

Giltbrook Health Care Limited

GHC Nursing Home

Inspection report

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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

GHC Nursing Home is a residential care home registered to provide personal and nursing care for up to 40 older people, some of whom may live with dementia. There were 20 older people living at the home at the time of the inspection. The care home accommodates people across two separate floors with a lift installed between the floors.

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

Medicines were not always managed safely, and people did not always receive their medicines as prescribed. Some medicines were unaccounted for. Risks to people receiving care were not always assessed and actions were not always taken to reduce risks to people. Incidents had not always triggered a review of safety so lessons were not always learnt. Care plans were not always in place to help staff provide consistent care, or when care plans were in place they lacked sufficient detail as to how to guide staff to provide safe care.

Systems to ensure the continuity of governance arrangements in the absence of the registered manager were not effective. Audits designed to assess, monitor and mitigate risk and identify improvements in the quality and safety of care were not always effective. Records were not always accurate or up to date. Audit processes had not identified when notifications were not submitted to CQC as required.

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

Not all staff were supported to have the necessary skills, experience and competence to use the provider's medicines systems. Care staff had completed some training however the provider did not have a current overview of staff training, skills and competence.

People saw other health and social care professionals when required with their care. Assessment processes were in place, but not consistently completed or reviewed. A refurbishment plan was in place to ensure improvements to the premises were made. People enjoyed the garden however, some design features in the home were not always helpful for people living with dementia. People enjoyed a varied diet that met their personal needs.

Information on people's end of life care planning was not always clear. Care plans contained some details on people's life histories to help staff understand and know them well. Evaluations of care plans did not always show how people and their families had been involved to ensure the care plans were still up to date and relevant. Communication needs were mostly met. People were able to take part in activities and enjoyed sitting with their friendship groups. Complaints processes were in place to investigate any complaints raised.

Enough staff worked at the service so that people received timely care. Recruitment checks were made to help inform the provider's recruitment decisions on staffs' suitability to work in care. Staff understood how people could be at risk from abuse and knew how to report any concerns. Infection prevention and control measures were in place and followed and this helped to reduce the risks from infection.

People's privacy was respected, and their dignity and independence promoted. People had been supported to personalise their own bedrooms. Staff supported people to retain their everyday living skills. Advocates had been involved to help represent people's views and opinions when needed.

The provider had policies in place for staff to follow to help ensure openness and transparency were shown when investigating incidents. People, relatives and staff told us they found the registered manager and other members of the management team approachable and felt confident they would take action should any concerns be raised with them. Staff told us they felt happy working at the service and were happy with their team colleagues.

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

Rating at last inspection

This is the first inspection of this service under its registration as GHC Nursing Home. The service has previously been registered under a different legal entity.

Why we inspected

The service was previously registered as Giltbrook Care Home. Whilst the service is now registered as GHC Nursing Home, the key people involved in running the service, including the registered manager and Director are the same people who were involved in running Giltbrook Care Home. When the service was registered as Giltbrook Care Home, we received concerns in relation to the management of medicines, maintenance, food and care. The local authority and CCG had visited in relation to some of these concerns and had provided feedback to the provider. One concern was still under investigation by the local authority safeguarding team. More recently, under the registration as GHC Nursing Home, we had received concerns regarding staff feeling bullied. As a result of all this information, we undertook a responsive comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, 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.

Following our inspection, the provider told us they would take action to mitigate the risks found.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for GHC Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to safe care and treatment and governance.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request the provider becomes compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 ●

GHC Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Day one of this inspection was completed by one inspector and one inspection manager; day two was completed by one inspector.

Service and service type

GHC Nursing Home 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.

