

Shaw Healthcare (Group) Limited

Figbury Lodge

Inspection report

2 Mitchell Road
Poole
Dorset
BH17 8US

Date of inspection visit:
31 January 2020
03 February 2020
04 February 2020

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18 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Figbury Lodge is a residential care home providing personal and nursing care to up to 80 older people, some of whom are living with dementia. The home had 20 transitional beds, this meant that people were admitted into the home temporarily following discharge from hospital. People living on the transitional unit had access to rehabilitation and therapists. There were 44 people living at the home at the time of inspection.

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

People told us they were happy living at the home. However, we identified several shortfalls and governance systems were not robust enough to keep people and staff safe. Potential risks to people's health and welfare had not been consistently assessed. There was not always guidance for staff to mitigate the risks. Records of the care people received were not always accurate or complete or produced in a timely manner. Medicines were not always managed safely. The service completed a dependency tool which showed the home was overstaffed, the feedback we received during the inspection was that there were not enough staff, the management team told us they would be working to resolve this conflict.

People's rights were not always protected when a person lacked capacity to make certain decisions. The Mental Capacity Act 2005 had not been followed to ensure care was delivered in a person's best interest. Consent was not always sought from those who had legal authority to give it.

People's right to privacy was not always observed as records and confidential documents were not secured properly. Care and support plans were not always personalised, accurate or complete. People did not have end of life plans in place which took account of their final wishes and preferences.

Staff told us they did not always feel confident in their role due to lack of training. Professionals had concerns about the training and knowledge of staff while supporting people living with dementia. Governance systems and management oversight was not robust enough to identify the shortfalls found within the inspection.

People and their relatives told us staff were kind and caring, we observed many respectful, kind and compassionate interactions during the inspection. Staff told us they worked well as a team and did the best for the people living within the home. The home was clean, tidy and people had access to enough food and drinks. Activities were held within the home and people told us they enjoyed them. Accidents and incidents had been recorded with actions and the interim manager had started to analyse them to identify patterns and trends. People had access to healthcare when they needed it and working relationships with professionals had recently improved.

People knew how to make a complaint and they had confidence in the management of the home that they would address their concerns. Staff told us the interim manager had made a big difference in the home and the registered manager felt supported. The registered manager had made all notifications to CQC as

required by law. The registered manager, senior management team and provider told us they were fully committed to making improvements at the home and work had started during the inspection to identify issue's and create action plans.

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

Rating at last inspection

This service was registered with us on 4 September 2019 and this is the first inspection.

Why we inspected

The inspection was prompted due to concerns received about staffing, medicines, care planning and training.

We found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to medicines management, assessment of risk, consent, staffing, person centred care and governance of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Figbury Lodge

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Figbury Lodge 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 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.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and safeguarding team who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 16 people who used the service and 11 relatives about their experience of the care provided.

We spoke with 26 members of staff including the registered manager, interim manager, residential operations director, support manager, registered nurses, therapy staff, team leaders, support workers, activity staff and the chef. We spoke with three visiting professionals. We made observations of interactions between people and staff to help us understand the experience of people who lived at Figbury Lodge.

We reviewed a range of records. This included 14 people's care records, daily recording charts 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from six professionals who regularly visit the service.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely;

- People did not always receive their medicines safely. The medicines for four people had run out of stock. For example, a person was without their pain relief medicine for six days.
- Medicine Administration Records (MAR) were in place for people. However, these were often incomplete, incorrect or illegible. For example, hand written changes to the MAR did not have the necessary two staff signatures in line with best practice guidance. Another MAR stated the medicine had not been received, yet it was signed for as administered.
- Liquid medicines and prescribed creams did not always have an opening date recorded on them. This meant their effectiveness could be affected. Medicines which had been stopped were in people's individual trays and there was a risk people could receive these medicines incorrectly.
- There were gaps in the fridge and room temperature records which meant it was not possible to evidence that medicines had always been stored at the correct temperature. There were additional daily checks of the medicines room in place however, these were not completed correctly. For example, in January 2020 the check had been completed on just one day.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard. However, daily stock checks were not always completed as per the providers process. For example, in January 2020 the daily checks had 16 gaps where checks had not taken place.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure these medicines were administered in a consistent way. However, these were not always personalised or complete which meant that signs and symptoms of when they required these medicines could be missed.

