

Lifestyle Care Management Ltd

# Green Acres Nursing Home

## Inspection report

Rigton Drive  
Burmantofts  
Leeds  
West Yorkshire  
LS9 7PY

Tel: 01132483334  
Website: [www.lifestylecare.co.uk](http://www.lifestylecare.co.uk)

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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

We inspected Green Acres Nursing Home on 27 April 2016, 04 and 09 May 2016. The first day of the inspection was unannounced which meant the staff and registered provider did not know we would be visiting. We informed the registered provider of our subsequent visits. At our last inspection in October 2013 the provider was meeting the regulations we inspected.

Green Acres Nursing Home is a large purpose built property. The service provides care and accommodation for up to 62 people who require personal care and/or nursing. The service can support older people and people who are living with dementia. The service is close to all local amenities.

The registered provider works in partnership with the NHS to offer beds for people requiring rehabilitation following hospital discharge or admission from the community. There are NHS therapy staff on site and an NHS community nursing team who support this service for people requiring rehabilitation.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Risks to people's safety were not always assessed by staff. Monitoring records to ensure people's health did not deteriorate or to prevent ill health was not always completed by staff. We saw people's care plans were not always person centred and were not written in a way to describe their care, and support needs. We saw little evidence to demonstrate people had developed or agreed to their care plans.

Systems in place for the management of medicines so people received their medicines safely were not always appropriate.

We saw staff had not received supervision on a regular basis or had an annual appraisal. Staff had not always received training and therefore may not have had the skills and knowledge to provide support to the people they cared for.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

People told us there were enough staff on duty to meet people's needs. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff did not always understand the Mental Capacity Act (2005) and the process to ensure people who lacked capacity to make their own decisions was not always followed or documented in people's care plans.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. People told us overall they felt well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People had good access to healthcare professionals and services. People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a range of activities available for people to join.

The registered provider had a system in place for responding to people's concerns and complaints. The new system in place to monitor and improve the quality of the service provided we saw was robust and will be effective once fully implemented.

We found the registered provider was breaching The Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see the action we told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The arrangements in place to ensure people received medication in a safe way were not always appropriate. Risk assessments and control measures were not always completed in people's care plans to prevent harm.

Staff were able to explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff training, supervision and annual appraisal was not always up to date to ensure people were cared for by knowledgeable and competent staff.

The Mental Capacity Act (2005) was not always used to plan care for people who may lack capacity to ensure this was in the person's best interests.

People were supported to make choices in relation to their food and drink. People had good access to healthcare professionals and services.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by caring staff who overall respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

### Is the service responsive?

The service was not always responsive.

Care plans did not always contain plans for all areas of need identified in assessment. Care plans were not always person centred and did not include preferences, likes and dislikes.

People who used the service and relatives were not always involved in decisions about their care and support needs.

People had opportunity to take part in a variety of activities.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People and staff had not recently had regular access to meetings where they were asked for their views and their suggestions.

New quality assurance systems were in place to ensure the quality of care for people living at the service.

**Requires Improvement** 

# Green Acres Nursing Home

## 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 checked 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.

We inspected the service on 27 April 2016, 04 and 09 May 2016. The first day was unannounced and we told the provider we would be visiting on subsequent days. The inspection team on day one consisted of two adult social care inspectors, a specialist advisor in pressure area care, and a specialist advisor in adult social work and also 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. Day's two and three consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included the information we received from safeguarding and statutory notifications since the last inspection. We also sought feedback from the commissioners of the service 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 registered provider was not asked 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.

At the time of our inspection visit there were 58 people who used the service. We spent time with 14 people. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the visit we spoke with the registered manager, operations manager, eight staff and five family members. We also spoke with three of the NHS staff who work on site.

During the inspection we reviewed a range of records. This included 14 people's care records, including care

planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We looked at arrangements in place for the safe management, storage, recording and administration of medicines and found not all areas were managed appropriately. For example, a person was described in their care plans 'self-medicating'; however their care plan did not contain evidence to show this had been formally assessed.

