

Pinerace Limited

Collamere Nursing Home

Inspection report

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Date of inspection visit: 21 October 2015

Date of publication: 18/12/2015

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



Overall summary

Collamere Nursing Home is a care home that provides nursing care for up to 46 older people. On the day of the inspection there were 27 people using the service. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia.

The provider for this location is registered under the legal entity of Pinerace Limited. Pinerace Limited is part of the Morleigh group of nursing and residential care homes.

A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The service is required to have a registered manager and at the time of our inspection a registered manager was in post. However, they had been working at another service in the Morleigh group from March until September 2015. In October 2015 an acting manager had been appointed to manage the day-to-day running of the service.

We carried out this unannounced inspection of Collamere Nursing Home on 21 October 2015. At this visit

Summary of findings

we checked what action the provider had taken in relation to concerns raised at our last inspection on 29 April 2014. We found audits to check the quality of the service provided were not up-to-date. At this inspection we found that while some audits had taken place, the provider's established audit system was not effective in this service. This was because it had failed to identify areas of the service that required improvement. This included the service using an incorrect form to record people's food and fluid intake, identify and action faulty equipment and ensure the environment was suitable for service user's needs.

There was a faulty extractor fan in the kitchen that had not been repaired despite an action from an environmental health inspection in July 2015 stating that the fan must be repaired. The premises had a general look of not being a pleasant environment for people to live in. We found bedding and towels were old and beginning to look shabby and pillows had become compacted and lumpy. Some areas of the kitchen were not clean and there was no deep cleaning process in place for the kitchen. Hoists were dirty and the nightly cleaning schedule to clean them was not being followed.

People had limited access to snacks in the evening and during the night. Sandwiches and yogurts were left in the fridge for staff to serve to people but all other areas of the kitchen and store cupboard were locked when the cook left. The provider told us that the nurse in charge had a key to the store cupboard. However, staff were not aware of this.

Individual food and fluid charts were to be completed daily for people identified as being at risk of poor nutrition and hydration. We found these charts were not completed each time people had drinks. There were no records of the daily total of food and drink consumed or a record of the acceptable amount for each of these people to drink or eat. This meant it was not possible to check if people, who had been assessed at risk of poor nutrition and hydration, were having adequate food and fluid.

The environment was not adapted sufficiently to meet people's needs. There was inadequate signage around the premises to assist people with dementia to orientate independently.

Care plans reflected people's individual care needs. However, there were no in-depth assessments of how people's social and emotional needs could be met. People did not have sufficient access to meaningful activities in line with their interests and preferences.

Staff were not consistently supervised, supported and trained to carry out their roles. Records showed that training, supervisions and appraisals were not up-to-date. All staff told us it had been several months since they last had a supervision meeting and some of their training was out-of-date. Staff said, "There has been no supervision" and "I have not had supervision in the seven months I have worked here".

There had not been consistent management, leadership and oversight of the day-to-day running of the service since March 2015. Staff, people and their relatives told us they did not know who was in charge and who to talk to. A relative said, "we are not sure who the manager is as they keep changing". Staff said, "Unclear who is in charge" and "Lack of leadership, confused about who the manager is".

The service was not actively seeking the views of people about their experience of using the service, either formally or informally. People and their relatives were not confident about giving feedback because they were unsure of the management arrangements as these kept changing. There had not been any meeting for people and their relatives to share their views and give feedback about the running of the service for many months.

We identified several breaches of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

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 entirely safe. Not all equipment was properly maintained and cleaned.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Requires improvement



Is the service effective?

The service was not effective. Staff had not received appropriate training, supervision and appraisal to ensure they had the skills and knowledge to provide effective care to people.

There was a lack of appropriate signage around the premises to support people with dementia to orientate independently. Some areas of the premises were not cleaned effectively and some bedding and towels were frayed and old.

People had a limited choice of snacks in the evening and during the night.

The management and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Requires improvement



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected.

Good



Is the service responsive?

The service was not entirely responsive. People did not have access to meaningful activities that met their individual social and emotional needs.

Care plans were personalised to the individual and were updated as people's needs changed.

There was a complaints policy in place and the provider followed the timelines laid out within it.

Requires improvement



Is the service well-led?

The service was not well led. There was a lack of clear leadership within the service.

Requires improvement



Summary of findings

Systems to assess and monitor the quality of the service provided to people were not effective. Risks associated with the environment and equipment had not been assessed, or action taken to mitigate risk.

The service did not actively seek the views of people about their experience of using the service.

Collamere 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 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 unannounced inspection took place on 21 October 2015. The inspection team consisted of two inspectors.

We reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who were able to express their views of living at Collamere Nursing Home and two visiting relatives. We looked around the premises and observed care practices on the day of our visit. We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with five care staff, the cook, the registered manager, the acting manager, the head of operations and the provider. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Risks associated with the environment and equipment used in the service, had not been assessed, or action taken to mitigate risk. There was a faulty extractor fan in the kitchen that had been out of use, according to staff, since March 2015. This had resulted in the kitchen being unreasonably hot to work in. An Environmental Health inspection in July 2015 made it a legal requirement that the extractor fan must be repaired. The maintenance person had looked at the fan since the environment health inspection in July 2015 and assessed that it was not possible for them to repair it. We were advised that a date for contractors to carry out the necessary repairs had been arranged but when we asked for the date, it was not made available to us. The environmental health report had also recommended that the kitchen temperature should be no higher than 25 degrees celsius but there was no thermometer in place to check this.

We saw that bedding and towels were old and beginning to look shabby. Pillows stored in the linen cupboard had become compacted and lumpy. Some areas of the kitchen were not clean and there was no deep cleaning process in place for the kitchen. In the dry goods store room (off the kitchen) two freezers were dirty with crumbs on the floor between them and around the freezer doors. Hoists were dirty and the nightly cleaning schedule to clean them was not being followed. All this added to a general look of the premises not being a pleasant environment for people to live in.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at the service and with the staff who supported them. Comments included, “I feel safe living here” and “I am happy here”.

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. Staff were clear about reporting any concerns to a nurse or manager in charge. Some were less confident about external reporting arrangements, although there were “Say no to abuse” leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. All the staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

The service had a satisfactory recruitment process. Checks completed on staff included two references and a Disclosure and Barring Service (DBS) disclosure which checked if the person had any criminal convictions. However, two staff files we looked at only had one reference. The service advised after the inspection that the appropriate referees had been contacted and references obtained.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. Staffing numbers were determined by using a dependency tool, which was regularly reviewed. A dependency tool is used to identify the numbers of staff required by assessing the level of people’s needs. On the day of the inspection there were six care staff and one nurse on duty from 8.00am until 8.00pm. A recent assessment of people’s dependency levels had resulted in staffing levels being increased from five care staff to six during the day. Staff told us they welcomed this increase of staff numbers on duty as it meant they were able to spend more time with people.

We saw people received care and support in a timely manner. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. One person said, “someone [staff] turns up within two minutes”.

Risk assessments were completed to identify the level of risk for people in relation to using equipment, bed rails, nutrition and the risk of developing pressure ulcers. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know what equipment was needed to move a person safely and how many staff were needed for the procedure. Risk assessments were being reviewed monthly or as required, should there be a change of risk level.

Accidents and incidents that took place in the service were recorded by staff in people’s records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

Safe arrangements were in place for the storing and administration of medicines. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person’s medicines had been given and the initials of the member of staff who had given them. Controlled drugs were stored correctly and records kept in

Is the service safe?

line with relevant legislation. We checked stock levels of some people's medicines during our inspection and found these matched the records completed by staff. Training records showed staff who administered medicines had

received suitable training. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Is the service effective?

Our findings

People had limited access to, and limited choice of, snacks in the evening and during the night. Sandwiches and yogurts were left in the fridge for staff to serve to people and biscuits were available. However, other areas of the kitchen and store cupboard were locked when kitchen staff finished their shifts at 6.00pm. Staff told us people did not always want the pre-prepared sandwiches on offer and sometimes the supply of biscuits left out was not enough. One person often asked for fruit in the evening and staff were unable to provide this for them. Some people living in the service required food at different times of the day and night because their routines about eating and sleeping could vary. This meant that for these people, having access to a good choice of different foods in the evening and during the night was vital to meet their needs. The provider told us that the nurse in charge had a key to the store cupboard and therefore staff could access other food items. However, staff were not aware of this and the provider agreed that it may not be 'widely known' that there was a key available. There had also been a high level of agency nurses working at night and it was not clear if information about having a key to the kitchen was communicated to them.

This contributed to the breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service carried out nutritional assessments for people. Where people were identified as being at risk of poor nutrition and hydration their food and fluid intake was monitored each day. However, records of this monitoring were not always accurate and complete. We found these charts were not completed each time people had drinks. We observed people having drinks during the day of the inspection that were not recorded in the charts used. A relative told us, "we are not sure how much [person's name] is eating and drinking. The charts in the room are not always completed and often when we visit [person's name] does not have a drink". Food and fluid charts did not record the daily total of food and drink consumed or state what was an acceptable amount for each person to drink or eat. This meant it was not possible to check if people, who had been assessed as at risk of poor nutrition and hydration, were having adequate food and fluid.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was not adapted sufficiently to meet people's needs. There was inadequate signage around the premises to assist people with dementia to orientate independently. There was some signage such as signs for the lounge and dining room. However, ways to signpost people to the area of the premises where their rooms were, or to identify their individual rooms was limited. Most people did not have any signs on their bedroom doors to indicate it was their room other than a room number. Where there were signs on bedroom doors some of these were becoming detached. The layout and decoration of the building meant corridors looked very similar as there was no difference in the colours used to paint doors or walls. We were advised that a manager, that was covering the service from another location, had started to put signage around the premises but had not been able to complete the task as they were moved to work elsewhere.