Assessing risk, safety monitoring and management

- People did not always have robust risk assessments in place to ensure they were kept safe. The correct procedures were not always completed to mitigate risk of harm. This is because they were either not in place, incomplete or inaccurate. Examples were a person using bed rails and no risk assessment was in place and risks not assessed for people's participation in activities.
- We looked at the behaviour support and risk management plans for two people. The plans contained limited information and were not personalised. For example, one person's crisis management plan did not contain sufficient detail as to the action staff should take when the person was distressed.

The service had failed to manage medicines safely. Systems were either not in place or robust enough to demonstrate risks to people's health, safety and welfare were managed effectively. 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

The provider responded to this during the inspection and started a review of individual care files to identify where the shortfalls were.

Staffing and recruitment

- There was enough staff to keep people safe. However, staff told us they were unable to spend as much time as they would like with people.
- People and relatives commented that there were not enough staff and sometimes had to wait longer than they would like. However, there were no impacts on people's safety.
- The home completed a dependency tool to assess the numbers of staff required. The registered manager told us the home was staffed for full occupancy although the home was not fully occupied at the time of inspection.
- The registered manager told us they would continue to monitor staffing and work with staff to ensure a consistent view as to the staffing requirement of the home.
- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills, knowledge and character needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- Checks to ensure that registered nurses were appropriately registered with the Nursing and Midwifery Council were regularly conducted to ensure they could continue to practice.

Learning lessons when things go wrong

- Accidents and incidents were recorded. However, analysis had not always taken place. This meant the home may not always be learning from accidents and incidents within the home. The home input the hand-written forms onto a central system. The registered manager told us they were alerted about any new incident which happened in the home by email.
- Accidents and incidents recorded since 1 January 2020 were documented and the interim manager had signed them off as complete. Referrals had been made to the local authority where necessary.
- The home had a falls tracker which showed types, times of falls and location. The interim manager told us that they planned to use this to help them to make any changes necessary such as to staffing or other support.

Systems and processes to safeguard people from the risk of abuse

- There were ongoing safeguarding enquiries at the home. The interim manager told us they were working with the local authority teams. The home had made alerts with the local authority safeguarding team where necessary.
- People and their relatives told us they were happy with the care and support they received at the home. Some of the comments we received were; "It's very comfortable here, I do feel safe". "Oh yes, it's very nice here". "I am quite content here". "My relative [name] is settled, safe".
- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. Staff told us they would not hesitate to report concerns and had confidence in the registered manager and interim manager to follow them up.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention. All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy.

- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves and handwashing at appropriate times throughout the day.
- The service had received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were not always protected as required by the MCA. Some people had assessments which had identified they lacked capacity to make certain decisions. However, the home had not consulted with relevant people to ensure they were acting in the persons best interest.
- Staff who completed MCA assessments had not always received training to do so. The registered manager showed us the training planner where training was scheduled for staff in February 2020.
- Consent had not always been sought from people for their care, support and for use of their photographs. In some cases, consent forms had been signed by relatives who did not possess the legal authority to do so.

The provider had failed to ensure people's consent was sought and their rights fully protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- We observed staff asking people for consent and explaining what they were doing, this was in relation to meals and medicines.
- Applications had been made for people under DoLS as required. These were awaiting assessment by the local authority.

Staff support: induction, training, skills and experience

- Staff did not always receive the training necessary to carry out their role effectively. Staff told us they did not feel confident in areas such as completion of paperwork and care plans, behaviour support and specialist dementia care. A member of staff told us, "I have been asking for training, but I haven't had it". Another told us, "I did not have a proper induction". Staff told us new staff are completing shadow shifts with inexperienced and untrained staff.
- The home supported people who have complex care needs. Staff told us they did not feel they had the training to be able to care for people properly or keep people or themselves safe. Feedback we received from professionals said they were concerned about staff skills to support people who are living with dementia.
- Staff had not received formal supervision sessions. However, they felt they could ask for support if needed.