Where people were prescribed 'as and when required' (PRN) medicines there was not always a protocol in place to describe to staff when the medicine should have been given. The PRN protocols we did see were generic templates and did not include the person centred information required for each person's circumstances. The medication administration record (MAR) for PRN medicines did not clearly evidence medicines had been offered to people and they had not required them. MAR's for topical creams were not always signed for as administered by staff.

There were large stocks of some medicines in the medicines room. We found this was not effectively managed as there were insufficient processes to ensure medicines were not out of date. We saw liquid medicine had been opened but no date of opening was recorded, this meant we could not be sure medicine was administered to people beyond its 'use by' date. We saw equipment used for taking blood samples was out of date with some expiring in 2013.

An audit carried out by the registered provider in April 2016 was robust and highlighted similar areas of concern. The registered manager told us an action plan was in place to ensure improvements were made. The operations manager told us they were monitoring the completion of the action plan.

Staff responsible for administering medication had not all received medication training or had their competency checked. The registered provider had already booked for staff to have appropriate competency checks and training prior to our inspection visit.

This was a breach of Regulation 12 Safe Care and treatment; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to manage risk so people were protected from harm. For the people permanently residing at Green Acres, risks to people's safety overall had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition and hydration, falls, use of bed rails and personal safety. This enabled staff to access the guidance they needed to help people to remain safe. For example, in one person's eating and drinking care plan there was guidance around what signs to look for with regards to the persons swallowing deteriorating and what action needed to be taken to address any new concerns. Some risk assessments we looked at had not been fully completed which meant guidance for staff was not available. For example in a person's malnutrition screening tool (MUST) we saw the outcome should have been to implement a diet intake chart to monitor food intake, although this was not in place.



Risk assessments for people using the NHS rehabilitation service were not always completed by the NHS staff. For example; a person was admitted following a fall at home and no falls risk assessment had been completed.

We saw where risk assessments identified control measures to monitor a particular area of need there was limited recording to show this had been followed up. For example, we saw where preventative measures were highlighted for pressure area management such as frequent repositioning and daily skin assessments, these were not always recorded. Where people had pressure care wounds they were not measured and photographed frequently to evidence improvement or deterioration. We also found where care plans stated wound dressings were required to be changed daily that records did not reflect this had happened.

For a person diagnosed with diabetes we saw twice daily blood sugar monitoring was required, however records we saw showed this did not always happen.

This was a breach of Regulation 12 Safe Care and treatment; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "I feel safe here they are always kind and gentle." Another person said, "I trust them, I've never had an accident in the shower, never seen anything or been hurt."

All of the staff we spoke with said they would have no hesitation in reporting safeguarding concerns or whistleblowing. They told us they had all been trained to recognise and understand different types of abuse. The training matrix we saw showed 37% of staff had either not received safeguarding training or had not completed their refresher training. Most of the staff we spoke with understood their responsibilities and how to deal with safeguarding in the service.

Each person's care plan contained a personal safety risk assessment which included information on how to safely support a person to exit the building during a fire evacuation. The service used this section of the care plan as a personal emergency evacuation plan (PEEPS). PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. However not all staff were aware of this information or what a PEEPS was when we spoke with them. This meant staff did not have the information on the action they should take in the event of a fire. Staff were able to describe to us the action they would take in the event of a fire though. Records showed evacuation practices had been undertaken. Testing of the fire alarm was carried out every week to ensure it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We found clear records were made of each incident and they were managed appropriately.

We found records to confirm the registered provider carried out regular safety checks of the building and equipment. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We looked at six staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We looked at the arrangements in place to ensure safe staffing levels. People told us at times they had to wait for assistance and staff were too busy to talk to them on occasions. One person said, "I like living here, but the nurses and carers all respect to them but they don't come on time." A family member told us they had supported their relatives they could not wait any longer to visit the toilet on one occasion.

We were given differing views from staff as to whether the staffing levels met people's needs appropriately. One staff member told us they did not feel levels met people's needs. Other staff explained it was hard when people called in sick and agency workers covered, but were not familiar with the routine or people.