GHC Nursing Home has a registered manager in post. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available on day one of the inspection but was present on day two.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from partner agencies and professionals including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with ten members of staff including the registered manager, consultant, nurse, care team leader, carers, activities coordinator, domestic cleaner, the cook and maintenance staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. At this inspection this key question has been rated as 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

- Medicines were not always managed safely. We found two tablet medicines on the dining room floor; the nurse was unable to identify who they were for. This meant people had not always had their medicines as prescribed and additionally, the medicines presented risks to people living with dementia who may have found them and taken them.
- Quantities of medicines held in stock did not always equate to what records showed were left. This indicated people had sometimes received less medicines than prescribed. Some of these medicines were to help people sleep better at night and staff told us and records showed one person had been distressed and unsettled at night. For other people, records and stock checks indicated some medicines were missing and unaccounted for. The registered manager told us not all nurses who administered medicines knew the correct codes to enter on the system to ensure the correct stock balance. The provider could not demonstrate people had received their medicines as prescribed.
- The system used to record medicines offered 'as and when required' did not always show the reason why they were administered. For example, whether a person had become more unsettled and what other actions had been tried before resorting to medicines. This is important so as to ensure medicines are given at safe intervals and for the correct reason, after any other less restrictive measures had been tried.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people, including those from the use of equipment, were not always assessed, and actions not always taken to mitigate risks. We found one person had bed rails in place without any bed rails risk assessment completed. Their arm had become injured by the bed rails dropping position and this incident had not initiated a safety review. Other records showed where people had experienced a number of falls and their falls risk assessment and care plan had not always been updated to review these and re-evaluate risks and control measures. People were placed at harm as risks were not assessed and mitigated and incidents were not reviewed to reduce the risk of recurrence. Lessons were not always learnt.
- Care plans were not in place for important areas of people's care. For example, one person required staff assistance to mobilise using equipment. There was no care plan in place to provide guidance to staff on how this should be done. We observed variations in how different staff assisted this person to move. Another person had no care plan in place for their type 2 diabetes. Other people, who could at times experience behaviours that placed themselves and others at risk, had no care plans in place to guide staff to provide safe care. One person displayed behaviour that challenged, their care plan did not contain sufficient detail to guide staff to provide safe care. People were placed at risk as care plans were not in place to ensure safe and consistent care.

Care and treatment had not always been provided in a safe way for people. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Enough staff were available to provide safe care to people. For example, staff responded swiftly to an emergency call bell, people who used equipment to move were supported by two staff members and staff were present in communal areas should people require care. Other staff roles included an activities coordinator, cleaning staff, kitchen staff and maintenance; this helped to ensure care staff had sufficient time to provide care.
- Staff recruitment records were in place. These showed the provider's interview processes asked relevant questions for staff applying to work at the service. Further checks had been made to help the provider make a judgement as to whether staff were suitable to work in a care environment before they were offered employment. For example, criminal record checks and reference checks.

Systems and processes to safeguard people from the risk of abuse

- Records showed where the registered manager had completed safeguarding investigations as required by the local authority safeguarding team; one safeguarding enquiry was still in progress and had not concluded at the time of our inspection.
- Staff could identify the potential signs of abuse and knew how to raise these concerns in line with the provider's safeguarding and whistleblowing policies, to which they had access to.

Preventing and controlling infection

- People were protected from the risks associated with infection. At the time of our inspection, staff were not providing care to anyone with COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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. At this inspection this key question has been rated as 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.

- Mental capacity assessments or records to show people's consent had been gained were in place for some but not all specific decisions relating to people's care. We found no record to show consent had been gained, or a mental capacity assessment completed for important decisions regarding one person's care. This included the use of bed rails and the decision to remove the call bell, designed to call for staff assistance, from the person. The registered manager told us they would complete these.
- Some people had authorised DoLS in place. The registered manager had contacted the local authority when these were due to expire and was still waiting for some DoLS extensions to be approved at the time of the inspection. Care plans did not reflect the DoLS authorisation had been reviewed to ensure any restrictions were still required and appropriate whilst waiting for an extension to be approved.
- Care plans did not detail whether people had conditions that needed to be met as part of any DoLS authorisation. Some staff had limited knowledge of which people's care decisions would be subject to the MCA and DoLS.

Staff support: induction, training, skills and experience

- Nurses who worked at the service were mostly regular agency nurses, however on day one of the inspection the regular agency nurses were not available and another agency nurse was covering. Agency nurses were given an induction and had their competency to administer medicines checked. However, this was not always effective as the registered manager told us some less regular agency nurses did not always know the correct codes to use when administering medicines on the electronic system. Agency staff did not always receive appropriate support and training for them to have the necessary skills, experience and

competence required on the systems used by the provider to provide effective care.

