

Mr Diwan Chand

Belle Green Court Care Home

Inspection report

Belle Green Lane
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Barnsley
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Belle Green Court is a residential care home that provides accommodation for older people who require personal care. The home can accommodate up to 40 people in one adapted building, over two floors. At the time of this inspection there were 38 people using the service.

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

Risks involved in the delivery of care to people were not adequately documented and there was not enough information in people's care plans to support staff to manage risks effectively. The management of people's medicines was not always safe. People said staff responded to them quickly when they needed support and people felt safe when receiving care at Belle Green Court. Staff knew how to safeguard people from the risk of abuse. The home was generally clean and tidy. People were protected from the spread of infection.

People were happy with the care they received. They said they were supported by staff who knew how to provide the care they needed. However, staff training was not up to date and some staff told us their supervision meetings were not effective. People were happy with the food they received, however, we found the kitchen staff did not have adequate information about people who required a special diet to reduce the risk of choking. This placed people at risk. People were supported to access community health professionals when necessary.

People were cared for by staff who knew them well. People had developed positive relationships with staff. Everyone we spoke with told us staff were kind and caring. People were treated with dignity and respect, and staff protected people's privacy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

A minimal number of activities were available to people. Improvements were required in this area to ensure activities were available more often and were person-centred and meaningful to people. We have made a recommendation about the development of activity provision in the home. People's care plans required improvement to ensure they were person-centred and supported staff to provide personalised care. People knew how to complain or raise concerns about their care.

Improvements were needed to the quality assurance processes used by the registered manager and provider to assess the safety and the quality of the service being provided. The checks completed by the registered manager had not ensured the service complied with all legal obligations. People told us they did not have regular opportunities to provide feedback about the service. We found the provider had taken insufficient action to make necessary improvements to the service following feedback given by people in 2018.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

Rating at last inspection

The last rating for this service was good (published 3 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safety of the service, the recruitment of staff, the provision of staff training and supervision, the reporting of incidents and events to CQC and the governance and quality assurance systems used by the service.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Belle Green Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one inspector, one 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

Belle Green Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 CQC. 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. The registered manager was absent from the service at the time of this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from commissioners of the service and Healthwatch (Barnsley). Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 11 people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the deputy manager, care workers and other domiciliary staff including the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection

We sought some more information from the deputy manager. This was provided in a timely manner and was used to inform our judgements.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- People's care records evidenced that some risks posed to them had been assessed, for example the risk of falls. However, there was no evidence that other risks had been thoroughly assessed, such as the risks associated with the use of bed rails or the risks associated with moving and handling and the use of equipment. We spoke with staff and found they were aware of the risks posed to people, however this was not clearly recorded in their care records.
- People's care plans did not contain enough guidance for staff about how to manage risk. For example, one care plan advised staff to ensure they used the correct equipment when supporting a person to move, however it did not specify which piece of equipment should be used. The issues we identified with people's care records are discussed further in the key question of well-led.
- Where people were at risk of choking and required a special diet to manage the risk, we found the kitchen staff had not been provided with adequate information about this. We observed a person who required a special diet was served a normal diet during this inspection. This placed them at risk of choking. The deputy manager addressed this issue immediately and agreed to ensure the kitchen staff were provided with written information about every person who required a special diet.
- The provider was unable to demonstrate they had all the necessary safety certificates in place for the premises and the equipment they used. Some certificates were present; however, the certificates for the nurse call system, fire alarm system, gas appliances and passenger lift were missing. The provider arranged new safety checks for the relevant equipment following this inspection.

Using medicines safely

- Staff were very patient when they supported people to take their medicines and people told us they were happy with the support they received with their medicines. However, we found medicines were not always managed safely by staff. The provider had a medicines management policy in place, but the policy was not always followed.
- People's care plans did not contain any guidance for staff about how to recognise when people might need their medicines which had been prescribed on a 'when required' basis.
- There was no system in place to ensure medicines were stored at a safe temperature for medicines that were not refrigerated.
- Where details of new medicines had been handwritten onto medication administration records, the information was not routinely checked and countersigned by a second staff member in accordance with good practice guidelines and the provider's own policy. This meant there was a risk of errors on the records, which could lead to people not receiving their medicines as prescribed. We found one entry which incorrectly recorded the dose of medicine a person required.