This contributed to the breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not consistently supervised, supported and trained to carry out their roles. The provider told us the organisation's policy was for staff to have one-to-one supervision meetings with a manager or nurse 3-4 times a year and an annual appraisal. These meetings provided staff with an opportunity to discuss on-going training and development. Records showed that supervisions and appraisals were not up-to-date. All the staff told us it had been several months since they last had a supervision meeting. Staff said, "There has been no supervision" and "I have not had supervision in the seven months I have worked here".

Training records showed that not all staff had received relevant training for their role and refresher training was not up-to-date. The service had ensured that staff had completed safeguarding and manual handling training. However, not all staff had received other appropriate training identified by the provider as relevant to meet the needs of people and keep them safe. This training included; mental capacity, infection control, fire safety, first aid and dementia care. A few, out of the 20 staff working for the service, had attended training in some of these subjects

Is the service effective?

but these numbers were low. For example three staff had received mental capacity training, eight staff infection control training, seven staff dementia care, five staff first aid and ten fire safety.

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

New staff had completed an induction when they started to work at the service. The provider had implemented the new induction guidelines which commenced on the 1 April 2015 with new staff. Staff told us a senior member of staff explained required working practices, policies and procedures, when they started working at the home. Shadow shifts were also completed with a more experienced member of staff.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the home as well as working closely with dementia liaison nurses.

We observed the lunch time period in the dining room. Staff were available to support people with their meals and people seemed to enjoy their meal. There was an unrushed and relaxed atmosphere and staff were attentive to people's individual needs. The cook told us they knew people's likes and dislikes and prepared meals in accordance with people's individual choices. People told us they enjoyed their meals and they were able to choose what they wanted each day. People told us they were happy with the food and choice of meals. One person said, "Food is quite good, we have enough".

Staff asked people for their consent before providing personal care. We observed staff asked people what they wanted to eat and drink and how they wanted to spend their time. Some people had signed their care records to consent to receiving care from the service.

Staff understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed.

The provider's MCA policy had not been updated to reflect the new criteria. However, the provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held in line with the requirements of the legislation.

Is the service caring?

Our findings

Not everyone at Collamere was able to verbally tell us about their experiences of living at the service due to their healthcare needs. However, the care we saw provided throughout the inspection visit was appropriate to people's needs, and staff responded to people in a kind and sensitive manner. Staff interacted with people respectfully chatting to them while they provided care and support. For example at lunchtime staff helped people who needed assistance with eating their meal. Staff were patient and supported the person at their pace, explaining what they were doing and sitting next to them so they could maintain eye contact.

Some people living in the service had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. Care plans detailed how staff should communicate with people to help ensure their wishes and needs were understood. For example one person's care plan instructed staff to liaise with the person's family before talking to them about some aspects of their past. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible.

Where some people could become anxious or distressed care plans contained information about actions staff should take to reassure and calm them. For example one person's care plan stated that when they were in a low mood staff should, "chat with [persons' name] but do not challenge or ask questions".

People's privacy was respected. We observed screens were used to ensure people's privacy was protected when carrying out personal care. People were able to personalise their bedrooms if they chose to with their own belongings. Staff told us they always kept doors closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. One person was in bed with their door open during our inspection. They told us they had asked staff to keep the door open so they could see what is going on.

All the staff we spoke with said they thought people were well cared for. They said they would challenge their colleagues if they observed any poor practice and report their concerns to the management. Staff told us they worked together well as a team and there was a culture of wanting the best for people. Some staff said to us, "really enjoy the work" and "a good bunch of staff".

Visitors were able to visit at any time and people were able to see their visitors in communal areas or in their own room.

Is the service responsive?

Our findings

During our inspection visit we spent time observing and speaking with people in the communal areas of the service. While staff interaction with people was kind and appropriate to their needs we found most staff interaction occurred when tasks were carried out with people. On the day of our inspection visit one of the people living in the service facilitated a music session, which people seemed to enjoy. However, there was no evidence of the service organising any group or individual activities for people to take part in. There were posters on the wall in the lounge detailing an activity programme dating back to April 2015.

People told us there were no activities on offer. One person said, “We used to have someone come in to do art but we don’t get that now”. Staff told us there were no activities provided. One member of staff commented, “No activities going on at the moment”. Some staff told us they would like to carry out activities with people and one worker told us they played some ball games with people. However, staff told us they needed some new equipment for activities and were unsure if they were ‘allowed’ to do them.

