

Four Seasons (Bamford) Limited

Keresley Wood Care Centre

Inspection report

Tamworth Road
Keresley
Coventry
West Midlands
CV7 8JG

Tel: 02476331133

Date of inspection visit:
19 February 2019
20 February 2019

Date of publication:
10 May 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Keresley Wood Care Centre provides accommodation, nursing and personal care for up to 47 older people. At the time of our visit 27 people lived at the home. Accommodation is provided in a two-storey adapted building. The home is located in Coventry, West Midlands.

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

People's experience of using this service:

- There were not enough staff on duty to ensure the delivery of safe care in line with people's assessed needs.
- Managerial oversight of the service did not support continuous improvement or ensure people received safe individualised care.
- People felt safe but risks associated with people's care were not well-managed.
- Systems to monitor the quality and safety of the service were not effective.
- Lessons learnt when things had gone wrong had not always been clearly communicated to staff.
- Medicines were not always managed safely.
- The environment was clean, and staff followed good infection control practices.
- People's dignity was not maintained. Staff respected people's privacy and supported people to be independent.
- Staff were recruited safely and received on-going support and training to be effective in their roles.
- People had individualised care plans. However, some did not contain clear information. Daily records were not accurate and did not assure us people received care in accordance with their needs and wishes.
- People's needs had been assessed before they moved into the home to make sure it was the right place for them to live. People and relatives were involved in planning and reviewing care.
- People received information about the service in a way they could understand and had some control over how to live their lives.
- Staff had a good knowledge of people's dietary needs. People enjoyed their meals, and their dietary needs were catered for. However, the meal time experience was not positive.
- Staff cared about people but did not have time to provide person centred care.
- Activities were provided but improvement was needed to ensure people were not socially isolated.
- People received timely support from healthcare professionals.
- People, relatives and staff were encouraged to share their views about the service. Some feedback was used to drive improvement.
- People, relatives and staff spoke positively about the registered manager.
- Complaints were not managed in line with the provider's procedure.

Following our inspection, we notified relevant stakeholders such as the Local Authority Quality Team about the areas of concern we identified.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment
Regulation 17 Regulated Activities Regulations 2014 - Good governance
Regulation 18 Regulated Activities Regulations 2014 – Staffing.

Rating at last inspection: At the last inspection the service was rated as 'Requires Improvement' (The last report was published 20 April 2018).

This is the fourth consecutive time the service has been rated 'Requires Improvement'.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Keresley Wood Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Day one of the inspection was undertaken by two inspectors on 19 February 2019. One inspector returned on 20 February 2019 to complete day two.

Service and service type:

Keresley Wood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Day one of this comprehensive inspection was unannounced. Day two was announced.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service. We used all this information to plan our inspection.

During the inspection we spoke with:

- Seven people.
- Six relatives of people.
- The registered manager, the regional manager, one of the providers residents experience care specialists, three nurses, five care staff and the activities co-ordinator.

We looked at:

- Six people's care records, including risk assessments and medicine records.
- Three staff personnel files, including recruitment, induction and training records.
- Records of accidents, incidents and complaints.
- Management quality audits and checks.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations were not met.