- We observed a person drop their medicines on the floor. A staff member picked them up and gave them back to the person to take, rather than disposing of them and giving them fresh medication.

We found no evidence that people had been harmed; however, the systems in place did not adequately assess and mitigate risks posed to people using the service or ensure the proper and safe management of medicines. 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

- We observed there were enough staff available to meet people's needs and staff responded to people promptly during this inspection.
- People and their relatives were generally happy with the staffing levels. They told us staff were always busy, but staff responded to them quickly if they needed support. One person commented, "Yes, we're well looked after. There's always somebody [staff] there. It doesn't matter what time of day or night it is, there's always someone there."
- Some staff told us they thought the service would benefit from having more staff on shift. The deputy manager confirmed they were in the process of recruiting more staff and planned to increase staff levels each afternoon.
- Staff recruitment records did not always contain all the information required by the regulations or by the provider's recruitment policy. For example, four staff files did not evidence that gaps in staffs' work history had been satisfactorily explained, there was no photo ID on each staff file and for some staff only one reference had been obtained about their conduct during previous employment.

We found no evidence that people had been harmed; however, the systems in place were not robust enough to demonstrate staff had been recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents were recorded in an accident book. We were informed the registered manager reviewed the book to ensure appropriate action had been taken in response to each incident. We were satisfied staff responded appropriately to accidents and incidents.
- We could not find evidence there had been regular analysis of accidents or incidents to assess whether there were any themes or trends. Opportunities may have been missed to learn from these events and reduce the risk of further incidents taking place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Belle Green Court. Comments included, "Yes, I most definitely feel safe" and "Yes, I don't feel unsafe at all." People's relatives raised no concerns about their family member's safety.
- The provider had appropriate systems in place to safeguard people from abuse. Concerns about potential abuse had been appropriately referred to the local safeguarding authority. However, the provider and registered manager had not notified CQC of these concerns, in accordance with the regulations.

Preventing and controlling infection

- We found the home was clean and tidy and there were no malodours throughout the building. People and their relatives told us they were happy with the cleanliness of the home. However, at lunchtime we saw people were seated at tables with unclean tablecloths on them.
- People were protected from the spread of infection. Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection. The registered manager completed a regular infection control audit to ensure staff followed the correct procedures.

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 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.

Staff support: induction, training, skills and experience

- People told us they thought the staff were skilled and had enough experience to support them effectively. One person commented, "They know their job. They've got the right skills and they're very polite and well mannered."
- The provider and registered manager had not maintained an effective system to monitor the training completed by each staff member and when this was due for renewal. This meant, at the time of this inspection, the provider was not able to show us clear evidence all staff had received appropriate training. The deputy manager was in the process of creating a suitable monitoring record.
- Some staff had not completed training the provider considered mandatory within the required timescales, such as training on how to move and handle people safely. Staff told us they wanted to complete additional training to ensure their skills were up to date.
- Staff gave mixed feedback about the quality of support they received from the provider and registered manager. Some staff told us staff supervisions were not effective as they did not have opportunity to discuss anything or raise any ideas or concerns, however other staff said they were appropriately supervised and felt well-supported. The supervision records we checked were very brief and did not evidence discussions had taken place around any support or training staff required.

We found no evidence that people had been harmed; however, the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they enjoyed the food at Belle Green Court. Their comments included, "It's smashing. I've never eaten as much as I have in here" and "Put it this way; I've never left a meal yet."
- We observed the lunch service during this inspection. People were not offered a choice of meals or a range of drinks. Only one meal was displayed on the menu board and everyone was served this. People were offered orange squash or water, but no hot drinks. The cook told us there were usually other meal options available, such as a jacket potato or omelette, so people could request a different option if they wanted to. People raised no concerns about the options available. They told us they were usually offered a choice of different options.
- Staff were generally attentive to people throughout the mealtime and encouraged people to eat and drink, though they did not notice a person was served a meal that did not meet their nutritional requirements.

