

Alma Care Homes Broome Ltd

Broome Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Broome Park Nursing Home is a care home providing personal and nursing care. The service can support up to 56 people in two separate buildings, the main house and Stable Cottage. Broome Park cares for people with a range of needs including people with learning disabilities and autism, people living with dementia and older people with nursing care needs. There were 51 people using the service at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People had limited access to meaningful activities and care plans were not person centred. People's support was not always well structured and some people did not have end of life care planning in place. There was a lack of opportunity for people to identify goals and outcomes and plan the support they needed to achieve these.

Right Care

Poor risk management meant people were not always safe. There was a high use of agency staff at the service meaning that some people were supported by staff who did not know their needs well. However, people with learning disabilities lived in one part of the service which had its own settled staff team who knew people's needs well. People were not always treated with dignity and respect. Staff understood their responsibilities to protect people from abuse and knew how to report concerns should they need to.

Right Culture

Governance at the service was not effective which placed people at risk of receiving poor care. People's privacy was not always respected, and people and their families had limited opportunities to contribute to planning their support. Relatives told us that communication from the service was often poor and professionals said they could not always get the information from the service they needed about people. People were supported to develop their skills and to be as independent as possible.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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

Rating at last inspection

The last rating for this service was good (published 10 March 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and risk management. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, dignity and respect, safe care and governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The 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 ●

Broome Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, however the manager had started the application process to become registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We observed care being provided to people. We spoke with four health and social care professionals who were visiting the service. We spoke with nine members of staff including the manager, nominated individual, nurses and care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people receiving care and reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always safely managed. Risks were not adequately assessed, and the provider was not doing all that was reasonably practical to mitigate risk. There were several people who had been assessed by speech and language therapists (SaLT) as requiring their food and drinks to be prepared in certain consistencies due to a risk of choking. However, SaLT advice was not always followed or represented accurately in people's care plans.
- One person was not being given fluids in the consistency SaLT had assessed them as needing. Staff said this was because the person did not like what SaLT had advised but not following this guidance had not been discussed with medical professionals or risk assessed.
- Risk assessments were not always in place to inform staff how to mitigate risk. One person had been assessed by SaLT as being at risk of choking but there was no risk assessment in place in relation to this. Another person had been diagnosed with diabetes but there was no risk assessment for how to support them with this.
- Some people had charts in place to record their food and fluid intake due to a risk of malnutrition and/or dehydration. Several of these charts were not being completed correctly meaning that staff could not accurately account for what people at risk were eating and drinking.
- Several people had been recommended pressure-relieving mattresses to protect them from the risk of pressure damage. To function effectively, pressure-relieving mattresses must be set according to the weight of the person using them. We found one person's pressure-relieving mattress was set approximately 40kg too low placing the person's skin integrity at risk. This was raised with a member of staff who immediately changed the mattress to the correct setting.
- People's medicines were not always safely administered. One person was receiving medicine when required to help manage their anxiety. There was no protocol in place for staff to follow about when this medicine should be administered. Without these guidelines there was a risk of this medicine being given inconsistently by staff. Following the inspection the provider informed us a protocol had been put in place for administering this medicine.
- Some medicines were stored above the recommended maximum temperature. Medicines which should have been stored at a maximum of 25 degrees Celsius were being kept in rooms where the temperature was 27 degrees Celsius which could have affected the efficacy of the medicines. The provider informed us they had ordered air conditioning units however these had not arrived at the service at the time of inspection. Following the inspection the provider took further action to ensure medicines were being stored safely in addition to installing the air conditioning units.

The failure to manage risks effectively or to ensure the proper and safe management of medicines was a

breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider took action to ensure SaLT guidance was being followed and that food and fluid charts were being completed accurately.
- Staff had received relevant training before they were able to give people their medicines. The manager regularly checked staff competency to ensure they had the appropriate knowledge and skills.