Staffing and recruitment

- People and their relatives told us there were not enough staff. One relative told us, "It's not uncommon for residents [people] to wait, often three or four buzzers are going at the same time." They added, "One evening I went and told staff that [person] was in trouble, I could hear them and their buzzer had been going for twenty plus minutes." Another relative said, "They [people] always have to wait. It's not the staff's fault, they never waste a minute there just isn't enough of them."
- Staffing levels impacted negatively on people's experience of living in the home. On day one of our inspection people's call bells remained unanswered for long periods of time and some people had to wait until the afternoon for staff to help them with washing and dressing because staff were busy. On day two, some people reliant on staff to help them move had to wait for assistance. Two people told us their bottoms 'felt sore' due to the amount of time they had to wait seated in the same position. One commented, "I just want to lie on my bed, but I've got to wait." A third person needed assistance to eat but because staff were busy, their meal was left on the floor by their bedside to go cold.
- Staff felt low staffing levels affected the safety and quality of care they provided. One said, "Residents do have to wait. If I'm helping someone I can't just leave them to answer a buzzer." They added, "It's not safe. Whilst they [people] are waiting they could fall."
- Staff had raised their concerns about low staffing levels. However, the registered manager had explained levels could not be increased due to the low numbers of people living at the home.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- The registered manager reviewed people's needs and used the provider's 'dependency tool' to establish staffing levels. They told us, "We flex staff up and down. I don't feel this home needs more staff. I am happy with the current staffing levels." However, a staff member did not feel some people's dependency levels had been accurately calculated. For example, "[Name] is seen as low dependency, but when he is having a bad day and shakes, it sometimes takes three [staff] to get him up."
- Following our inspection, the registered manager informed us staffing levels had been reviewed and were 'correct for the current resident's dependency.' The registered manager said they planned to look at the deployment and skill mix of staff.
- Staff were recruited safely. The use of agency staff had significantly reduced and there were no staff vacancies.

Assessing risk, safety monitoring and management

- Risk were not always safely managed to protect people from the risk of avoidable harm. One person was at high risk of falls and had fallen four times during January 2019. Their mobility care plan instructed staff to ensure the person was 'positioned in an area of high visibility and sat on a chair sensor to alert staff to movement'. Staff did not follow these instructions, which placed the person at risk. Following our visits, the registered manager confirmed a chair sensor had been ordered.
- One person's bedroom door was propped open with a wheel chair footplate. Therefore, in the event of the fire alarm being activated the door would not automatically close to keep them safe. Staff who walked past the bedroom door did not recognise this risk. The registered manager informed us the person 'often did this' (propped open their door). However, no risk assessment had been completed to manage the risk.
- Some risk assessments lacked the detail staff needed to provide safe care because when people's needs had changed, updated information was not clearly recorded. For example, one person's bedrail risk assessment had been updated to show the use of bed rails was no longer 'appropriate'. However, there was no further reference to the use or none use of bedrails in the person's care file. We saw bedrails in use whilst the person was in bed.
- Risk assessments and care plans contained conflicting information. For example, one person was at risk of developing sore skin. Their care plan informed staff the person should be repositioned every four hours to reduce this risk. However, this conflicted with information recorded on the person's position change records which informed staff the person needed to be repositioned every two hours.
- Position change records contained significant gaps. One person required two hourly position changes. However, their care records informed us the person had not been supported by staff to move for 7 hours. A staff member told us, "We cant do it all (position changes) on time and records do have big gaps. We just don't have time to do everything."
- Overall, the environment and equipment was safe, and well-maintained. However, we saw one person was lying on a deflated air flow mattress because the pump had been switched off. Staff had not noticed the deflated mattress despite going in the person's bedroom. We could not establish how long the pump had been turned off because records in the person's room were incomplete. The registered manager told us they immediately would investigate this.
- Required checks of air flow mattresses had not been undertaken. Air flow mattresses inflate cells within the mattress at different intervals to alternate the pressure on different parts of the body to reduces the risk of skin damage. To be effective mattresses that are not self-regulating need to be correctly set (settings are linked to a person's weight) and regularly checked to ensure they are in full working order. The registered manager acknowledged checks not happened and later confirmed a system for checking had been put into place.

Using medicines safely

- Some people did not receive their medicine as prescribed. On day one of our inspection some morning medicines, were still being administered at 11.30 am and the lunchtime medicine round was scheduled to start at 12.30. We were concerned the timings of these medicine administrations rounds could either reduce the effectiveness of medicines and /or result in overdosing where the required gaps between administered doses had not been sufficient. We rased this with the registered manager who ensured the required gaps between administrations were met.
- The registered manager told us medicine rounds always ran smoothly and that our observations were a 'one off'. However, in contrast nurses told us it was not 'uncommon' for the medicine round to take a long time. Nurses had suggested 'splitting the round' to try to address the issue but had been advised by the registered manager they needed to wait until the home was full before making changes.

