

Select Health Care Limited

Jubilee Court Neuro-Rehabilitation

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 9 and 10 May 2016 and was unannounced. Jubilee Court Neuro-rehabilitation is a purpose built rehabilitation centre. It provides accommodation with personal care and nursing for up to 30 adults who have acquired brain injury. At the time of our inspection 20 people were using the service.

The service has a manager in post who has submitted an application to the Care Quality Commission to become the registered manager. The previous registered manager left in September 2015.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in November 2014 the provider was not meeting regulations associated with the Health and Social Care Act 2008 which related to the training of staff, not having systems for obtaining feedback from people and their families, not managing risks effectively, not having regard for CQC reports and how the quality of the service was assessed. We told the provider to take action. Following that inspection the provider sent us an action plan which highlighted the action they would take to improve. During this inspection we found that most of these improvements had been made, or were in the process of being implemented.

The providers quality assurance systems had not been effective in identifying the shortfalls and issues in the service.

You can see what action we told the provider to take at the back of the full version of the report.

People received their medicines as prescribed. People told us that staff knew them well and supported them in their preferred way. Staff knew how to support people safely and had training in how to recognise and report abuse.

Staff were recruited in a safe way. We found there was enough staff to support people and meet their needs.

Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. Although staff sought people's consent before providing support they were not fully aware of which people had deprivation of liberty authorisations.

People were treated with kindness, and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health.

People knew how to make a complaint and were confident that their complaint would be investigated and action taken if necessary.

Staff morale had improved and staff felt supported by the management team. People described the management of the home as friendly and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to take their medicines as prescribed.

People said they felt safe and staff understood their role in recognising and reporting abuse.

People said there was enough staff to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not aware of which people were having their liberty restricted.

Staff had the training and support to meet people's needs.

People were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

People said staff were caring, kind and supportive.

Staff knew people well and supported them to maintain their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

Staff had information on how to support people and meet their needs.

People were provided with information about how to raise any concerns or complaints and appropriate procedures were in

place to respond to these.

People were supported to take part in activities they enjoyed.

Is the service well-led?

The service was not always well led

The providers quality assurance systems failed to identify some of the shortfalls and concerns in the service.

People and staff spoke positively about the way the service was managed.

Staff understood their roles and responsibilities and were given guidance and support by the management team.

Requires Improvement ●

Jubilee Court Neuro-Rehabilitation

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 May 2016 and was unannounced. The inspection was undertaken by one inspector, a pharmacist inspector, 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. Our inspection team also included a nurse specialist advisor. The specialist advisor provided specialist nursing advice and input into our inspection processes.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. At the time of our inspection due to concerns, the provider had agreed to be voluntary suspended from accepting any new admissions to the home. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with six people, four relatives, the deputy manager, three nurses, four care staff, a physiotherapist, the catering manager, the maintenance person, an area manager and assistant area manager, and the manager of the service. We looked at a sample of records including six people's care plans, four staff files and staff training records. We looked at the way people's medicines were managed for six people. We

looked at the provider's records for monitoring the quality of the service to see how they had responded to issues raised. In addition we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe and comfortable when they were supported by the staff team. One person told us, "I feel safe here and I have no concerns about the way the staff provide my support". Another person said, "This is a safe environment to live in, the staff are here to make sure I am safe". Relatives that we spoke with told us they thought their family members were safe. One relative told us, "We think our family member is safe here and the staff understand their needs".

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk. One staff member told us, "I have received training about safeguarding people from abuse, and if I had any concerns about people I would not hesitate to report it straight away to a senior or the manager". There was information about safeguarding procedures available to staff.

We saw that people had risk assessments in place which identified any risks due to their specific health and support needs. These assessments included information for the staff to follow to minimise the chance of harm occurring. Some people were at risk of developing pressure sores due to their fragile skin and we saw that cushions were in place to prevent this. Some people were at risk of falling and we saw that falls risk assessments and manual handling plans were in place to instruct staff on the support and equipment that should be used to support people safely. One person told us, "When the staff support me with my personal care I feel safe as they go at my pace and don't rush me. I am gaining confidence now to do things for myself". Staff worked closely with the on-site physiotherapist who provided support to staff about how to support people safely. We saw that staff also observed the physiotherapist when providing rehabilitation support and exercises to enable them to continue to provide this support in a safe way. Staff told us they had received training to do this and one staff member said, "I enjoy supporting people with their exercises and rehabilitation, it is what I came to work here for". We saw people had the necessary equipment to increase their safety and independence.