Staffing and recruitment

- There were a safe number of competent staff on duty however these were not always deployed in the best way to meet people's needs. We found one person who had been identified as requiring one to one care during the day was not receiving this. We raised this with the manager who put this support in place immediately following the inspection.
- The service was heavily reliant on agency staff which meant that people often did not get to know the staff supporting them. One relative told us, "[Person] has agency after agency after agency. They've got the team leader on who is very good, but it's the constant influx of agency staff that don't know her." A visiting professional told us, "The agency staffing is at a bad stage... If the permanent member of staff in each house is in its better because they know people."
- Staff employed at the service also told us that the high number agency staff had a negative impact. One member of staff told us, "It has been tough recently. With very little permanent members of staff. We spend so much time telling agency staff what to do, it takes a lot of our time and sometimes it can feel like our work has doubled."
- We observed that there were enough staff to meet people's needs and people did not have to wait long when they required support.
- The manager had recognised staffing was an issue and they were working to try to improve recruitment, and had a plan in place to do so, however this was challenging due to a shortage of available workers in the adult social care sector.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff did not always wear PPE in line with government guidance. During our first inspection visit we saw some staff not wearing face masks correctly and in accordance with current guidance. We raised this with the manager who addressed it with staff immediately. During our second visit for this inspection we observed that staff practice with PPE had improved.
- The service appeared to be clean however there was no recording of the cleaning that was taking place which meant the management team did not have effective oversight of this. We discussed this with the manager who told us that a suitable cleaning schedule would be put in place immediately following the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visits for people living at the home was not always facilitated in line with the current government guidance. This was because visits inside the care home had been stopped for a period recently due to an outbreak of COVID-19. Visiting had restarted as normal at the time of inspection and the provider told us they were committed to ensuring that people could have access to visitors as freely as possible.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at Broome Park. One person told us, "I feel as safe as can be expected. I think I'm safe here." Another person said, "Yes, I'm safe. I'm fine here."
- Staff had received safeguarding training. Staff demonstrated an understanding of how to keep people safe from abuse and their knowledge of the different types of abuse. Staff knew how to report any concerns they may have and felt confident they would be listened to.
- Staff were aware of who to contact outside the service should they need to whistleblow if they thought the provider was not responding to safeguarding concerns. One member of staff told us, "I would report [suspected abuse] immediately to the management, or the local authority or the CQC." Another member of staff said, "I would report bruising to the manager or to CQC."
- An open culture was encouraged at the service. Records demonstrated that accident and incidents had been recorded by staff and reviewed for any possible learning to reduce the risk of future occurrences. For example, when someone had fallen, circumstances such as the environment, footwear, the mobility of the person and whether they used any equipment involved in supporting their mobility had been assessed.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We observed that some people had to wait a long time for meals. In Stable Cottage people were waiting in the dining room for up to one hour for lunch due to a delay in transporting the meals over from the kitchen in the main house. This was distressing to those waiting and people asked staff when they would get their meal. The manager informed us that unforeseen circumstances had led to lunch being particularly late on the day of inspection and they assured us this was not usually the case.
- People received the support they needed to meet their nutritional needs. People who needed support to eat and drink were given help to do so. People who received their nutrition through a percutaneous endoscopic gastrostomy feeding tube (PEG) were supported by trained staff to do this.
- People spoke positively about the food options available to them. Comments included, "Of course the food is nice," "Yes, [food] is fine here", and, "It's good."
- We observed that people were given options to eat something else if they did not like what was on the menu for that day.

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

- Health and social care professionals told us that communication with Broome Park was often poor and it was difficult to get the information they needed from staff. Visiting professionals told us this appeared to be due to the high number of agency staff working at the service who did not know people well.
- The manager told us that the number of permanent staff working at the service was increasing which they believed would help with communication.
- People were supported to access healthcare services when they needed to. People were seen regularly by their GP and referrals to other healthcare professionals were made when required.
- People's oral health needs were assessed, and staff promoted good oral hygiene.

Staff support: induction, training, skills and experience

- Staff had received regular training and an induction to enable them to meet people's needs. We saw records to support this. One member of staff told us, "I had an induction for one week when I began."
- Staff were able to raise any issues of concern and gain support from one of the management team when needed. One member of staff told us, "They are approachable. [Manager] is approachable." Another member of staff said, "I know I can just ask if I feel like I need anything."
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations and identify areas of learning and development.

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

- One unit in the service had five people living in it but no communal area and a locked door to the rest of the building meaning that people needed to ask staff to be able to access communal areas. We raised this with the manager who immediately changed the layout so a communal area was available to the people living in this part of the service.
- At our last inspection we found the environment could benefit from redecoration and refurbishment. This had improved at this inspection and a considerable amount of work was ongoing to improve the décor and environment for service users. This included refurbishing bedrooms and communal areas and laying new flooring throughout the service.
- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own decorations, pictures and ornaments.

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

- People were assessed by the manager prior to them moving to the service to ensure that Broome Park was able to meet their care needs.
- Assessments guided by national frameworks and standards were completed to ensure that people's needs were assessed and met.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with the principles of the MCA. Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life.
- People who lacked capacity in relation to some aspects of their care were supported to make their own decisions. One member of staff told us, "I always ask people how they want me to help them in the morning and they always choose what they want to wear for the day." Another member of staff said, "We give people choices such as what meal they would like and what they want to do."
- The manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. Best interest decisions had been carried out when required and applications for DoLS authorisations had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care;

- We observed that agency staff did not always know people's names. One agency worker got three people's names wrong and had to be corrected by another member of staff.
- One person was supported to mobilise using a hoist by two members of staff. We saw that there was very little interaction from staff with the person whilst they were supporting them, and they did not explain to the person what they were doing.

Failure to treat people with dignity and respect was a breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's cultural needs and preferences were respected. For example, visits from clergy were facilitated and supported by staff for people with religious faiths.
- People told us that they were treated with kindness by staff. One person said, "They're all kind." Another person told us, "[Staff] are kind here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always well supported. One person's bedroom had an opening through to a communal area with no cover. This reduced their ability to have privacy in their room. We raised this with the nominated individual and the opening was immediately blocked.