The provider had failed to ensure staff had the necessary skills, supervision and training to support them to meet people's needs. This placed people at risk of harm. This is a breach of Regulation 18 (Staffing) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager told us they had recently had a session about supporting complex behavioural needs and dementia training was planned. During the inspection staff were training to become instructors in moving and handling. The interim manager told us they would then train and support others within the home.
- The interim manager told us all new staff are assigned a mentor and they will provide support and training in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The interim manager told us all new staff are given the Care Certificate workbook on their first day.

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

- The registered manager told us they worked closely with external agencies to support the care needs of people living within the home. For example, the registered manager told us they had worked to get a dentist to visit the home which had been difficult. They told us they had found a dentist and would be arranging a visit to the home.
- Professionals told us there were communication difficulties in the past. However, recently communication has improved, and they feel they are working better and more effectively with the home.
- The interim manager told us they are working with the support of the specialist dementia support team. A professional told us, "If they are struggling, there is no delay in seeking support".
- People had access to healthcare when needed and the home told us they had a link with the local surgery. People who were living within the transitional unit were registered with different GP surgeries, the interim manager told us they were working to build and improve links with these surgeries.

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

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. A member of the management or nursing team went to see each person before they moved into the home to ensure they could meet their needs.
- People's desired outcomes were identified and guidance on how staff met them was recorded. The provider's policies were created in line with best practice guidelines.

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

- People were supported to have enough to eat and drink. We received feedback about the food including; "The food is very good here with three choices or two some days. They come around and take orders the day

before". "The food is well cooked and hot enough". "The food seems ok, looks nice". "They will do something else if you don't like the choices". "The food looks good".

- Some people were living with dementia. This meant they may find it difficult to read written menu's or make choices when given verbally. The registered manager told us they would consider offering menu's in picture form to support people's choices with food.
- Each unit had a small kitchenette and relatives were encouraged to make hot drinks, both floors had dining rooms. People enjoyed their food where they chose to, this was either in the main dining room or their own room.
- We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. People who required support with eating and drinking were supported by staff who were respectful. The dining room had tables laid with drinks and condiments. Food looked appetising and plentiful.

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

- The home was accessed by people across two floors using the stairs or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- Signage around the home helped people to orientate themselves. People had coloured front doors and each corridor was coloured to support people to find their room. There were memory boxes next to each bedroom door, these were filled with people's personal effects and photographs.
- The home was divided into four units, it had lounges and dining rooms and various smaller seating areas and a large, secure garden for people to enjoy. There was level access to the gardens.
- People were encouraged to bring their own belongings and furniture into the home.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's right to privacy was not always respected.

Respecting and promoting people's privacy, dignity and independence

- People's private information was not always protected. We observed in all four units, confidential information left in areas of the home where people and visitors had free access. People's information was left on computer screens when staff were not present. Cupboards and filing drawers were left unlocked when unattended. We raised this with the registered manager and they told us they would look into this.
- Staff treated people with dignity and respect. We saw many respectful and compassionate interactions during the day. There were good conversations between people and staff with fun and laughter.

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

- People and their relatives told us staff were kind and caring. Comments included; "Staff are very nice to me, they seem to care". "The staff are very nice". "I'm very pleased. The staff are very good". "Everyone has been very nice to me". "The carers are really good".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.
- The home had received compliments about the care it provides. They included; 'Very professional and caring, they looked after my relative [name] with care and dignity'. 'Staff are very friendly and helpful, all very attentive and welcoming'. 'Staff are very helpful, polite'. 'Nice care home'. 'You went that extra mile and it was so appreciated'. 'Thank you all so much for looking after our relative [name] they were so happy and well looked after'.

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

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of their care.
- The home had not held any people and relative's meetings. The registered manager told us this was because the home was not yet full. They told us they have meetings planned and a newsletter to keep people informed. The interim manager told us that their door was always open for people and relatives and they were frequently walking around the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of life care and support

- People did not always receive personalised care that was responsive to their needs. Care assessments and support plans were not always complete, accurate or in place.
- Staff told us they relied on their colleagues to guide them to meet people's needs. They told us they did not read the person's care plan.
- The interim manager had introduced a 'resident of the day' system where care plans would be reviewed. This had not been effective in identifying the shortfalls we found. In response to our concerns the interim manager started a review of all care plans on day three of the inspection.
- Relatives told us they had not been involved in their loved one's care plans. The interim manager said that once they had completed their audit and had improved all care plans they would start the review through the 'resident of the day' process.
- The home provided end of life care. However, people did not have end of life care plans in place. This meant that people may not be receiving care in line with their needs and preferences. Two people had received end of life care in the previous week, the registered manager said they had plans in place as they were admitted to the home specifically for end of life care. The interim manager told us these plans should be in place so that people have time to give their final wishes and be with the people they want to be with.