During our visit we looked at staff rotas, because some agency usage was not recorded on the rota we cross referenced agency timesheets to the rota to have a clear picture of the levels of staff which had been deployed. We saw that the levels of staff reflected the levels of staff the registered manager told us should be in place. The deputy manager told us they would ensure the rota was fully completed in future.

The service provided accommodation for people requiring rehabilitation in conjunction with the NHS and also for people residing permanently. The registered provider was not using a tool to determine dependency which could outline safe staffing levels required to meet people's needs across both types of services. They also did not have a tool to identify when their staffing levels needed to be increased when people were admitted with high dependency needs.

We discussed staffing levels with the registered manager and they told us a dependency tool had recently been developed by the registered provider which they would begin using. They also told us staffing levels at night had been recently increased following staff feedback. The operations manager and registered manager told us they were looking to separate the NHS provision and provision for the permanent residents so they had a clearer picture of the staffing requirements needed.

During our visit we observed staff were available to respond to people's needs when they called for assistance. However we saw staff were very busy and had little time to spend with people other than carrying out tasks a person required them to do.

The service required refurbishment in some areas, particularly the communal hallways where paint work was scratched and in bathrooms where flooring was separating from the skirting boards. Poor standards of refurbishment could affect the services ability to maintain effective infection control. A malodour was also noted in the hallway near to the entrance and upstairs landing. We found the sluice rooms opened onto these areas which caused the malodour. The registered manager told us they would find a solution to this issue.

## Is the service effective?

### Our findings

People we spoke with had mixed views about the competency of staff supporting them. We received comments around staff not knowing the routine or how to use equipment and not knowing where things were.

We asked staff to tell us about the training and development opportunities they had completed at the service. We spoke with the one member of staff who had recently been recruited. They told us how their training had been completed through e-learning before they started work. They said, "My training tied up the loose ends and colleagues supported my induction to help me know what to do."

Other staff we spoke with told us they had received training in fire, medications, food hygiene and health and safety in the past 12 months. We saw the training matrix the registered provider had collated. They had highlighted all the training required by staff and had a programme in place of training dates to ensure people were up to date as soon as possible. However at the time of the inspection we saw 28% of staff had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We saw 63% of staff had up to date training in safeguarding. None of the nursing staff had received emergency first aid at work training and 40% of the care staff had received first aid awareness training.

The registered manager told us no clinical supervision had been conducted with the nurses as required by relevant professional bodies. They also told us the competencies of clinical tasks carried out by the nursing staff had not been completed. The registered manager told us the deputy manager was due to undertake a training course to enable them to carry out the competency checks for the nursing staff.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A staff member we spoke with said, "I feel what I have had is enough and if I had a problem I could raise it." A new staff member said, "I have had a few. They are useful; I can express concerns and get feedback."

The registered manager told us staff had not received supervision or an annual appraisal as frequently as was required by the company policy which was four times per year and records we saw reflected this. The registered manager has a plan in place to implement regular supervision and appraisal in 2016 for all staff. This was a breach of Regulation 18 Staffing; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

The staff we spoke with had different levels of knowledge and understanding of the MCA and DoLS. The training matrix we saw showed 28% of staff had received this training. Staff were however able to tell us how they supported people to make their own day to day decisions when caring for them and what they would do if a person refused support.

In the care records we saw little information was available to evidence people had consented to the care and treatment described. Where people potentially lacked capacity to consent there was little evidence of the MCA process being followed to ensure care and treatment delivered was in a person's best interests. This was also evident in the NHS rehabilitation care plans. The registered manager told us nursing staff would be given training in using the new MCA paperwork which had recently been introduced by the registered provider.

At the time of the inspection, five Deprivation of Liberty Safeguarding (DoLS) applications had been submitted for people who used the service. The registered manager told us they had new assessment documents which they would be using to assess whether a DoLS application was required for all new people who moved to the service. The registered manager told us they would use this approach for everyone living in the service to ensure they had captured everyone who required an application.

