change charts had been completed by staff and these showed people were supported appropriately to reposition in bed. Food and fluid intake monitoring charts were completed in enough detail to monitor if people were receiving adequate nutrition and drinks.
- Equipment was serviced and regularly checked to ensure it was safe to use.

#### Using medicines safely

At our inspections in April 2018 and October 2018 we found the provider had not ensured the proper and safe management of medicines. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the management of medicines.

- Improved safeguards had been put in place to ensure there were safe arrangements for managing people's medicines.
- The manager had successfully promoted a culture of professionalism, personal responsibility and openness in the staff team and there was clear evidence that medicines were well organised, managed and monitored. Clear audit processes had been put into place and there was evidence that these were effective. This helped make sure the improvements were embedded into practice and sustained.



- We found an unidentified tablet on the floor of one person's bedroom, although we identified no immediate risk to the person. The manager undertook an investigation into this incident and immediate action to reduce the risk of similar, future incidents.

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

- The provider had a system in place to ensure people were safeguarded from the risk of abuse.
- People said they felt safe living in the home. One person said, "I definitely feel safe here. I've never seen owt bad."
- Staff were trained and aware of their responsibilities in responding to and reporting any concerns about abuse.

#### Preventing and controlling infection

- All areas of the home were clean, and staff were trained and followed good practice in the prevention of infection.
- There was a readily available supply of personal protective equipment (PPE) and suitable hand washing facilities. We saw staff using protective equipment appropriately.
- We did identify that used sick bowls had not been collected from people's rooms in a timely way, which was not pleasant and risks of cross contamination. The manager ensured this was addressed at the time.

#### Learning lessons when things go wrong

- Effective accident and incident analysis was taking place, including in relation to falls.
- The manager had made real improvements in the way this information was presented. This made it much easier to monitor if there were trends and patterns, learn lessons and take appropriate action to manage any identified risks.

# 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 requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Meals had previously been cooked in the home and the home advertised 'home cooking'. However, this had changed, and meals were brought in pre-prepared and portioned.
- In some cases, there was very little time for staff to interact with people while serving their meals. Some people waited a long time before their meal was served to them. One person's meal was left nearby, while they waited for 40 minutes for it to be provided to them.
- People had been asked to choose their lunch earlier in the day. At the point the food was served some people were not reminded of what they had chosen or offered an alternative. There were no condiments on the tables and none were offered.
- There were mixed opinions from people about the food; some people said it was acceptable, whilst others did not like it at all. One person said, "The food has gone downhill." They told us that often, their meals were not served hot enough. One relative said, "The food all looks nice to me." Another relative said, "[Person] is on a special diet and it isn't very nice."
- We discussed this with the manager who told us they had not been made aware of any concerns and there was no decrease in people's weight. They said they would continue to monitor people's mealtime experience and feedback to senior managers regarding the deployment of staff.

Staff support: induction, training, skills and experience

At our inspection in October 2018 we found staff had not had the necessary training provided in a timely way. Staff did not feel supported and their performance was not effectively monitored through supervision and appraisal.

- At this inspection the provider had ensured staff received training and support to carry out their role's effectively.
- Staff training records were kept up to date and showed staff received training in all areas related to the needs of the people using the service, as well as the safety and quality of the service. Where training and updates were due, arrangements were in place to ensure training was planned and arranged in a timely way.
- Staff told us they received a very good level of support from the management team in the home and regular supervision. Supervision is a regular one to one meeting between the supervisor (line manager) and supervisee to meet organisational, professional and personal objectives.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At the last inspection we found instances where people had been admitted to the home before the necessary equipment was in place, and after admission, some care plans were not completed in a timely way.

- At this inspection improvements had been made to ensure people's needs and choices and the assistance they required was established before they were admitted. Initial assessments showed any specialist equipment needed and appropriate arrangements put in place.
- People and those who were important to them had been asked what people liked and wanted during their initial assessments. Support plans showed people's preferences and diverse needs were met in all areas of their support. This included establishing if people had cultural or ethnic beliefs, and the gender of staff from whom they wished to receive personal care.