- Staff monitored how much people were eating and drinking, when this was necessary. We found people's fluid intake levels were not added up at the end of each day. This made it harder for staff to monitor people's fluid levels and take prompt action if people's fluid intake levels were too low.
- The service was not using the IDDSI framework which is a global initiative to use common terminology to describe food textures and fluid thickness where people required a modified texture diet to reduce the risk of choking. Its aim is to reduce the risk of people receiving an incorrectly modified diet, and to eliminate the use of imprecise terms, including 'soft diet' which place people at risk. The deputy manager agreed to review the requirements of the framework and take steps to implement it.

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

- People and their relatives were happy with the care they received at Belle Green Court.
- People's needs were assessed before they started using the service, however we found the documentation used to record people's assessed needs was brief and required more detail to support the delivery of care in accordance with people's preferences.

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 other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP and district nurses. This supported staff to help people maintain their health.
- People and their relatives were happy with the support they received to access healthcare services.

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.

- DoLS applications were appropriately submitted to the local authority, when necessary. Where authorisations were granted or were subject to conditions, people's care records were updated to reflect this.
- We observed staff sought consent from people before they provided them with care and support.
- Where people were unable to make their own decisions, staff consulted other relevant people such as their family members, when making decisions in their best interests.
- The deputy manager was in the process of arranging further training for staff on the MCA to ensure all staff had a comprehensive understanding of it.

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

- Some redecoration of the building had taken place since the last inspection. However, we observed the carpets in people's bedrooms looked worn and were 'rippled' in parts. Whilst this rippling did not appear to cause a tripping hazard at the time of this inspection, if left, it could soon become one.
- People had been supported to personalise their bedrooms. People had access to sufficient amenities such as communal lounges and bathrooms, to meet their needs.

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 remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind and caring. Comments included, "The staff are good. Nothing's too much trouble, even through the night" and "You cannot get better than the staff here. They look after us well". A relative commented, "The [staff] who look after my [relative] are lovely."
- We observed people were relaxed in the presence of staff and they had developed positive relationships. Staff were attentive to people throughout the day. They spoke to people in a calm, friendly manner, they listened to people and supported them effectively if they became anxious or distressed.
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff had developed positive relationships with people and their families. People, their relatives and staff told us the home always had a good atmosphere, commenting, "It's got a lovely feel about it."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.
- People and their relatives told us they had not been involved in the development of their care plans since they moved into the home. One relative commented, "They did discuss the care plan [with us] at the beginning, but not since." People's care records did not always evidence how people and their relatives had been involved in planning and reviewing their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and their relatives said they were always treated respectfully, and their dignity was maintained.
- We found staff were respectful of people's privacy. They knocked on doors and called out before they entered bedrooms or toilet areas.
- Our observations during the inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves. We observed one interaction during lunchtime where a staff member fed a person even though the person could feed themselves; this did not promote their independence. However, this incident was not consistent with our other observations

throughout the day.

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 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

- Staff were aware of people's likes, dislikes and preferences. They used this knowledge to care for people in the way they wanted. However, people's care records contained very little information about how people wanted their care to be delivered. New staff or agency staff would not have had this information readily available to them, to support them to provide personalised care to people.
- The deputy manager planned to re-write people's care records to make them person-centred, to support the provision of personalised care. They had already started working with professionals from the local council to re-develop the format and content of their care records.

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

- People and their relatives told us the range of activities available to them had reduced. People said they were bored and they did not have enough to do. They told us they had previously had opportunity to take part in games and quizzes. They wanted these to recommence. Comments included, "We don't have anything to do or think about. We get left here and it's a bit boring" and "We do need some activities as it's a long day in here." Other people told us staff sat and chatted with them, when they had time, and entertainers sometimes visited the home which they enjoyed.
- The home had a music room which a number of people were seen to enjoy throughout the day; they listened to music and danced. People were also able to access a secure garden area. However, people told us they would like to be supported to go out more. There were no regular trips planned to support people to access the community.

We recommend the provider refers to good practice guidance to support the development of the activity provision in the home and acts to update their practice accordingly.

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.

- There was a range of information available to people within the service, however not all of it had been adapted to support people with communication difficulties. For example, the daily menu which provided information about the meals that were available was written on a white board. This was not supported with other types of communication that might aid people's understanding, such as photographs or pictures.