We found no evidence that people had been harmed however, the provider had failed to ensure that people's needs were properly assessed. This placed people at risk of harm. This is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to this during the inspection and started a review of individual care files to identify where the shortfalls were.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- Staff understood people's communication needs. Staff ensured people's spectacles were clean, and they had access to opticians.

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 had access to a variety of activities. However, this was not widely advertised within the home. People's feedback was that they did not always know what was happening within the home. We raised this with the registered manager and they told us they would address this to ensure people knew what was available to them.
- Activity staff worked six days per week, Sundays were considered 'friends and family day'. Staff provided group activities and one to one support for people who preferred to stay in their room. There was one planned activity for each of the six days. The interim manager said that in addition to this individual unit activities were provided by activity staff and support workers.
- Activities available to people were; Chocolate tasting, bingo, baking, gentle exercise and musical quiz. People enjoyed a visit from a donkey during our inspection.
- People told us they enjoyed the activities. A person told us, "There is stuff to do here, cards and games which I join in with. We had the local primary school the other day that was nice".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a complaints policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns.
- Records showed that complaints were dealt with within agreed timescales and to people's satisfaction. People were confident their concerns would be dealt with.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Quality assurance systems did not always operate effectively. Audits were not present, incomplete or robust, these systems had not identified the shortfalls identified during the inspection.
- An audit had been carried out by the provider's quality team in December 2019. However, this had not identified all the shortfalls and the action plan was not specific to failings identified within the inspection or included realistic timescales.
- People's food and drink monitoring records were not completed appropriately.
- Records for monitoring a person's behaviour were not checked. Entries made over nine consecutive days were incomplete and action had not been taken. We raised this with the registered manager.
- People's care records were not always accurate, legible or complete. For example, personal information was not always correct, people had incorrect dates of birth on their files. This meant when a member of staff had to call for an ambulance they were not able to give the correct information and delayed the response.

The provider had failed to ensure governance systems are operating effectively to ensure risks are managed, people are protected from harm and the service improves. This placed people at risk of harm. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they were committed to improving Figbury Lodge. Staff were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "Everyone has been lovely, inviting and engaging to build up my confidence". "I absolutely love working here". "I feel positive about the future".
- The registered manager was supported by an interim home manager. The registered manager and interim manager told us they were committed to making improvements in the home. Staff, relatives and people's feedback on the management was positive. Health and social care professionals told us they were working with the registered manager and the home to improve care for people.
- Staff felt supported by the registered manager and the interim manager. The comments included: "If we ask the interim manager [name] a question we get an answer". The interim manager [name] has made a difference, when we need stuff sorting, it's done". The registered manager [name] is very supportive, always smiling". "The registered manager [name] is always supporting, brilliant, always at the end of the phone".

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Figbury Lodge is a new build home in a residential area in Poole. The registered manager told us that they are keen to make links with the community and on day one of inspection a community group were using their communal area for an event. They told us that they hope to build on this to involve the community in the home and people in their community.
- The home worked closely with a variety of external health and social care professionals. The feedback we have received has told us there have been difficulties but the working relationship with the home has recently improved.
- The home held staff meetings and has a daily 10 at 10 meeting with all senior staff. The interim manager told us, "These meetings enable me to have a good snapshot of the home".
- The home had been open since September 2019 so had not yet sought people, staff or relatives' feedback on the home. The registered manager told us that they plan to send these twice yearly to people and their relatives.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure that people's needs were properly assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to ensure people's consent was sought and their rights fully protected.

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 provider had failed to ensure governance systems are operating effectively to ensure risks are managed, people are protected from harm and the service improves.

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 provider had failed to ensure staff had the necessary skills, supervision and training to support them to meet people's needs.

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
Treatment of disease, disorder or injury	The service had failed to manage medicines safely. Systems were either not in place or robust enough to demonstrate risks to people's health, safety and welfare were managed effectively.

The enforcement action we took:

Issued a warning notice.