Staff and people who used the service told us they were involved in making choices about the food they ate. We were told by a staff member regular food forums had taken place where people were asked; 'Was there anything you loved eating at home?' They told us people said pizza, liver and kippers which they subsequently ensured were added to the menu. We made observations during lunch which was a pleasant experience for people. Staff were seen to sit and chat with people during the meal which meant it was also a social event. We saw people were supplied with hot and cold drinks during the inspection.

One person told us, "I have a small appetite, so I eat lots of soups. They are always asking me if I want something so I don't go hungry." Another person said, "The food is fine, choice of menu and plenty to eat and drink." Some people told us food at times was cold by the time it reaches them in their own room.

The registered manager told us staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. Records we saw confirmed this. However the tool used for assessing nutrition was not always followed robustly.

We saw records to confirm people had received care from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and NHS nursing services. People were supported and encouraged to have regular health checks and were accompanied by staff or family members to hospital appointments.

# Is the service caring?

## Our findings

People we spoke with during the inspection told us in the main they were happy and the staff were caring. One person said, "Staff are brilliant." Another person said, "I'm really pleased with them, indeed I am." A couple of people had negative feedback about how staff had made them feel bad at times when communicating with them negatively.

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a quiet and discreet way which was attentive to people's needs. One staff member told us, "The service is based on the residents, just for them, mealtimes, their wishes and views, their opinion is asked."

Observation of the staff showed they knew the people very well and could anticipate their needs. Staff took time to listen to people. This showed staff were caring.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door.

People gave us some negative feedback about how their dignity and privacy was not maintained by staff. For example one person told us carers left the door open when they washed them. Another person felt staff talked loudly to them even though they were not deaf, they felt this was disrespectful. Other people gave positive feedback and said "Staff never talk over the top of me." Other people said the male carers were sensitive and considerate when supporting personal care.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One person told us, "The people are wonderful. They brought me these pictures because they know I like Andre Rieu."

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious on the ground floor and allowed people to spend time on their own if they wanted to. On the first floor there was less space and people tended to spend time in their rooms, staff told us this was people's own choice and people we spoke with confirmed this. This helped to ensure people received care and support in the way they wanted to.

During the inspection we spent time with people in their own room. These were very personalised for those people who were staying permanently. For example we saw people had their own furniture in some instances and pictures of family and friends.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. Staff told us how they encouraged independence on a daily

basis. They told us of the importance of allowing people to do what they can and not take over to help them maintain their independence.

## Is the service responsive?

### Our findings

Staff and people told us they were involved in a plentiful supply of activities. We saw a quiz during our inspection and observed people were engaged, participating and having fun. We saw external entertainers visited monthly which included singers and an exercise class. There was a flyer called the 'Weekly Sparkle' which the activities workers told us they delivered to each person every week along with the programme of events.

The activities workers told us they tried to ensure people were seen by them at least twice per week. We looked at records of activity people had taken part in and they did not reflect people were taking part regularly whether this was in group activities or on a one to one basis. We discussed this with the activity worker and the registered manager who told us they would be working to improve their documentation in this area.

The activity worker told us they had started a food tasting session where they put lots of foods on a trolley for people taste them and guess what they were. This activity was provided one to one with people who stayed in their room.

The activities team were supported by other activity workers across the registered provider group with ideas and suggestions about different activities. The activities worker also told us they checked people's likes and encourage them to spend time together which helped people start friendships.

During our visit we reviewed the care records of 14 people. For people using the rehabilitation service, the NHS nursing team and therapists were responsible for ensuring they completed an assessment of need once the person was admitted into the home, and then forming a care plan. For people using the service permanently the Green Acres nursing staff or management team were responsible for ensuring they completed an assessment and implemented a care plan.

We saw when the NHS completed the assessment, not all areas of need identified had a corresponding care plan and individual risk assessment or monitoring form. The NHS care plans were generic and pre-printed and were not person centred. This meant people did not have a robust person centred care plan in place. The assessment for some people using the rehabilitation service was not timely, which meant people did not have an assessment or care plan in place for some hours after they arrived in the service.