Staff we spoke with were aware of what was required from them in terms of managing risks and keeping people safe. They had a good knowledge about people's specific needs and the risks associated with their care and support. Staff had access to people's care plans and risk assessments and told us they were updated when there were any changes. One staff member told us, "The communication here has improved and we have regular updates if there have been any changes or progress to people's risk assessments and care plans".

People and their relatives told us they were satisfied with the staffing levels. One person said, "There are plenty of staff here". Another person told us, "Staff are generally very good. I'm wearing a buzzer, sometimes answered promptly but not always. I think they run with minimum staff sometimes. If they don't come I just press my buzzer again and then they come". A relative we spoke with said, "There seems to be enough staff around I have no concerns about this". We observed that staff were visible on each of the units we visited. We saw that staff were able to respond to people's needs in a timely manner. Staff we spoke with

told us they thought the staffing levels were sufficient to meet people's needs. One staff member said, "There is enough staff on duty we all work together. If we were struggling we could go to the manager who would listen to us". We saw the manager had strategies to ensure staffing levels were safe. She told us people's dependency levels were taken into account when planning staffing levels.

Staff we spoke with confirmed they had provided all of the required recruitment information before they had commenced work. These checks included requesting and checking references of the staff member's character and Disclosure and Barring Service (DBS) check. The DBS is a check undertaken to ensure staff are suitable to work with people. We looked at the staff recruitment files and found that all of the required information was in place. We saw that two staff member's application forms contained some gaps in their employment. The staff members were working at the time and were able to explain these gaps and they updated their forms with this information. The area manager made some slight changes to the application form to ensure this information was provided and explored in the future.

People we spoke with told us they were happy with the support they received with their medicines. We found that although the medicine charts were mostly completed correctly there were several occasions when the medicine records had not been signed after the medicine had been administered to the person. The provider had taken action in response to this and implemented daily and weekly audits to ensure any gaps would be addressed in a timely manner. We also found that some people received their medication covertly, which means that it is placed in their food or drink. Protocols and signed authorisations were in place, for some people but not all. We found that some of these medicines were crushed and this information was not recorded in the protocols in place for people. The manager took action to address this. We found that all medicines including controlled drugs were stored securely and stock balances were being recorded correctly. We were advised by the manager that medicines refresher training had been booked for all the nursing staff for the end of May.

Is the service effective?

Our findings

At our last inspection in November 2014, the provider was found to be in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as staff did not have specific training to respond to behaviours that challenge. We found during this inspection that some of the staff had now received this training. All of the staff we spoke with felt confident supporting people. One staff member said, "I have had the training and I now feel confident to respond to any situations that arise. There are protocols in place for people so we know the techniques to use if they become anxious or upset". Another staff member said, "I have attended the training and have the skills and knowledge now to support people safely". We saw that further training had been planned for June and this would be on-going until all staff had completed this training.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw that DoLS authorisations were in place for some people. Only one person had a condition on their authorisation and this had been met. Staff we spoke with had an understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However a nurse we spoke with confirmed they had received the training but was unsure about this legislation. Staff we spoke with were uncertain about which people had a DoLS authorisation and the reasons for this. The manager advised that further training would be provided and information about who had authorisations would be discussed during staff handover and at the next team meeting which had been planned for the following week. We observed and heard staff asking people's consent before providing support. We saw that where people lacked capacity, some assessments and best interest decisions were recorded in their files.

People we spoke with told us they were satisfied with the way staff supported them. One person said, "The staff are good at what they do". A relative we spoke with said, "The staff seem to know what they are doing".

Staff that had recently started working at the home confirmed that they had received an induction. This included the opportunity to work alongside more experienced staff to ensure they were safe and competent to carry out their roles. One staff member said, "I have worked in care before but I completed refresher training and shadowed other staff as part of my induction. This gave me confidence and an opportunity to get to know people's support needs before I worked with them". The manager told us that the new care certificate induction process was provided to new staff that did not have any qualifications in care. The Care certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to deliver

effective care.