The above concerns are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine support was provided by trained and competent staff.
- The provider followed safe protocols for the receipt, storage, and disposal of medicines. This included the storage of prescribed thickeners which was identified as a concern at our last inspection.
- People had the correct equipment to support them to move safely.
- Staff supported people safely when moving them from one position to another.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibility to safeguard people from harm.
- Staff received safeguarding training and understood the different types of abuse people may experience. Staff knew to report suspected or witnessed abuse to the registered manager and whilst confident these would be addressed understood how to escalate their concerns if they were not.
- The provider had shared information with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff had completed infection control training and understood their responsibilities in relation to this.
- Staff had access to and used disposable gloves and aprons when required.
- The home was clean.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents so planned care could be adjusted to reduce the risk of a reoccurrence.
- The management team reviewed accidents and incidents and action was agreed to prevent reoccurrence. However, learning and agreed actions had not always been shared with staff. For example, some staff did not know what to do to keep a person known to be a risk of falling safe.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

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

- The mealtime experience was not positive. During our second visit people had to wait for their meal to be served or for staff to be available to assist them to eat. For example, one person had to wait for their pudding because the staff member assisting them stopped and went to support another person to eat in their bedroom.
- Staff were not available to support people when they became anxious. For example, no staff were present when one person became frustrated and started to bang the table. Another person shouted 'shut up'.
- When people had finished their meals, they then had to wait for staff to assist them to leave the dining room. One person told us, "It's always the same. Waiting, waiting, waiting."
- People spoke positively about the quality and range of meal options available. One person described the food as 'delicious'.
- People's specific dietary requirements were catered for. For example, different textured meals.
- Staff knew what people liked to eat and drink. One staff member was heard saying to a person, "I know you love tea but I'm just checking if you would like a change."

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

- People's needs, likes, dislikes, and life style choices were assessed before they moved into the home. People, and where appropriate their family or others who knew them well had contributed to the assessment.
- The registered manager told us they used assessments to assure themselves people's needs could be met.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs. One staff member commented, "The care plan is the starting point. Then you learn about the residents when they move in."
- Once living at the home people's needs and choices were further assessed in line with good practice guidance and the law. For example, nationally recognised tools for assessing nutrition were used in the home.

Staff support: induction, training, skills and experience

- People and relatives were confident staff had the skills and knowledge required to meet their needs. One person told us, "The girls [staff] know what they are doing." A relative commented, "The new one's [staff] work with the experienced staff until they understand what to do and how to do it."
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.

- Staff training was up to date.

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

- The environment met people's needs. For example, signage around the home assisted people to identify where bathrooms and communal rooms were located.
- People's bedrooms had been personalised to reflect their needs and interests.
- The homes décor was continually reviewed and updated. For example, a lounge had been redecorated and refurbished to include a bar for people and their visitors to enjoy.

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

- People had access to health care professionals. One person said, "The girls [staff] get the doctor for me if I'm under the weather."
- Staff worked closely with health and social care professionals including an advanced nurse practitioner and GP who visited the home weekly.
- Staff monitored people's health and understood their responsibilities to obtain further advice or support if they noticed any changes or signs of illness. On the first day of our visits one person had a cough. The nurse in charge told us they were going to refer the person to their GP. When we returned to the home the next day the GP had visited.

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 with appropriate legal authority. 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.

- The service was compliant with the MCA. The registered manager had submitted applications to authorise restrictions on people's liberty, and where approved; the conditions related to the authorisations were being met.
- Where people had been assessed as not having capacity to make their own decisions, their relatives had the legal authority to make decisions on their behalf.
- Staff understood the principles of the MCA and sought people's consent before they provided assistance.

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.