Once the NHS had produced the care plan for a person the staff from Green Acres were then responsible for delivering the care and support for a person. We saw the staff from Green Acres did not always follow care plan advice or monitoring required in the NHS care plan. This meant communication was poor between the two services and people were at risk of harm because of this. An example of this was a person people using the rehabilitation service who required monitoring for pressure area care, had no records which stated how this had happened.

The registered provider had implemented new assessment and care plan documentation for people moving

into the service on a permanent basis. Green Acres staff were responsible for completing this. We received feedback from staff who told us there was a deadline set for the new assessment and care plan documentation to be fully implemented, however no training on how to use them was provided by the registered provider.

In the assessment completed by Green Acres staff, the information was more person centred and included people's preferences, likes and dislikes. However they did not contain all relevant risk assessments, fully completed assessments or monitoring forms as were required.

People we spoke with told us they were not involved in developing their care plans with staff. This was the case for people using NHS rehabilitation services and residing permanently.

During the inspection process a meeting was held between the NHS and Green Acres management to develop an action plan to improve communication, assessment and care planning.

The registered manager and deputy manager told us they would be auditing care plans and supporting the staff team to implement the new paperwork. Following the inspection, the operations manager confirmed the NHS and Green Acres staff now completed a shared assessment for people moving into the rehabilitation service. They also said they would be auditing the effectiveness of the care plans in future.

This was a breach of Regulation 9 Person Centred Care; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Discussion with the registered manager confirmed any concerns or complaints were taken seriously. Complaints made in the past 12 months were recorded appropriately.

People we spoke with told us they had no cause to complain and where they had raised concerns they had been dealt with well by the registered manager.



## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager in post. People who used the service spoke positively of the registered manager and said they had seen them around the home. Some people who used the rehabilitation beds did not know the manager as they had only been there a short while.

The staff we spoke with said they felt the registered manager was supportive and approachable, and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "I feel supported by [Name of registered manager] if I feel something is wrong I can speak up and get it sorted. We move on quickly and the atmosphere is nice as long as people are not stressed."

Staff told us the morale was good and they were kept informed about matters that affected the service. One person said, "The atmosphere is positive. People get a bit upset when we are short staffed. I believe the home is a good home. It is a lovely place to work."

Staff told us at staff meetings they were encouraged to share their views. One staff member said, "They are about every four months and they are informative, we have had a lot of information with the new company." We saw records to confirm meetings had not taken place frequently for staff in the past 12 months, the most recent meeting had been held in April 2016. The registered manager told us this was the case for staff meetings and residents meetings and they had plans to improve the frequency of meetings for people and staff in 2016.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service. The registered manager told us the new auditing system introduced by the new registered provider were more robust.

We saw from records that prior to the new system the audits in place had not been completed frequently and actions highlighted had not been signed as completed. The new system had been in place since January 2016 and had not been completed robustly since that date. The operations manager and registered manager told us they were now working closely together to ensure audits were frequent, robust and effective.

We did see an audit completed by the registered provider's compliance team in April 2016 which highlighted numerous areas requiring attention by the registered manager, including medications, staff supervision and care plans. The operations manager told us the registered manager was working to the action plan to improve in the areas identified. The registered provider audit mapped the Key Lines of Enquiry used by the CQC and was effective in picking up areas for improvement we also noted during this inspection.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had not ensured that care and treatment of service users was appropriate, meeting their individual needs and reflecting their preferences. Regulation 9 (1), (a-c), (3) (a-f)

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	<p>The registered provider was not assessing risk to health and safety of service users of receiving the care or treatment, or doing all that was reasonably practicable to mitigate any such risks.</p> <p>The registered provider had not ensured proper and safe management of medicines. Regulation 12 (1), (2), (a), (b), (c), (g), Safe Care and Treatment</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not being provided with appropriate supervision and appraisal, training and professional development as is necessary to enable them to carry out their role. Regulation 18 (1) (2) (a) (c) Staffing.

