

Bronte Regency Healthcare Limited

Bronte Park Residential Home

Inspection report

Bronte Park
Bridgehouse Lane
Haworth
West Yorkshire
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Tel: 01535643268

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26 February 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place 23 and 26 February 2016 and was unannounced.

Bronte Park Residential Home is a large detached converted property. It provides accommodation and care to a maximum of 28 people. Accommodation is provided in double and single rooms on two floors. There is a passenger lift. At the time of our inspection 26 people used the service.

The service 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.

Following inspections of the service in July 2014 where we found four of breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This inspection was a further comprehensive inspection where we also checked whether Bronte Park had made necessary improvements.

We found improvements had been made and the service was no longer in breach of regulation.

People told us that staff worked with them and supported them to continue to lead fulfilling lifestyles. Staff outlined how they supported people to continue to lead independent lives.

We found that a range of activities were provided at the home.

People we spoke with told us they felt safe in the home and that staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People who used the service and the staff we spoke with told us there were enough staff on duty to meet people's needs. The registered provider and manager had closely considered people's needs and by using a dependency tool to determine the number of staff.

We reviewed the systems for the management of medicines and found people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining a criminal history of staff to show they were safe to work with vulnerable people.

Staff received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care. However on the first day of inspection, few staff were up to date with two of the mandatory training courses.

Where people had difficulty making decisions we saw staff worked with them to offer them choice. Staff understood the requirements of the Mental Capacity Act 2005 but had not always appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

We observed staff had developed very positive relationships with the people who used the service. The interactions between people and staff were positive and supportive.

Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

People told us they were offered plenty to eat and we observed staff assisted individuals to have sufficient healthy food and drinks to ensure their nutritional needs were met. We saw each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments or by the use of video conferencing with health professionals.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained detailed information about how each person should be supported.

We found that risk assessments were detailed. However areas of identified risk had not always been assessed.

There was a system in place for dealing with people's concerns and complaints. People were supported to access an independent advocate when required.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

The provider had systems in place to oversee the performance of the home and to identify any areas that needed to be developed.

We found one breach of regulation; you can see the action we told the provider to take at the back of the full version of the 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?

Good ●

The service was safe.

Previously, we had concerns about the safety of the service. At this inspection we found safety had improved.

Risk assessments were in place and complete. However identified areas of risk had not always been assessed.

There were sufficient skilled and experienced staff on duty to meet people's needs.

Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Previously we had concerns about the effectiveness of the service. At this inspection we found improvements had been made.

Staff had the knowledge and training to complete their roles. However we found minimal numbers of staff had completed two training courses.

Some people had been referred for a Deprivation of Liberty Safeguards assessment incorrectly. No one was being deprived of the liberty unlawfully.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People told us they liked living at the home. We saw the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

Previously we had concerns about the responsiveness of the service. We found improvements had been made.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw and people told us they were encouraged and supported to take part in activities.

The people we spoke with were aware of how to make a complaint or raise a concern.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Previously we had concerns that the service was not well led. We found improvements had been made.

We found the registered manager reviewed aspects of the service then took timely action to make any necessary changes.

Staff told us they found that the registered manager was very supportive and they felt able to have open and transparent discussions with them.

Systems were in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us the home had an open, inclusive and positive culture.

Bronte Park Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 26 February 2016. This inspection was unannounced. The last inspection took place on 30 July 2014 and the service was rated as 'requires improvement' overall.

At the last inspection in July 2014, we found four breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As part of this inspection we checked whether the provider had made the required improvements.

The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with four people who used the service to ask them for their views. In addition we spoke with two care workers, one senior lead, the registered manager and the provider. We spoke with three visiting health care professionals. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. All of the people we spoke with who used the service told us they were content and safe at the home. One person said, "Safe, oh yes we are safe here." Another person told us they had lived at the home for a few years and had always felt safe.