Staff we spoke with told us they had received training to enable them to support people's needs appropriately. One staff member said, "I have completed all of the core training and I am waiting for a date for specific training around epilepsy. I have completed other specific training around the conditions people have to increase my knowledge and understanding". A training programme was in place to address the training gaps for staff. We saw that several training sessions had been planned for the next few months, and some staff had attended moving and handling training during our visit.

Staff we spoke with told us they had received supervision previously, but they said they had not had it for a few months. We saw that a new supervision programme had been implemented and formal supervision had been planned for all staff members in the next few months. The staff we spoke with all told us they felt supported in their role, and they confirmed they were able to raise any issues or concerns with a senior, the nurse in charge or with the deputy or manager.

The manager told us that annual appraisals were being implemented to review staff member's overall performance and to complete personal development plans.

People who stayed at Jubilee Court had a variety of needs and were at different stages of their rehabilitation. There had been several changes previously with the therapist team which had impacted on the support and rehabilitation people had received. We found that improvements had been made and people had support from on-site physiotherapists, and we were told by the manager that an occupational therapist was due to commence employment the week following our inspection.

People we spoke with were satisfied with the food provided. One person said, "The food is alright here, If I don't like what's on the menu the cook will make me something else". Another person told us, "The food is alright we have choices". A relative we spoke with said, "The food is first class".

We saw that menus were displayed on the tables and people were asked their food preferences. Where people required support to eat their meal and to have a drink this was provided respectfully. We heard staff encouraging people to be independent and to eat their meal. People had the equipment they needed to be independent for example; adapted cutlery and plate guards were provided. We spoke with the cook who had a good knowledge of people's preferences, cultural and dietary needs, including providing meals to meet people's diabetic needs, and soft diets. The cook told us that she prepared high calorie milkshakes for those people who need to increase their weight.

We saw that there was a system in place to monitor any risks to people of not eating or drinking enough. Referrals to the doctor, speech and language therapist or dietician had been made to ensure risks were reduced. Plans were in place to guide staff and nurses to ensure people received sufficient nutrition and hydration.

People told us they were supported to maintain their health care needs. One person told us, "I can see a GP, dentist, and optician when I need to". Another person told us, "Because of my health needs I see the optician regularly, also the chiropodist". We saw that records were in place to monitor people's healthcare needs to ensure all the staff had up to date information about any changes or on-going issues.

Is the service caring?

Our findings

People we spoke with made positive comments about the caring attitude of the staff. One person told us, "The staff are good people, very efficient and caring". Another person said, "Staff are generally very good". A relative we spoke with said, "We visit regularly and feel comfortable when we leave our family member. We have trust in how they [staff] care for them".

We observed positive interactions between staff and people on each of the units we visited. We saw staff spending time with people and talking to them offering encouragement and reassurance where this was needed. We saw staff showed kindness and compassion in their interaction with people.

We saw staff demonstrated kindness, and respect towards people. Staff encouraged and involved people to make decisions wherever possible. We saw that some people had their own unique ways of communicating. For example staff used pictorial cards to communicate with people; one person used a board to write down their requests or decisions. Other people used facial gestures and signs which staff were familiar with so they were able to understand what the person wanted. Information was provided in people's care records about the ways people communicated. The manager and area manager advised us that they intended on working towards developing individual communication passports for people which would make this information more accessible to people and staff.

We saw staff had a positive approach towards people; involving them in regaining their own skills and independence. We saw for example, staff as well as the physiotherapist encouraged people to do as much as possible in relation to their personal care. One person told us, "They all encourage me and I am feeling much more confident now". Another person told us, "The staff are good they encourage me to do my own washing and help me if I need them to. I am able to do all my own personal care now. We can have a laugh with them which is good".

We observed staff respecting people's dignity and privacy when assisting them with their personal care needs. People were asked discreetly if they needed to go to the toilet. People who required equipment to assist with personal care had these tasks undertaken in the privacy of their bedroom. One person said, "My dignity is maintained by staff when they support me". We saw that when family members and visitors came people were assisted to go to their rooms so they could have some privacy. The staff we spoke with all commented on the importance of making sure people's needs were met in a respectful and dignified way. One staff member said, "I always ask and explain what I am doing and wait for a response from the person before I provide any support. It is important their dignity is maintained and that I provide support in a respectful way".