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

- The home was relatively newly built and attractively decorated. There was wheelchair access throughout and suitable adaptations, such as specialist bathing equipment.
- Dementia friendly touches had been included, with appropriate lighting and pictorial signage to help people to orientate themselves. The manager told us they had further plans to enhance the environment for people living with dementia with more clocks and pictures that suited people's needs.

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

- Staff in the service continued to liaise with other healthcare professionals to ensure people's needs were met.
- People were supported to access health care services when they needed. For instance, records showed advice was sought from people's GP in a timely way.
- One person said, "They [staff] would definitely get a doctor if I need one, or an ambulance. If I'm ill, they pop in all the time." One relative said, "They [Staff] are very good, excellent regarding getting doctors."

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 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.

- We saw the service was working within the principles of the MCA, and authorisations were being met.
- Staff told us they had completed training in this subject and the training records confirmed this

# 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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence;

At our inspection of October 2018 we found the time staff spent engaging with people was limited, other than to complete day-to-day tasks. Most people felt there were not enough staff, as staff had little or no time to interact with them.

- At this inspection we found there remained issues about staff not having enough time to spend with people.
- All feedback was that the staff were very caring, considerate and respectful. One person said, "The staff care. They are respectful. My room is my domain." A relative said, "I think the staff care and they've always seemed to treat [person] with respect." However, most feedback was that they were often, "Rushed off their feet."
- We observed staff interactions with people staying on the first floor and found they were kind and caring in nature. We saw staff responded as quickly as they could. However, there were times when there were not enough staff to be everywhere they needed to be, or to have much interaction with people.
- We were told of staff becoming upset because they did not have time to provide the personalised care they felt people deserved.
- Relatives we spoke with told us they felt welcomed to visit their loved ones.

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

- The provider recognised people's diversity and promoted this in their policies and staff training, which highlighted the importance of treating everyone as individuals.
- People were asked about the support they needed in respect of their diverse needs and this was included in their care plans. This included the support they needed with religious observance.
- The home had some contacts with religious groups in the local community who visited and spent time with people, at their request.
- Most people also had colourful 'life history' booklets providing information about their family and work life, what and who was important to them and their hobbies and interests.

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

At our inspection there was little evidence of people and those close to them being involved in their care plans.

- At this inspection we found people and those close to them were involved in formulating their care plans.

One relative said, "I think the staff know [person]. They're all fine. Initially they [staff] came to do an assessment and I have seen the care plan on the computer. I've no problems."

- We saw staff were careful to provide people with day to day choices and ask people their opinions. One relative said, "Here, they [staff] respect [person's] wishes."
- There was a core staff team who had worked with people for a long time and knew people well, which helped provide people with continuity of care.
- There was not clear evidence of people's involvement in the monthly reviews of their plans. Relatives told us they had not been involved in reviews of their family members' care after they were admitted to the home and had not seen their family members' care plans We discussed this with the management team, who told us they would continue to develop this area of practice.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Improvement had been made in the opportunities for activity and social interaction provided to people. This had led to positive outcomes for the people who were well enough to engage in communal activities. However, on the day of the inspection we saw little benefit for people with more complex needs. . For most of the day, the staff who were caring for them were taken up with making sure people's basic needs were met.
- We were told there was a vacancy for a part time activity assistant and the post was being filled, so further opportunities were expected, particularly for the people staying on the first floor.
- It was clear the existing activity coordinator worked hard to make sure people had opportunities to engage in varied activities. They were supported in this by four volunteers, who visited twice a week to converse with people individually and in groups.
- Some of the events planned for November and advertised in a recent newsletter were a cream tea, a coffee morning, Calamity Jane performed by a theatre group, and a 'Bake-off' competition with the Mayor judging the cakes. These events were publicised in advance to give people the opportunity to invite their friends and relatives if they wanted to. One relative told us, "They're always doing things with the residents. [Activity co-ordinator] is always organising things to do." Another relative said, "They come and ask if [person] will join in the activities, but [person] chooses not to. When [care staff] can stay for a chat they do, but they're very pushed. They'll stay when they can."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control  
At our inspection of October 2018 we found care plans were not always person-centred and did not always include information about how people liked to be supported.