Requires Improvement: People were not always well-supported, cared for or treated with dignity and respect. Regulations were met.

Ensuring people are well treated and supported; equality and diversity

- Staff cared about people and wanted to provide good care. However, they did not always have enough the time to support people in line with their wishes. One staff member said, "I have a special bond with residents, and it really hurts not being able to do what they [people] expect of you."
- On day one of our visit we heard a person crying out for support. The person thought they had pressed the call bell, but it had not activated. No staff heard the person's cries. With the person's consent we pressed their call bell and it took nine minutes for staff to arrive and support the person.
- People described staff as 'friendly and kind'. One person told us, "This is where I want to stay till I die because the staff were lovely, they are wonderful." A relative told us, "You couldn't ask for better staff. They really know about [name's] needs and do their best to meet them."
- Staff enjoyed their roles. One said, "I love my job. Seeing a resident smile is just great."
- Staff respected people's diversity and through discussion demonstrated they knew people's individual wishes regarding their lifestyle choices.
- Important life events were celebrated. Staff took a decorated cake to a person to help them celebrate their birthday.

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

- People were offered choices such as, what they wanted to eat and drink.
- Records confirmed where possible people planned and reviewed their care in partnership with staff. One person explained staff had asked them what they liked and didn't like and if they needed anything to be done differently.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of upholding people's dignity. However, people's dignity was compromised due to the length of time staff took to answer call bells. This meant people were not always supported to use toilet in a timely way.
- Staff prompted people's privacy and where possible their independence. One staff member described how they ensured a person was 'suitably covered' when going to and from the communal bathroom. Another staff member took time to encourage a person to hold a cup, so they could drink their tea without assistance.
- People were supported to maintain relationships with people that mattered to them. One relative told us they visited the home every day and were always made to feel welcome by staff.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were not always responsive to people's requests for assistance. One person commented, "You have to wait to be fitted in they [staff] are always busy. If you need the toilet you have to wait."
- Care was not provided in line with people's needs and choices. We heard one person calling 'help' from their bedroom. There were no staff in the area to hear the person's request. Another person showed signs of distress. The person was repeatedly shouting, "Why can't I go home?" Staff were not available to provide the reassurance and comfort the person needed.
- Staff did not have time to sit and chat with people, one said, "It's the saddest part of my job. People want to chat and I can only do it whilst I am helping them wash or changing a pad. So sad."
- Previously, care plans lacked detail to help staff provide individualised care. Those reviewed at this visit detailed people's backgrounds, religious preferences, likes and dislike as well as their clinical needs. However, when plans had been reviewed and updated the changes made were not clear.
- Improvements had been made to the involvement of people and, where needed, relatives in planning and reviewing care. A relative told us, "I am very involved in every aspect of [name's] care. We agree the care plans."
- Daily records had not been consistently and accurately completed to assure us planned care had been provided. For example, personal care records informed us a person's finger nails had been cleaned. This conflicted with our observations. In response to this the registered manager told us additional checks would be introduced.
- The provider had a dedicated staff member to arrange activities for people. The staff member had been in post since January 2019 and was in the process of developing an activities programme. They said, "I wanted to get to know people personally. When you're a carer you don't have time." They added, "I want to get everyone to come and join in. I love see them enjoy themselves."
- Most people and relatives told us opportunities to engage in meaningful activities had improved. One person said, "We have fun. I look forward to doing different things every day." A relative described how a staff member had arranged for 'everyone on duty' to sing happy birthday to their family member. They added, "They all came to [name's] room. It was brilliant and I really appreciated it."
- People engaged in different activities and were seen chatting and laughing together. However, further improvement were required to ensure people who were cared for in bed were not isolated.
- People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- A copy of the provider's complaints procedure was on display and included information about how to make

a complaint and what people could expect if they raised a concern.

- Three complaints had been received since May 2018. However, the complaints had not been managed in line with the provider's procedure. The regional manager gave assurance this would be addressed.

