

Leonard Cheshire Disability

# The Grove - Care Home with Nursing Physical Disabilities

## Inspection report

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Date of inspection visit:  
18 April 2023

Date of publication:  
08 August 2023

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

The Grove - Care Home with Nursing Physical Disabilities is a nursing and residential home for people with physical and specialist neurological care and support needs. The service provides support to 32 people. At the time of our inspection there were 31 people using the service. Accommodation is located across two floors, with a people carrying lift in place. People had access to ensuite and shared facilities. There are large grounds surrounding the service accessible to people living at the service.

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

At this inspection we found sufficient action had not been taken in response to our warning notices served at our last inspection and the provider remained in breach of regulations, resulting in people not having their needs met safely or consistently. The provider continued to lack oversight and ability to drive improvement from the last two inspections.

We found people were still not receiving care and support to meet their needs in a consistent or timely way, by sufficient numbers of staff, particularly people who did not have 1:1 support needs. Staff told us, and rotas confirmed reviews of staffing levels were still not carried out and there were not always enough staff to meet people's needs.

Risks in relation to the management of people's medicines remained an area of concern, and there remained concerns in relation to the cleanliness and condition of people's care environment.

People were mainly supported to have maximum choice and control of their lives, however, care records continued not to contain accurate mental capacity assessments to ensure staff supported them in the least restrictive ways possible and in their best interests; the policies and systems in the service did not support this practice. Again, inspection findings demonstrated a lack of action taken by the provider in response to the previous breach of regulation and warning notice served to ensure staff adhered to the principles of the Mental Capacity Act (2005).

We received positive feedback about the care provided from people's relatives, and overall, it was felt communication had improved since our last inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The Grove - Care Home with Nursing Physical Disabilities provided care and support to people with a

learning disability, but this was not their primary support need. The service provider had implemented training and development for services to incorporate right support, right care, right culture into their practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement. (Published 13 December 2022). Warning notices were served, for breaches of regulations relating to safe care and treatment , consent to care and support, staffing levels and the governance and oversight of the service. The warning notices were served on 18 November 2022, with the provider needing to be compliant by 02 and 30 January 2023.

At this inspection we found the provider remained in breach of regulations.

The last rating for this service was requires improvement. and has been rated requires improvement for the last three consecutive inspections and has not been compliant with the regulations since 2018.

#### Why we inspected

We undertook this focussed inspection to check whether the Warning Notices we previously served in relation to Regulation 11, 12, 17, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This focussed inspection covered the key lines of enquiry of Safe and Well-led. The overall rating for the service has deteriorated to inadequate.

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.

#### Enforcement and Recommendations

We have identified continued breaches in relation to consent to care, safe care and treatment including infection prevention and the management of medicines, staffing levels, governance and oversight of the service at this inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# The Grove - Care Home with Nursing Physical Disabilities

## **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 Health and Social Care Act 2008.

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

Two inspectors, and a specialist medicine inspector.

#### Service and service type

The Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grove is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

We spoke with members of staff including the registered manager, deputy manager (who was also the service's clinical lead) 2 members of nursing staff, 2 care and 1 ancillary staff and a member of agency care staff. We spoke 3 people living at the service and observed care provided in communal areas.

We reviewed a range of records, including 5 people's care records and 10 medication records and observed some of the morning medicines round. We looked at 2 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.

We continued to seek clarification from the provider to validate evidence found. We spoke with a further 4 people's relatives by telephone, about their experiences of the care provided. We spoke with a nurse a team leader and a member of care staff by telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At our last inspection, risks relating to the management of people's medicines and the associated risks were identified. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had not been made, and the service remained in breach of regulation 12.