People who were identified as being at risk had plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. However, we saw one person's care record identified areas of risk for people that had not been assessed. For example one person had an identified risk of, 'putting self at risk when leaving home' and 'verbal and physical aggression towards others' but neither of these had been risk assessed. We raised this with the registered manager and the provider who agreed with the error and said they would create risk assessments straight away. Later on the day of inspection, we saw the provider had completed some of the new risk assessments. Where people had risks assessed around pressure area care and nutrition, charts were used to document change of position and food and hydration were clearly and accurately maintained and reflected the care that we observed being given. For example one person's risk assessment required staff to monitor the person's pressure care. Staff used a positional change sheet to monitor and maintain positional changes. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Previously we had concerns that staff were not always able to recognise abuse. We found improvements have been made and the home was no longer in breach of this regulation. Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found their knowledge could keep people safe. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "We know what to look out for and we know how to react if we see someone at risk."

We found information about people's needs had been used to determine the staffing levels to meet people's needs. Through our observations and discussions with people and staff members, we found that there were enough staff with the right experience to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. The provider and registered manager used a dependency tool to decide how many staff would be required. This dependency tool was reviewed on a monthly basis and we had seen recent changes in the quantity of staff as a result in the change in the level of dependency. The registered manager had rostered one senior carer and three care staff during the day and a senior care and care staff member were on duty overnight. In addition to this the registered manager supported the service during busy times. Also additional support staff were on duty during the day such as kitchen and domestic staff.

We looked at the recruitment records for two staff members. We found recruitment practices were safe and the relevant checks had been completed before staff had worked unsupervised at the home. We saw

evidence to show staff members had attended interviews, had their information from referees and their ID checked. A Disclosure and Barring Service (DBS) check had been completed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents.

Accidents and incidents were managed appropriately. The provider and registered manager discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which we saw had previously led to the increased staff cover across the daylight hours. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

We saw records to confirm regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. This showed the registered persons had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure they were within safe limits. We noted the size of the bathrooms was limited and discussed that in future developments the registered provider may wish to consider how to provide more space in these rooms. We looked at repairs that had been identified and found all repairs had been completed. We spoke with staff who confirmed that maintenance issues were resolved quickly. The maintenance person was present on the day of inspection.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the MAR and these showed us that people received their medicines correctly. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines. We observed medicines being administered. Staff attended to one person at a time and explained what they were doing. People were not rushed to take their medicines. After people had taken their medicines, staff signed the MAR.

We found the home was clean and free from offensive odours.

Is the service effective?

Our findings

At this inspection the people we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. One person told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service. One person said when asked if the staff were good, "Of course, they're perfect."

Visiting health professionals told us, "We have no concerns here at the moment, the staff know what they are doing." And, "The home have really turned it around, they're very good now."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked the registered manager if anyone that used the service was subject to their liberty being deprived. They told us no one had a DoLS authorisation in place. We viewed the paperwork to find recognised deprivations had been identified. Most people who used the service had been referred to be assessed for being deprived of their liberty. However this included some people who had the mental capacity to make their own decisions. This showed a lack of understanding from the registered manager and the provider. We saw evidence referrals had been made to the DoLS team but the service was waiting for their response. We found no one being unlawfully deprived of their liberties.

The care records we reviewed contained assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the Mental Capacity Act 2005 code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. For example staff told us when they supported one person to get dressed in a morning, they offered them options for clothing.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. They were able to list a variety of training they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they needed additional training and were confident that the registered manager would facilitate this additional training. However when we looked at the training

matrix we found out of 22 staff, five were up to date with safeguarding training. We spoke with the registered manager and provider about this. They agreed there was a lapse, and said they would act to get people trained as soon as possible. On the second day of inspection, 19 members of staff were up to date with safeguarding training and the remaining three people were not currently at work. This lack of safeguarding training carried additional risk because during the previous inspection, we had concerns around one area of safeguarding. Also on the first day of inspection out of 22 staff, only two staff members were up to date with Mental Capacity Act 2005 (MCA) training. The provider told us and we saw by the second day of inspection, 19 staff members had completed the course. The staff who had not completed the refresher training courses, had previously completed the course but they had lapsed. Other training courses were up to date for most people. We tested staff member's knowledge of the MCA and safeguarding and found they had a good understanding of the courses they had attended.