- Staff told us, and records confirmed they completed an induction process when they first started and had their competency assessed and completed further training. However, the training matrix did not provide assurances as to when staff had completed training relevant to people's care needs. For example, there were gaps in areas such as safeguarding, end of life care, falls awareness, the MCA, DoLS and pressure area care.
- Staff had supervision meetings with the registered manager. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

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

- Assessments were mostly, but not always in place to cover people's health, care and well-being needs. For example, to cover risks to skin integrity and falls. However, as reported in our 'safe' section, these had not always been regularly reviewed or included reviews of relevant incidents.
- Pre-admission assessment processes were in place. However, one person newly admitted to the service had not been supported with timely assessments of their needs to inform the development of full care plans and risk assessments to ensure they received effective care.

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

- The service worked with other health and social care professionals to help ensure effective care for people. We saw that one person received regular occupational therapy support.
- Care records showed where other professionals such as GP's had been involved in people's care.

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

- The provider had recently employed new maintenance staff and a refurbishment plan was in place. Areas we saw that were in need of refurbishment were included in the refurbishment plan and timescales for their completion had been identified.
- The home's décor had been designed to help people living with dementia; this included themed corridor areas and rooms, and seating in corridors to allow people to sit and rest. However, some design features were confusing for people. Information boards had not always been updated and so informed people it was the wrong day. We saw one person went to the 'café' to get a drink but there were no refreshment facilities available and this confused them.
- The home and garden were accessible, and a lift provided access to both floors. People told us they had enjoyed sitting out in the garden in nice weather and we saw people enjoyed looking out into the garden from the lounge areas. Equipment to help people with their mobility and retain their independence was provided.

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

- People told us they enjoyed their meals and we saw staff created an enjoyable dining experience. One person told us, "There's lovely meals here." People were offered choices and meals were served on different sized plates to help people eat well.
- Different dietary needs were known and catered for. For example, vegetarian and diabetic diets as well as diets that required foods to be provided in different consistencies. Kitchen staff knew what actions to take to fortified meals and drinks for people who were at risk of weight loss. Details of these dietary needs, as well as any allergies were known by staff and available in the kitchen for staff to reference.
- We checked the stocks of food available and found these were sufficient. Menus were planned out in advance and offered variation and alternative choices.

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. At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected. We observed staff enabling people to retain their everyday living skills and abilities. For example, over mealtimes.
- Staff took action to help adjust people's clothing to ensure their dignity was maintained. People's choices for their preferred name were known by staff and used.
- Staff respected people's privacy. We observed staff knock on people's bedroom doors and staff knew and respected when people had chosen to spend time in their bedroom.

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

- One person told us, "If I need anything, staff will help." We observed staff having friendly conversations with people and checking people were happy. For example, we saw staff made sure one person had their handbag with them so they had everything they needed close by. We saw the person was re-assured by these actions.
- People's diverse needs were known and respected by staff, for example people's dietary choices.
- People had been supported to personalise their bedrooms and to dress and accessorise as they wished. We saw a celebration had been planned for one person to mark a special occasion; this was enjoyed and appreciated by the person and their family.

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

- Care plans were personalised. Relatives told us they were involved in reviews of people's care. However, not all care plans recorded how people and their families had been involved to ensure they remained up to date and reflective of people's current and on-going needs.
- We observed staff asked people what help they needed before they started to provide care.
- Records showed where advocates were involved in decisions when required. Advocacy services provide help to people to represent their views and opinions.

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. At this inspection this key question has been rated as requires improvement. This meant people's needs were not always met.

End of life care and support

- Care plans were not always clear on people's resuscitation wishes and at times contained contradictory information. No-one was receiving end of life care at the time of the inspection however the home did provide end of life care when needed. The registered manager showed us people's resuscitation wishes were detailed on the handover sheet, however this system had not been shown to us on day one when the registered manager was not present and there had been a delay in the covering consultant confirming people's resuscitation status. We were concerned this would have had negative impacts for people should there have been a medical emergency.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained some details on people's life history, hobbies and interests; staff told us they used this to help them know and understand people better.
- Records showed when care plans had last been reviewed. However, care plan evaluations did not confirm the care plan had been reviewed with the person or their family members to ensure their care still met their preferences.
- We saw staff offered people everyday choices, for example meal choices and where they would like to spend their time. Staff understood the importance of people's diverse needs, for example, people's different faith beliefs.