During this inspection people told us they did not know what the meal option was and so they would benefit from this information being provided in different ways.

- People's communication needs were not always recorded in their care plans. It was therefore not clear if people needed support to communicate effectively. However, the deputy manager planned to include information about people's assessed communication needs in the new care plan format. We saw a template document they had developed to address this issue, however it was yet to be implemented.
- We observed staff communicate effectively with people throughout this inspection, despite the shortfalls in people's care plans in this area.

End of life care and support

- People's care records did not always contain information about how people wanted to be cared for at the end of their lives, or evidence that this has been discussed with them. However, we were shown a document which was available for staff to complete if people expressed any preferences about end of life care.
- The deputy manager was working with the palliative care team to develop people's end of life care plans. Staff had received some training from the palliative care team about how to deliver effective end of life care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and we saw it was displayed in the entrance to the home. People and their relatives told us they knew how to complain. They said they would speak to staff or the managers if they had any concerns and they were confident they would be listened to.
- The service had not received any recent complaints in 2019 and had only received one in 2018. We saw this was acted upon appropriately by the registered manager.

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 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; Continuous learning and improving care

- At the time of this inspection the registered manager had been absent from the service for about four weeks. The deputy manager had been managing the home during this time. People told us the home was being well-run by the deputy manager and they had not noticed any impact by registered manager's absence.
- The provider and registered manager had not notified CQC of all incidents and events they were required to tell us about. Although they had failed to notify CQC of these events, they had liaised appropriately with other agencies as required, such as the local authority.
- The registered manager completed a range of checks every month on the safety and quality of the service provided. However, the systems and processes they used had not identified the concerns we found during this inspection. The quality assurance system therefore required improvement to ensure the service complied with all legal obligations.
- The provider did not complete their own checks on the service to ensure it was safe or that people were receiving care of a good quality. This meant, in the registered manager's absence, nobody with legal responsibility for the service was maintaining an overview of it.
- The provider did not maintain complete and contemporaneous care records for each person using the service. For example, risks to people were not clearly recorded and information about how to manage risk was not detailed enough. Care records did not contain enough information about medicines people required on a 'when required' basis and staff did not maintain a detailed record of the support they gave people with medical patches applied to people's skin.

We found no evidence that people had been harmed; however, systems were either not in place or were not robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us they did not remember being asked about their opinion of the home. However, people told us they would raise any concerns if they needed to. One person commented, "If I've got any problems I just go and talk to [the deputy manager], or any of the staff. They're all good listeners."

- People had been asked to complete a survey about the home in November 2018. The responses to this survey were generally positive. The registered manager had analysed people's feedback and found people wanted improvements made to the activity provision. We found insufficient improvements had been made in this area at the time of this inspection as people said they did not have enough to do and were often bored.
- Some staff told us they did not have the opportunity to raise ideas about how to improve the service.

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

- At the time of this inspection the provider did not have a policy in place to guide staff in how to comply with the duty of candour. The duty of candour requires providers to be open and transparent with people who use the service. It also sets out some specific requirements that providers must follow if things go wrong with their care and treatment. Following the inspection, the provider implemented a policy about the duty of candour, however it did not contain enough detail to ensure staff knew what kind of incidents the duty of candour applied to and what action they would need to take.

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

- We received mixed feedback about the registered manager and the culture they created within the home. Some relatives and staff said they were not always approachable. However, staff were generally happy in their jobs.
- We observed a positive and welcoming culture within the home. Staff told us they felt everyone was well looked after and they were all keen to provide high quality care.

Working in partnership with others

- The service had developed links with commissioners of the service and local community health services, to support them to deliver effective care to people.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not ensured information was available in relation to each person employed at the service as specified in Schedule 3 of the regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate training, supervision and support to enable them to carry out their roles effectively.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not adequately assessed and recorded; medicines were not always managed safely; and, the provider had not ensured all necessary safety checks had been completed on equipment used at the service, to ensure it was safe.</p>

The enforcement action we took:

A warning notice was served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that there were effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided. Systems and processes were not operating effectively to ensure compliance with the regulations.</p>

The enforcement action we took:

A warning notice was served.