Relatives and visitors we spoke with told us they could visit at any time and they felt welcomed by the staff in the home. One relative said, "We are always made to feel welcome and we visit to assist staff to give our family member exercises and to massage their legs". One person told us, "Visitors come when they want there isn't any restrictions".

We saw that people are supported or referred to an advocacy service when this has been requested or is in the person best interests. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed, independent choices about decisions that affect their lives. We saw that information about advocacy services was displayed in the home for people and their relatives to access.

Is the service responsive?

Our findings

At our last inspection in November 2014 the provider was found to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 due to not having adequate arrangements for seeking the views of people and their relatives. On this inspection we found that people and their relatives had been sent surveys requesting for their feedback about the service. We looked at the results of this and saw that some positive comments were made and some suggestions had been made about improvements. The report did not include the action that had been taken in response to the improvements as the manager is currently working on this. We saw that weekly coffee mornings had been arranged and people and their relatives or visitors were invited to attend. The manager attended these so that she was available for any questions or comments that were raised. The physiotherapist advised us that relatives and significant people will be invited to attend the clinical reviews to discuss people's support and progress with the rehabilitation plans. This will enable relatives to be involved and provide feedback about the service people received.

People we spoke with confirmed that they had some involvement in the assessment that was completed prior to them moving into the home. One person told us, "I was asked lots of questions about my preferences and support needs so they could complete their assessment". Other people we spoke with could not remember or told us they were not involved in the assessment. When we looked at people's records we saw that assessments had been completed with people where possible and their relatives.

People told us that staff attended to their needs and considered their preferences. One person said, "I get up and go to bed when I want". Another person told us, "I can do what I want during the day there aren't any restrictions for when you have to get up or go to bed. I smoke when I want and go outside when I want". We saw care plans contained information about people's preferences and past history. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. We saw that people's records contained information about their specific conditions and protocols were in place to guide staff on the action they should take if people's condition deteriorated. For example the action to take if someone had a seizure due to their epilepsy.

We observed that during the day staff were responsive to people's needs. One person told us, "The staff are good and they assist me and encourage me, to do things which I need as I can become tearful and unhappy". We observed that staff were attentive to the changing needs of people. For example the physiotherapist and staff assessed how people were feeling and their general wellbeing before they provided or encouraged people to undertake any rehabilitation support. The physiotherapist said, "We have to be flexible with people when we provide their rehabilitation support as they may not be feeling well".

Previously we had found that care and support had not always been focussed on the rehabilitation needs of people that lived at this home. We saw that there had been many changes recently with the staffing and management arrangements which had impacted on the way the service had been delivered. Discussions with people, staff, the physiotherapist and management team demonstrated that the key focus going

forward was on the rehabilitation needs for each person. The physiotherapist said, "The focus is now 100% rehabilitation. We are all passionate about improving people's capabilities. I am reviewing everyone's plans and developing more measured goals to be put in place with realistic timescales".

People told us that they pursued their own interests and hobbies. One person said, "I do not really like TV, I enjoy reading, using the computer, downloading music, anything to keep me occupied. I try to get in the gym every day, there's not much there but I enjoy it". Another person said, "I enjoy putting my make-up on and the staff sometimes help me. I like to go shopping for clothes, and I have regular visits home". We saw that the availability of activities had improved recently. The manager had identified this as an area that needed to be improved in the PIR we received. We saw that the home had a cinema, games and sensory room that people used. We were advised that a new activities staff member was being employed to ensure activities were provided everyday including weekends. We saw people were supported to undertake activities on an individual basis in addition to group activities such as quizzes, and a group of people went out for lunch at the local pub. One person told us about the arrangements that had been made for them to pursue their love of horses and a visit had been arranged for them to visit some stables. The provision of activities had been raised as an issue by people and their relatives in the feedback survey that had been completed. The activities person said, "We are doing more and going out more and we hope to have another car to enable us to take more people out as we only have one car at the moment. Things are improving and will continue to improve in this area". People we spoke with told us they did not hold any religious beliefs and did not wish to attend any place of worship. The manager advised that people's spiritual needs would be supported.