Failure to ensure people had privacy was a breach of Regulation 10(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to remain as independent as possible. One person told us, "When I first came here, I couldn't walk. I use the walker now. [Staff] helped me." Another person said, "I'm independent but they help me if I ask."
- We observed staff supported people discretely and with respect when they required assistance to go to the bathroom.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- Relatives and visiting professionals told us that the high usage of agency staff impacted negatively on people receiving personalised care due to a high number of agency staff not knowing people well. Our observations supported this.
- We observed that there was a lack of structure to the support some people received. We saw that some people were sitting or walking around the service appearing to be bored with little to do. Staff were allocated on shift to support individual people but there was little planning in place for what some people would do during their support time.
- People did not have enough opportunities to engage in meaningful activities that met their needs. Whilst we saw people in one part of the service had access to a wide range of activities other people in another part of the service did not.
- Care plans were not always detailed and personalised. Some people's care plans lacked details about their personal preferences and how they wanted to be supported. For example, details such as people's preferred times to get up in the morning or go to bed were not recorded, or their preferred time to have a bath or shower.
- End of life care planning did not take place for everyone. Whilst some people had detailed end of life care plans in place which they had contributed to, others did not have these in place yet.

Failure to ensure people received person centred care was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We addressed the lack of stimulation for people with the manager. A new activity planner had been put in place and on our second visit to the service, we observed an improvement in activities available to people and staff were on duty specifically to support with these.

Improving care quality in response to complaints or concerns

- People told us that they knew how to make a complaint if they needed to and they felt that these would be dealt with appropriately. One person told us, "The manager is [name]. I know them all. Any concerns, I can always find her."
- Complaints had been responded to appropriately. The provider had a complaints policy which detailed how people and their relatives could raise concerns if they were dissatisfied with the service they received, and this explained the provider's process for responding.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Where people's communication abilities were limited, they had information in their care plans to support staff to know how best to interact with them. This included using picture cards and other prompts to help people make choices.
- Some people used Makaton signs to help them to communicate. Staff supporting these people were able to understand these signs and information about how people used Makaton was included in their care plans.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- Quality monitoring systems at the service were not effective. They had not identified and addressed the shortfalls we found. These included issues such as important information not being included in people's care plans, a pressure-relieving mattress being incorrectly set and gaps on people's food and fluid charts.
- Medicine administration audits had failed to identify and address that medicines were being stored at temperatures above the recommended limit, or that a PRN medicine (as and when required) was being administered by staff without guidance in place for how to do so.
- Reporting systems and processes were not effective. There were four open safeguarding enquiries at the service relating to allegations of abuse. There is a requirement to notify CQC of these however this had not been done.
- Staff meetings were not recorded. The manager told us they had regular meetings with staff, and we saw a meeting taking place between the manager and senior staff. However, there was no written record of meetings or any actions which needed to be completed. This meant staff on leave would not know what was discussed and it would be difficult to follow up on actions from previous meetings.

The provider had failed to have effective oversight at the service and had not implemented effective systems and processes to assess and monitor the service. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Engagement with people and their relatives was inconsistent. Relatives told us they did not have the opportunity to give feedback on their family member's care and that communication with the service was difficult. Comments from relatives included, "I have to ask always [about family member], there is no communication," "They are not good at keeping in touch", and "The communication is not really there."
- Relatives also told us they had little opportunity to be involved in making decisions about people's care. One relative told us, "I've not seen [person's] care plans. I haven't seen a care plan." Another relative said, "I feel they don't want us to be involved in the care."
- We raised the issue of engagement with the manager who told us that they were trying to improve communication with relatives and there would be surveys going out shortly after the inspection to find out

the views of people and their relatives about Broome Park and that following this action would be taken where needed.

- Professionals working in partnership with Broome Park also told us engagement with the service was difficult and they sometimes had difficulties obtaining the information they needed.
- There were no regular residents' meetings taking place. This limited people's opportunity to put forward ideas about the running of the service, activities or the menu.

The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided. This was a further breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff spoke positively about the support they received from the manager. One member of staff told us, "I think [manager] is good. Approachable and good at what she does." Another member of staff said, "The manager is very supportive and is helping us make the improvements we need to make in Stable Cottage."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities regarding the duty of candour. Although communication needed to improve, relatives were informed if their family member was involved in an incident or accident and what actions would be taken to mitigate further risk.
- Staff and people living at the service told us they felt comfortable raising any queries with the manager, and that the culture was an open one.

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 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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people were receiving person centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were treated with dignity or respect or that people had privacy.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage risks effectively or to ensure the proper and safe management of medicines.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to implement effective systems and processes to assess and monitor the service. The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided.

The enforcement action we took:

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