- Concerns regarding medicines management remained at this inspection. Discrepancies with people's medicines were found when reviewed against the service's Electronic Medicine Administration Records (E-MAR). The E-MARs did not confirm people had received the correct dosages of medicines. For one person, this included an anticoagulant medicine (to prevent clotting) which if not given can lead to the risk of complications to the person.
- Whilst staff were monitoring people's medicines daily and completing audit checks, the discrepancies we found on the E-MARs had not been identified. Where people had medicines in skin patch form, records did not include evidence of safe removal of the previous patch to reduce the risk of overdose or skin irritation.
- Staff had not followed the provider's policy and procedures when they identified medicines errors and issues so they could be collated, learnt from and improvements made. Not all staff had up to date medicine administration competency checks to ensure their practice continued to be safe.
- Where people required medicines to be given covertly (concealed in food or drink ) the quality of people's mental capacity assessments and best interest decisions were not always robust enough to ensure people's individual wishes were respected. There was a lack of detailed guidance for staff about how to prepare the medicines to be given covertly.
- When people were prescribed medicines on a when required basis (PRN), there was a lack of written guidance and for others insufficient person-centred information available to help staff give people these medicines consistently and appropriately.
- Creams for topical application were not stored securely to protect people from unsupervised access to them, increasing the risk of harm if ingested.
- We identified one recently prescribed topical medicine available for use which was not recorded. Members of staff were unclear where on the person's body it was to be applied. We also identified that a person's eye drops with limited shelf-life had not been dated at the time of opening to monitor its expiry to ensure it remained safe to use.

Risks relating to the management of people's medicines and the associated risks had not always been identified to help protect people from the risk of harm. This was a repeated breach of regulation 12 (Safe



Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management□

At our last inspection, risks relating to the health and welfare of people were not always assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had not been made, and the service remained in breach of regulation 12.

- We previously identified people were not being regularly weighed, with corresponding Malnutrition Universal Screening Tool (MUST) and Waterlow scores (gives estimated risk for the development of skin ulcers) not being regularly reviewed. Records showed a continued lack of analysis to ensure onward referrals and changes in need were being acted on. Records also showed continued gaps in the completion and regular review of MUST and Waterlow scores which did not ensure appropriate steps were taken to mitigate the risks of developing skin ulcers or malnutrition.
- People's care records continued not to be regularly reviewed and updated to ensure guidance for staff was current and accurate. The service continued to use agency staff unfamiliar with people's needs, and many people were unable to inform staff of their needs independently due to being unable to communicate verbally or through use of technology.
- Where people smoked, the provider had not consistently completed risk assessments to help protect people and others against fire risks.
- Improvements to the management of people experiencing falls was required. When we reviewed governance meeting records, against the service's incidents tracker, we identified discrepancies in these records which showed people were experiencing repeated falls which were not being reported to the local authority safeguarding team. This demonstrated a lack of adherence to the local authority falls and safeguarding guidance, or actions taken while awaiting a falls assessment to maintain people's safety.
- Records showed daily manager walk arounds were only completed during the week and were not identifying areas of risks and concerns found during this inspection. Records of environmental checks such as window restrictors and bed rails audits lacked detail and were not being signed off by the registered manager to ensure sufficient oversight of staff checks were in place, to prevent the risk of harm to people.
- We checked a sample of water temperatures and identified some rooms with water running cold and some running very hot to the touch. We asked the registered manager to follow up on these concerns. They only checked the sample of rooms we reviewed rather than checking across the service to maintain people's skin safety. This response did not demonstrate recognition of the seriousness of our concerns and did not protect people's skin from risk of harm.

Risks relating to the health and welfare of people continued not to be assessed and managed. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection locking mechanisms were now on the sluice room doors and the cupboard where drink thickener was stored. This reduced the risk of people accessing risk items.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, staff were not always working in line with principles of the MCA legal framework. This was a breach of regulation 11. (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had not been made, and the service remained in breach of regulation 11.

- We found the service was still not working within the principles of the MCA and where mental capacity assessments had been completed, corresponding best interests meetings had not been held where people had been assessed to lack mental capacity.
- Whilst multiple assessments for people had been completed, we identified these to be of poor quality. We found, with changes in decisions being made from the start to end of assessments. We identified examples of where information relating to the wrong person included in people's assessments, making the content inaccurate. .
- Copies of people's mental capacity assessments were not in place on people's files for staff to access. The registered manager told us this was because best interest meetings had not been held with people's relatives. As an outcome of our last inspection, we had asked the provider to ensure people's mental capacity assessments were fully assessed and reviewed by the start of January 2023. We were therefore concerned at the lack of progress made.
- Mental capacity assessments did not document the time the assessment was completed in line with the Act, with the requirement of making and assessing time specific decisions. This was an area of poor practice previously identified. When the assessment found people to lack mental capacity, this was not reflected consistently within the assessment document.
- At the last 2 inspections, the need for use of assistive technology was recommended to determine if these could help improve people's levels of independence and decision making. From assessments reviewed, these continued to demonstrate a lack of use of assistive technology in promoting people's independence.
- The service's own records indicated times where people's DoLS authorisations were overdue, which did not demonstrate staff were monitoring and acting on renewal dates to uphold people's human rights.