This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found these staff only started to work on a one-to-one basis with people when they were confident they knew how to effectively support the individual.

Staff we spoke with during the inspection told us they had regularly supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm supervision and appraisal had taken place. Staff told us they were sufficiently supported and more, to complete their roles. We saw the registered manager was completing competency checks for care staff on their interactions with people who used the service.

Previously we had concerns people were not always having their nutritional needs met. We found improvements have been made and the home was no longer in breach of this regulation. We saw the Malnutrition Universal Screening Tools (MUST) was used to assess people's risk of malnutrition. We saw people's weights were monitored every month to check they were within the healthy range. People were seen by health care professionals when concerns arose and attended regular appointments. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. On the day of inspection we spoke with three visiting health professionals to the home. They told us they had no concerns with the home. One health professional said, "We work with the home very well and they follow our direction if a change in someone's needs is required."

We observed people received appropriate assistance to eat in both the dining room and in their own rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates. Menus were created and advertised on the wall of the dining room so people could be reminded what the meals were. We observed one person eating very slowly, so a member of staff asked them if they would like something else, which they agreed to. This showed us an awareness of nutritional intake by staff.

The home made use of a 'Telemeds' system. This allowed people who used the service to have a video link with health professionals, and helped to reduce unnecessary visits to hospital. One staff member told us the

Telemeds was used often and was very useful in gaining fast advice and support from health professionals. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. One person told us, "Of course the staff are brilliant. I wouldn't change them for the world." Another person said, "They always look after me in a caring way." A health professional who visited the service regularly told us, "All the staff are very person centred and support people as much as they can."

Every member of staff we observed used a caring and compassionate approach when working with the people who used the service. Staff we spoke with described with great passion, their desire to deliver high quality support for people and were extremely empathetic. We found the staff were warm and friendly.

Staff showed good skills in communicating both verbally and through body language. One person who was being assisted to eat their meal struggled with verbal communication but staff constantly watched their face for signs that they were ready for more food and chatted to them throughout the meal. Staff were also skilled in communicating with people who had hearing impairment; they approached them slowly, spoke clearly and checked that they had heard before moving away.

The registered manager and staff we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form strong relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people they cared for and they told us this was a key part of their role. One care staff member said, "People that live here are the centre of what we do." Another member of staff told us they were aware of their surroundings and whispered in people's ears if they wanted to say something personal, for example if they required the toilet? We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join and people told us they made their own decisions about what time they wanted to get up in a morning and what clothes to wear. People's care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people so they provided care in a consistent way.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture and lamps. The home had six rooms which were shared rooms and contained two beds in each room. The home had tried to attract married couples who wanted to still share a room together but who needed the support of being in the home. At the time of our inspection the home had three married couples who lived in the shared rooms. The other shared rooms were occupied by people, but the service had made sure dividing curtains

were present for privacy if required.

Is the service responsive?

Our findings

We saw that people were engaged in a variety of activities.

People were encouraged to pursue their hobbies and interests. One person told us, "We can do different things here but we like to go for a walk." Another person told us activities were good. People had family and friends that visited the service and took people out. On the day of inspection one person had the hair dresser visit the home to have their hair done. Another person's care record mentioned them liking to help in the kitchen. Staff told us and we saw the home had a cupboard filled with puzzles and board games that people were encouraged to use. Staff also told us people often went out for lunch and the other services owned by the provider invited people at Bronte Park for parties and events and they made an effort to play games, arts and crafts and sing and dance with people. These events were recorded on photographs and placed on the wall in the living room for people to remember.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