At previous inspections of the service we found that a member of staff was allocated each afternoon to facilitate activities for people. At this inspection we found this structure was no longer being used. Staffing levels in the service were similar to previous inspections so it was not clear why this system, or any other, had stopped. The provider did not indicate that there had been a specific decision to cease activities and we concluded that this had stopped because of several changes of managers.

Care plans gave some information about how people would like to spend their time, for example, ‘[name of person] likes to talk to other residents and socialise in the communal areas’. However, there were no in-depth assessments of how people’s social and emotional needs could be met. Therefore, we found people did not have access to meaningful activities that met their individual social and emotional needs.

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

Care plans were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. These were reviewed monthly or as people’s needs changed. We saw examples of where people’s needs had recently changed and these changes had been updated in their care plan. Staff told us that one person had recently become less mobile and was at risk of falls. Their care plan had been updated to state, “[person’s name] has (been) unsteady on their feet. Therefore needs more observing when mobilising”. We saw that staff kept the person ‘in line of sight’ throughout the day and helped them when they wanted to walk around the service.

Care plans gave direction and guidance for staff to follow to meet people’s needs and wishes. For example care plans described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Collamere. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Staff told us care plans provided them with good information about people’s needs and nurses advised care staff of changes to each person’s needs when they started their shift. One member of staff said, “care plans are helpful and kept up to date”.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans.

People and their families were given information about how to complain. Details of the complaints procedure were seen in people’s rooms. People told us they would speak to staff if they had any concerns.

Is the service well-led?

Our findings

The service had a registered manager recorded in the CQC records. However, they had been moved by the provider to work at another location in the Morleigh group from March until September 2015. A new manager was appointed to replace the registered manager in May 2015 and they left the organisation in August 2015. In September 2015 the registered manager started a new role as the clinical lead for the whole Morleigh group and returned to oversee the running of this service as well as their new role. This meant they would go to the service if needed, or once or twice a week, and were available for advice but were not managing the service on a daily basis. Two days before the inspection an acting manager had been appointed to manage the day-to-day running of the service. Managers from other services, within the Morleigh group, had provided management cover for the service since March 2015. However, there had been a lack of consistent management, leadership and oversight of the day-to-day running of this service.

Staff, people and relatives told us they did not know who was in charge and who to talk to. A relative said, “We are not sure who the manager is as they keep changing”. Staff said each manager has a slightly different way of working so they felt they did not always know what was expected of them in their role. They told us, “We get mixed messages”, “Unclear who is in charge” and “Lack of leadership, confused about who is the manager”.

The provider’s established auditing systems were not being operated effectively to assess and monitor the quality of the service. We found actions set following the inspection of 29 April 2015 to ensure that there was an effective audit system to monitor the quality of the service had not been met. Some audits had taken place to check the care provided to people. This included a monthly manager’s report, which was sent to the head of operations, to identify any areas in need of improvement. However, these audit systems had failed to identify areas of the service that required improvement. This included the service; using an incorrect form to record people’s food and fluid intake, not

identifying and taking action to repair or replace faulty equipment, not providing meaningful activities for people, and not ensuring the environment within the service was suitable to meet people’s needs.

The Morleigh group had set up a structured approach in relation to systems, policies and formats used, in order to provide consistency between different locations. However, the food and fluid chart used at this location was different to other locations and not the one officially used by the group. The use of an out of date and ineffective format had not been identified by any of the audits carried out to check the quality of the service.

We found management changes had resulted in some paper records (that were not held electronically) being misplaced or lost. At the inspection the location was unable to find some records, such as quality assurance surveys and records of resident and staff meetings. We were advised that it might not be possible to find these records because the manager who could have misplaced them, no longer worked for the organisation. The lack of consistent management of this service had resulted in a loss of operational control which meant people were at risk of receiving care that did not meet their needs.

The service was not actively seeking the views of people about their experience of using the service, either formally or informally. People and their relatives were not confident about giving feedback because they were unsure of the management arrangements as these kept changing. There had not been any meetings for people and their relatives to share their views and give feedback about the running of the service for many months. People and their families told us there had not been such a meeting during 2015.

We were advised by the service that the last staff meeting was in January 2014 and we were shown notes of that meeting. However, staff told us there had been a meeting about two months ago and the provider confirmed this to us. No notes from this meeting were available and it was not clear if there had been any other meetings since January 2014.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c) & (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: People's care and treatment was not designed to meet their needs and preferences .Regulation 9 (1) & (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff did not received appropriate support, training, supervision and appraisal necessary to enable them to carry out their duties. Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems and processes were not operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) & (2) (a), (b), (c) & (e)

The enforcement action we took:

We issued a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 17 ((1)(2) a, b, c & e on 18 November 2015. Pinerace Limited is required to become compliant with this regulation, at the location Collamere Nursing Home, by 31 December 2015.