We saw a newsletter was displayed which had been completed by a person living in the home. This contained information about the entertainment provided, and themed events, for example St Patrick's day party, Easter bonnet parade, and celebrations that had been planned for the Queen's birthday. The newsletter was prepared on a monthly basis and provided information to people and their relatives about forthcoming events and entertainment.

People we spoke with told us they were aware of the complaints procedure. One person said, "I made a complaint a couple of years ago, I made another one quite recently and I am happy how the manager sorted it out". Another person told us, "I have complained previously and the issues were addressed. Relatives we spoke with all knew how to raise complaints. We received some feedback from relatives where they had not received a response from the previous management team in relation to the concerns that had been raised. Therefore some relatives had lost some trust in these processes. The new management team advised that they were keen to address these issues and to rebuild the relationship's they had with relatives and people's advocates. We saw there was a copy of the complaints policy displayed in the home. Records were in place detailing the complaints that had been received and the action that had been taken in response to these issues. For example improvements have been made to the activities provided; communication processes and issues relating to staff performance had been addressed

Is the service well-led?

Our findings

At our last inspection in November 2014 the provider was found to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 due to the lack of effective quality assurance systems, ineffective risk management, and not having regard for reports prepared by the Care Quality Commission (CQC). On this inspection we found that some improvements had been made, but some of these were still on-going and actions to address the shortfalls were still being implemented. We saw that changes had been made recently to the management structure due to concerns that had been raised by the staff team which were identified by the Local Authority during a monitoring visit. However these concerns had not been identified by the provider through their own quality monitoring systems.

We found that the new management team has started to embed the required changes and they had started to make improvements to the service. For example, training and supervision programmes were now in place. Supervisors have had or were due to attend training to enable them to have the skills around leadership and management. An out of hour's management rota was now in place and this information was included on the staff rota so staff members knew who to contact in an emergency or for advice and support. Care plans were due to be reviewed to make them more accessible to people and staff due to the volume of information they contained. We saw that progress was being made to address the shortfalls that had already been identified and timescales were in place.

However, we still found some shortfalls that the manager and providers audit had failed to identify. These included, the lack of written authorisation to crush certain medicines for people to make it easier for them to swallow, and gaps in the medicine charts. We also found gaps in some of the monitoring charts. These charts reflected the food and fluid people received in a 24 hour period. We saw that people's charts did not always reflect the total amount of fluid they had been provided. The action taken was not recorded when this was below the optimum level the person needed to remain hydrated. Staff were not aware of which people had a DoLS authorisation.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager left the service in September 2015. The current manager has submitted her application to register with us. All of the people we spoke with told us they thought the service was managed well. One person told us, "The place is quite well run". Another person said, "There is a good atmosphere here. I know who the manager is." A relative we spoke with said, "The service seems to be going in the right direction and things are improving".

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, "The staff morale was really low before, but now since the changes with management things are getting better. I look forward to coming to work again now and I really enjoy my role. The manager is approachable and I feel she is now being allowed to manage the service". Another staff member told us, "Things have improved so much over the last few weeks. The atmosphere is positive and all the staff groups

are working together I enjoy being at work and I am looking forward to focusing on supporting people to gain skills so they can hopefully leave and move on". All the staff we spoke with told us they thought the service was being managed well and the manager provided effective leadership and direction. Staff spoke about how the culture of the service had changed and how positive and focused staff were to ensuring people's needs were met and rehabilitation was the primary aim.

We saw there were clear lines of accountability in the service. The manager was supported by a deputy manager who supervised the registered nurses. Senior staff supported the care staff. Discussions with all the staff and nurses confirmed that communication had improved in the home and everyone now worked together. We saw that tasks were being delegated to ensure that the service was monitored effectively and changes implemented.

There were systems in place to review and monitor accidents, incidents and safeguarding concerns to identify any action needed to reduce risks. The provider met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

Staff we spoke with were familiar with the provider's whistleblowing policy and they were now confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I feel confident now to raise any issues I have about concerns to people or general concerns about how I am treated or how my colleagues are treated".

At our last inspection in November 2014 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We were able to see the rating displayed at the home and on the provider's website.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	People who used the service were at risk of inappropriate or unsafe care because the provider did not have effective systems to assess, manage and monitor risks. Regulation 17 (2) (a)
Treatment of disease, disorder or injury	