Staff continued to not always work in line with the MCA principles. This was a repeated breach of regulation 11. (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- If needed, the provider had ensured appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

## Staffing and recruitment

At our last inspection, sufficient levels of staff were not deployed to keep people safe during the day and overnight. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had not been made, and the service remained in breach of regulation 18.

- From reviewing rotas and governance records, these confirmed there continued to be concerns relating to the number of staff on each shift during the day and overnight to respond to people's in a timely way and spend quality time with people. The service's records showed there continued to be episodes of people's call bells not being responded to in a timely way.
- No changes had been made to staffing levels since our last inspection, to help address the concerns we identified and the service had more people residing there than at our last inspection. At the time of this inspection, the registered manager was in the process of reviewing each person's individual dependency levels to determine whether changes in staffing levels were required, but this had not been completed as an outcome of our last inspection
- From reviewing people's Personal Emergency Evacuation Plans (PEEPS) and checking with the registered manager, 26 people required assistance of at least 2 staff to support evacuation from the service in the event of an emergency. Seventeen people required at least 2 staff to assist them to change their position. Records confirmed 2 people required assistance of 3 staff to evacuate. This was of particular concern at night, as staffing levels were less than during the day time to support people's individual care needs and support in the event of an emergency.
- We previously identified concerns regarding the timing of staff breaks, impacting on people's care. From reviewing staff allocation sheets, these continued not to consistently record break times and those recorded showed multiple staff members off the floor at one time. None of the staff allocation sheets confirmed night time 1:1 allocation and associated breaks. This placed people with complex care and medical support needs at risk of there not being sufficient staff on shift to meet their needs.

There continued to be insufficient levels of suitably trained staff on duty to keep people safe during the day and overnight. This was a repeated breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular agency staff were in place to manage shortfalls in staffing numbers, although we received mixed feedback on how familiar some of the agency staff were with people's complex needs. Those people receiving funded one to one care, were supported by core members of staff to meet their needs safely.
- Staff were recruited safely to the service, with relevant checks including DBS Disclosure and Barring Service ((DBS) checks in place, to ensure staff were suitable to work with vulnerable people. (Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.)
- Staff confirmed new members of staff had an induction period, to complete training and spend time with an experienced member of staff before working alone.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Communal bathrooms remained in need of repair, impacting on the ease of keeping surfaces clean. People's ensuite bathrooms continued to be used as storage for equipment impacting on cleanliness.
- We were not assured that the provider's infection prevention and control policy was up to date. There continued to be concerns regarding quality audits and checks completed by the registered manager in relation to infection, prevention and control and in response to safety incidents. Inspection findings did not demonstrate implementation of the provider's policies and associated standards into practice.
- Legionella water safety checks were in place, but limescale remained present impacting on standards of infection, prevention and control. The registered manager told us de-scaling limescale checks were in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that 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 was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People were able to receive regular visits from relatives and friends within the service, as well as having meetings and attending social events out in the local community.

Learning lessons when things go wrong

- Inspection findings demonstrated a continued lack of learning from feedback from the last inspection, or the enforcement action taken to drive improvement at the service.

Systems and processes to safeguard people from the risk of abuse

- From reviewing the service's incident, accident and safeguarding logs, we identified there continued to be examples of safeguarding incidents notified to the local authority, but not to CQC in line with the registered manager's regulatory responsibilities.
- The provider had developed a 'notification poster' to guide staff and the registered manager as to the types of incidents and accidents CQC needed to be notified of. From reviewing the service improvement plan, this document continued to need further development rather than a blanket approach taken.
- Staff were able to tell us signs of concerns and abuse they would monitor for, and the process they would take to ensure these were reported to the local authority safeguarding team. Staff consistently told us they would escalate concerns to the registered nurses or registered manager at the service.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection, we identified the provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had not been made, and the service remained in breach of regulation 17.