End of life care and support

- People's end of life choices were recorded in their care plan if they had chosen to share this information.

- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our previous three inspections we rated this key question as, 'Requires Improvement'. During those inspections the provider had either failed to meet regulatory requirements or improve the service. At this inspection required improvements had not been made and previously evidenced standards had not been maintained. This is the fourth time the service has been rated requires improvement.
- The provider and registered manager did not have sufficient and accurate oversight of the service to ensure required change was embedded and people's planned care was delivered safely.
- Systems to monitor the quality and safety of the service remained ineffective. For example, checks on daily records and care plans had not identified the issues we found.
- Despite feedback from people, relatives and staff the method used by the provider to determine staffing levels did not ensure people's needs were met.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

- The regional manager acknowledged whilst some progress had been made since our last inspection there was still 'a long way to go'. They told us their focus was on making improvement through, 'fine tuning' and 'embedding' good practice with staff.
- Following our visits, the registered manager provided information to show actions they had taken and those they planned to take to drive forward improvement.
- Since the service registered in 2011 five different managers had been employed. The registered manager at this inspection had been appointed in May 2018. They told us, "I think we have achieved lots in a short space of time... I think we've gone to good in some areas."
- People and relatives spoke positively about the registered manager and, apart from staffing levels, the service provided. One relative said, "[Registered manager] is doing her best to try to turn things around. It's a difficult job. Staff really do look after [family member] but senior management [provider] need to understand the staffing issues, they don't care."
- The registered manager was supported by a clinical lead, regional manager and other staff from within the provider group.
- Staff felt supported and motivated by the registered manager. One commented, "Our manager is really good. They understand the difficulties we face but their hands are tied by four seasons [provider]."

Opportunities for staff to meet with the management team had improved. Individual and team meetings were used to discuss staff development needs, their roles and responsibilities and to share improvement ideas. One staff member said, "Since [registered manager] came I receive more support. I'm encouraged to learn about different things."

- The registered manager understood their regulatory responsibility to inform us about significant events that happened in the service.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. The registered manager said, "I am very open and transparent. I have built good relationships with relatives and the local authority so we can discuss any concerns and learn together. I take things very seriously."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- The registered manager had an open-door policy. They said, "I am always available. Relatives can and do come talk to me when they visit." A staff member told us, "Our manager is always available if you need to talk."
- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Some feedback had been used to support improvement. For example, in response to feedback about activities a dedicated staff member had been recruited.
- Overall, staff felt communication was good. They received a handover of information when they arrived for their shift so they had up to date information about people. However, our discussions with staff demonstrated communication was not always effective between them and the registered manager. For example, staff told us when they had raised concerns about low staffing levels the registered manager had shared their concerns with the provider. In response they had advised staffing could not be increased until occupancy at the home increased. In contrast the registered manager could not recall staff raising their concerns with them.
- The provider's staff recognition scheme identified good care and encouraged staff to develop their skills to improve the service.

Working in partnership with others

- The registered manager worked with external organisations to develop and improve the service they provided, including local authority commissioners, NHS services and teams of health and social care professionals.

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
Diagnostic and screening procedures	Regulation 12 (1) (2) (a) (b) (d) HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured care and treatment was provided in a safe way.
	The provider did not protect people against risks by doing all that was practicable to mitigate any such risks.
	The lack of risk management related to delivery of people's planned care, the environment and medicines management.

The enforcement action we took:

Issue an notice of proposal with conditions placed on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance
Treatment of disease, disorder or injury	The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.
	The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.
	The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date.
	The provider had not ensured, timely,

improvements to the service provided had been made and sustained.

The enforcement action we took:

Issue an notice of proposal with conditions placed on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 (1) HSCA RA Regulations 2014. Staffing
Treatment of disease, disorder or injury	The provider had not ensured sufficient numbers of staff were available to meet people's need.

The enforcement action we took:

Issue an notice of proposal with conditions placed on the providers registration.