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 assessed and included details of any aids required, such as glasses and hearing aids to ensure people could communicate effectively. The consultant told us one person had experienced difficulty in understanding staff with the introduction of face masks as they relied on lip reading. However, we were not shown this person's needs had been re-assessed and it was not clear how their communication needs were currently being met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People sat with their friendship groups and enjoyed sharing conversation. Activity sessions took place and

we saw people chose to take part in these. People we spoke with told us they enjoyed these.

- Visitors were welcomed to the home in line with COVID-19 visiting guidance and we saw people enjoyed seeing their visitors.

Improving care quality in response to complaints or concerns

- Information was available on how to give feedback to improve the service or complain. This information explained complaints were used to improve the service and offered reassurance that people would be treated fairly if they did have a complaint to make. One person told us, "I have no complaints." They told us they knew who to talk to should they want any issue addressed.
- The provider kept records of any complaints received and details of how they had been investigated and resolved.
- Positive feedback and thank you cards had been received and shared with staff.

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. At this inspection this key question has been rated as 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

- Systems to ensure the continuity of governance arrangements in the absence of the registered manager were ineffective. This was because on day one of the inspection when the registered manager was absent, the covering consultant was not able to access records relating to the quality and safety of services. This meant they were unable to tell us key information about the service. For example, details of staff recruitment, induction and competency checks. This was important because we needed to check staff recruitment and competency checks due to the medicines concerns reported on in safe.
- We found numerous medicines management issues as detailed in the safe section of this report. The latest audits of medicines had not identified these shortfalls, for example, discrepancies over medicines administered and remaining stock.
- When the service was registered as the previous legal entity the local authority and health service found gaps in care plans and these had not been resolved by the new provider. This was because we found care plans and risk assessments still contained gaps in information.
- The latest audit of staff training had not been fully completed so there was no management overview of compliance rates with required training. The training matrix used by the provider to show an overview of staff training did not provide assurances as to when staff had completed training relevant to people's care needs. This meant the provider was unable to demonstrate they knew and held management oversight on the current status of staff training and skills.
- Care plans and other records such as the DoLS spreadsheet and training matrix had not been kept up to date. Care records were not always accurate as they contained contradictory information. Controlled drugs records had not been made in line with good practice as they contained crossings out and records had been over-written. There were gaps in the records. Records were not always up to date and accurate or followed good practice guidance.
- The system in place to review accidents and incidents was not always effective. We found a report of a serious incident where a bed rail had dropped onto a person's arm and caused injury; there was no record to show this had triggered a review of safety. This meant systems to help inform continuous learning and improve care quality and safety had not been effectively operated.
- Audit processes did not check that statutory notifications were submitted to the CQC as required for notifiable incidents. Evidence indicated the provider had failed to notify the CQC for notifiable incidents as required. This is subject to further investigation by CQC.

Systems and processes designed to assess, monitor and improve the quality and safety of services and reduce risks had not been operated effectively. Records were not always up to date and accurate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; 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;

- We saw the provider worked with visiting health professionals and social care professionals, such as the local authority safeguarding team.
- The provider had a complaints policy in place which, along with the provider's duty of candour policy, provided guidance for staff to follow to help ensure openness and honesty when investigating any incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and families knew the registered manager and members of the staff and management team. Relatives told us they felt management and staff were approachable and would listen and act should they have any concerns. Families told us they felt welcomed by staff when they used the service and involved in the care of their loved ones.
- Prior to our inspection, we had received information that staff felt bullied. The provider had investigated this and found no concerns. Staff told us they felt happy working at the service and were happy with their team colleagues and management. Staff told us they felt involved by the registered manager and found the regular daily meeting with them kept them up to date with any changes.
- People were supported to work towards their own goals. This helped empower people and helped them achieve good outcomes.

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	People did not always received safe care and risks, including those relating to people's health and care needs, medicines and equipment were not always assessed and mitigated. 12 (a)(b)(e)(g)

The enforcement action we took:

We served a warning notice on the provider instructing them to become compliant with the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

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	Systems and processes were not effectively operated to assess, monitor and improve the quality and safety of services and assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others. Records were not always accurate or complete. 17(a)(b)(c)

The enforcement action we took:

We served a warning notice on the provider instructing them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.