- At this inspection we found people's care plans had been improved to make sure they better reflected people's individual needs.
- Staff showed a good understanding of what was Important to people, their preferences and needs, and how best to meet them. This was confirmed by people and their visitors.
- We saw evidence that overall, the audit systems ensured people's plan was kept up to date. This meant they kept pace with any changes in people's individual needs. However, recent demands on the manager's time meant checks were not done as often and some inconsistencies in people's plans had not been rectified.

Improving care quality in response to complaints or concerns

At the last inspection some complaints had not been responded to in a timely way.

- At this inspection we found complaints and concerns were taken seriously and responded to in a timely, fair and balanced way.
- The provider had a clear and accessible complaints procedure.
- People and their visitors knew how to make complaints. They felt confident they would be listened to.

#### End of life care and support

At the last inspection some people were receiving end of life care, but they did not have individual end of life care plans in place.

- At this inspection we found people's care plans captured how people wanted to be supported at the end of their life.
- There were also policies and procedures in place to ensure staff knew how to support people at this time in their lives.

# 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 requires improvement. At this inspection this key question remains the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our inspection in October 2018 we found audit systems in place to monitor the quality of the service did not effectively identify or address areas for improvement in the service. This was a repeated 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.

- Since our last inspection a new manager had been recruited and had worked alongside the area manager to greatly improve the monitoring checks in the service, providing better oversight and governance. The audits completed were in a clear format and better organised. They were effective in identifying and addressing shortfalls and concerns.
- However, a recent change in staffing resource relied on the manager providing some nursing cover. This took them away from their management role. This had started to have a negative impact on their progress with the improvement plan and with the effectiveness of the newly established audit systems. Because of the size and complexity of the service, this posed an increased risk people would not receive safe, person centred care. Therefore, there remained a need to ensure the improvements made previously were sustained.
- The provider's senior managers and managers running the home on a day to day basis did not have a shared understanding of the key challenges, concerns and risks. Views differed significantly between senior managers and the staff and managers who were working in the home about the adequacy of staffing of the service.

The above is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where we discussed areas where there remained room for further development and improvement, the home and area manager were aware of most issues and either addressing them or developing strategies to address them. They responded and took action to address issues in a very positive way.

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



characteristics; Continuous learning and improving care

- There had been a lot of improvements in the service and there was evidence that people, and those who were important to them were regularly asked about their satisfaction with the service.
- We saw people and their relatives had been invited to meetings and had been given surveys to complete to give their views about the service.
- There was evidence the manager used people's feedback to help improve and develop the service.
- Staff confirmed they were included in the running of the service through regular involvement in team meetings. However, they did not feel consulted or valued by senior managers, or able to influence the decisions made at that level.

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

- Staff were clear about their roles and responsibilities.
- The culture was welcoming and inclusive of people's diversity. Staff told us they were part of a good team and worked together well.
- We found the culture in the home to be open, transparent and accountable. Throughout the inspection all staff were open and cooperative, answering questions and providing any information and documents that we requested.

Working in partnership with others

- The manager had worked hard to develop and maintain positive links with health care professionals such as GPs and district nurses. This helped to ensure people were receiving the healthcare they needed.
- We received positive feedback about how approachable the manager was.
- There were positive links with local churches and schools.

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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment, as shortfalls in staffing led to increased risk to service users. |

| 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 registered persons had not always adequately assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk in relation to staffing the service.<br>The registered persons had not always acted on feedback from relevant persons on the services provided, for the purpose of continually evaluating and improving the service. |

| 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                       | The registered persons failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of service users. |