Previously we had concerns that staff were not documenting or taking appropriate action to reduce the risk of malnutrition. We found improvements have been made and the home was no longer in breach of this regulation. We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans. During the inspection we spoke with staff who were extremely knowledgeable about the support people received. They could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found the staff made sure the home worked to meet their individual needs and to reach their goals.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The home had a complaints policy which was in the office and on the computer and there was further easy to access information on the notice board in a communal area. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. The service logged complaints to look for improvements and trends. In the past 12 months we saw the service had received only two complaints, both of which had been actioned in line with their policy. The provider showed they also monitored concerns people had, when they did not want to make a complaint. This was called the 'grumble register'. This enabled the service to monitor the smaller issues in the home.

We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or provider. They told us although they had not needed to make a formal complaint any little niggles they had were addressed straight away and this gave them confidence that any problems would be resolved.

Is the service well-led?

Our findings

People who used the service, the staff and visiting professionals told us that they thought the home was well run and met people's needs. One person who used the service told us, "The manager is really nice and she helps us out."

We found that the provider and registered manager clearly understood the principles of good quality assurance and used these principles to review the service. We found that the registered manager looked at how staff could tailor their practice to ensure the care delivered was completely person centred. For example letting the staff get to know the people they supported. We found they actively monitored the service and used the information they gathered to make improvements.

However, during the course of the inspection, we identified large numbers of staff members were not up to date with two mandatory training courses. We also identified one person who did not have risk assessments and risk management plans in place to mitigate identified risks. The registered manager, provider and consultant had not recognised this during their reviews of the service. The registered manager told us they would look at the way this was monitored to improve and maintain quality.

Previously we had concerns that management was not able to analyse accidents and incidents. We found improvements have been made and the home was no longer in breach of this regulation. The registered manager ensured monthly reviews of care plans, medicines, accident and incidents, housekeeping checks, environmental checks and health and safety checks had taken place. Accidents and incidents were logged on the same paperwork keeping consistency so the registered manager could review information and look for trends on a monthly basis. We saw in one person's care records, a trend had been identified and action had been taken. A log of where actions were required and an action plan to show when they were completed was documented.

The registered manager told us that senior care staff also undertook checks of the environment, beds, staffing levels and general tidiness. The provider made use of an external consultant to advise and make checks on the home. We looked at the last report produced by the consultant and provider which had identified areas for improvement. We saw evidence that the identified areas for improvement had been changed reflecting the drive for increased quality in the home.

We found the staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care. We saw the registered manager had supported staff to review their practices and looked for improvements they could make to the service.

We saw the registered manager and the senior care staff held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives every 12 months, and residents meetings were held. Records confirmed that a wide range of topics were discussed at these meetings, for example food and activities, and that where people made specific requests actions were taken to address this. The registered manager told

us they would also seek feedback from people more informally.

The staff we spoke with had a pride in the home they worked in. Staff said, "It's really happy and positive and the manager leads by example." Another staff member told us, "I enjoy coming to work; it's a nice place to be." All the staff members we spoke with described that they felt part of a big team and found the registered manager very supportive. We saw the provider was a visible part of the team and happy to assist with all tasks such as assisting people with their mobility and monitoring people in the lounges so staff could undertake the personal care tasks elsewhere.

The staff we spoke with described how the provider and registered manager wanted to provide an excellent service and really cared about the people at the home. They told us the registered manager constantly looked to improve the service. Staff said they felt supported by the registered manager, and would be confident to raise any issues they had or to request more support. We spoke with three health professionals on the day of inspection. One health professional told us, "The manager is 100% effective and they should be credited for the positive aspects of the service", and, "The home has been set up so it can run effectively if the manager is not present." Staff members discussed how they as a team reflected on what went well and what did not and used this to make positive changes. Staff told us they attended staff meetings throughout the year and the meeting minutes and action plans we reviewed confirmed staff consistently reflected on their practices and how these could be improved.

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 18 HSCA RA Regulations 2014 Staffing Staff were not always appropriately trained to carry out their duties.