- There continued to be a lack of good governance and oversight at a provider and registered manager level. We continued to find risks and areas of poor practice which were brought to the provider's attention as an outcome of the enforcement action taken at the last inspection. This demonstrated a lack of action being taken to improve standards of care for people living at the service.
- The provider only completed their first audit of the service in March 2023. This shows a clear lack of action taken in response to inspection findings completed in October 2022. Action points listed on the provider's audit were for implementation in April 2023, and were not in place by the time of our inspection.
- The service's improvement plan showed a lack of timely improvement in response to the warning notice compliance timescales. We continued to find examples of notifiable incidents the registered manager had not reported to CQC.
- Where audits such as those for medicines, care records and infection prevention and control, were carried out, these continued to be ineffective and had not identified the concerns and risks we found during this inspection.
- Staff demonstrated a continued lack of adherence to the provider's policies, in relation to the handling and reporting of medicines errors to ensure findings could be collated and overseen in a way that led to improvements.
- There continued to be concerns and risks identified from the service's call bell audits which was an area of concern identified at the last inspection. Detailed out of hours checks were still not being completed.
- There was a clear division within the service between the clinical team and care staff. The registered manager provided details of planned increased responsibilities for team leaders, to support nursing tasks, without sufficient consideration given to the impact this would have on the team leader's abilities to meet the existing demands of their roles as no backfill arrangements were in place.
- Improvements in staffing levels had not been made since our last inspection, and the service was only now in the process of reviewing each person's dependency levels. Improvements to the service's

dependency assessment was required to recognise staff needing to cover 1:1 staff breaks, acting as a second carer to 1:1 tasks such as moving and handling.

- The service held regular governance meetings, where people's support needs were discussed, and care records updates given to the registered manager, yet the issues with poor oversight of people's individual needs remained. Governance records showed action points not being acted on or rolling from one month to the next.
- There was a lack of oversight by the registered provider in relation to the performance and condition of the service. We identified areas of the service requiring refurbishment at the last inspection which continued not to have been addressed or identified from their own audits and checks.
- Improvements to the completion of nurse clinical competencies, staff supervision and appraisals were needed to ensure the registered manager had sufficient oversight of staff performance and clinical competence.
- Training compliance levels remained high across the service for care staff, however, the training matrix contained no refresher dates, and some course staff had completed over 7 years ago. There were a number of role specific training and competency checks for nurses needing to be completed. The service's own governance records show this was repeatedly identified, but not addressed, and a lengthy timescale given for this risk to be addressed.
- Inspection findings have repeatedly identified the need for a greater focus on staff competencies and implementation of training into practice, to ensure staff have the required skills to meet people's complex, individual needs.

The provider continued to have poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a repeated 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 demonstrated compassion and care for the people they supported. However, much of the care was observed to be task focussed. Staff continued to give mixed feedback on the current morale within the staff team.
- Areas of people's care recorded continued to require further development. They required improvements to collaborative working with people and their relatives to ensure their needs and wishes were fully reflected, and for provision of person-centred care.
- People attended regular meetings, with support to share feedback and express their views on the running of the service, including developing menus and the activity programme.

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

- From reviewing the service's accident and incident records, we could see family were kept informed when things happened. However, from reviewing other governance documents we identified incidents and complaints where safeguarding concerns had been raised with the service that had not been included on the service's incident, accident and safeguarding log to be assured these incidents were dealt with appropriately
- There continued to be evidence of a break down in relationships between the registered manager and nursing team, impacting on meeting areas of improvement at the service.

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

- The registered manager demonstrated a lack of ability to meet the compliance timescales attached to the warning notices served, which resulted in the service remaining in breach of the regulations, and deterioration in rating for well-led as an outcome of this inspection.
- The service continued to maintain good working relationships with the GP practice. Weekly multi-disciplinary meetings between the GP staff and service were held to review each person's medical support 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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The care provider continued not to be working in line with the Mental Capacity Act (2005).  This was a breach of regulation 11(1)

### The enforcement action we took:

Conditions imposed on the provider's registration at this location.

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 care provider continued not to be providing care in a clean and well maintained environment. Concerns regarding medicines management, and infection prevention and control remained.  This was a breach of regulation 12 (1).

### The enforcement action we took:

Conditions imposed on the provider's registration at this location.

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 care provider continued to have poor oversight and governance arrangements in place to ensure the service provided good standards of care and support. The care provider's own audits and checks were not identifying areas of risk and concerns found during this inspection.  This was a breach of regulation 17 (1).

### The enforcement action we took:

Conditions imposed on the provider's registration at this location.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The care provider had not reviewed their staffing levels to ensure people's assessed needs and risks were met during the day and overnight. Improvements to staff competency checks remained. Improvements to supervision and staff performance continued to be identified.

This was a breach of regulation 18 (1).

**The enforcement action we took:**

Conditions imposed on the provider's registration at this location.