

Portland Care 6 Limited

Springfield Grange

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Springfield Grange is a care home providing personal and nursing care. The service can support up to 80 people. Care was provided over 4 units, this included nursing needs and people living with dementia. At the time of the inspection 49 people were using the service.

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

We found care and treatment of people was not always appropriate and did not meet their needs or reflect their preferences.

We found people were not supported to have maximum choice and control of their lives and staff supported them in a restrictive way and not always in their best interests. There was no information recorded on care records as to when people preferred to be supported to go to bed or get up.

We observed a lack of engagement and activities in communal areas and for people who were cared for in bed. The provider had 2 activity co-ordinator posts, but these were both vacant at the time of the inspection.

We found shortfalls in the safe management of medicines. Medicines administration was not safely recorded, and medicines were not always stored safely. The balance of some medicines was incorrect, the provider could not explain why the count of medicines was not correct.

Risk assessments for people were not up to date, incorrectly completed or blank. We found information recorded on a person's personal emergency evacuation plan (PEEP) did not match the information in the person's care plan.

Complaints received were not always investigated, and the necessary and proportionate action was not taken in response to any failure. There were no established, effective, or accessible system for identifying, receiving, recording, handling, and responding to complaints made by people who used the service.

We found systems or processes were not in place and operated effectively to monitor and improve the quality and safety of the services provided. Risks were not always assessed, monitored, and mitigated.

Mental Capacity Assessments (MCA), Best interest decisions (BID) and Deprivation of Liberty applications (DoLS) was not consistently in place for people who required them. DoLS conditions were unclear, and the provider was unsure whether DoLS had been applied for. Two care plans, which should have had a DoLS applied for or in place and neither one did.

We found staff had not had regular supervisions and appraisals had not been completed in 2023. Not all staff had completed all mandatory training.

We received mixed feedback about the quality of care provided from both people who lived at the service and relatives.

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

Rating at the last inspection

The last rating for this service was requires improvement (published 2 March 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Enforcement

At this inspection we found breaches of regulations concerning safe care and treatment for people, person centred care, receiving and acting upon complaints, staffing, need for consent and good governance.

Why we inspected

The inspection was prompted due to concerns received regarding the quality of care for people. Concerns included quality of care, medicines administration and leadership of the service. A decision was made for us to inspect.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 responsive.

Details are in our responsive findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Springfield Grange

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 practise we can share with other services.

Inspection team

The inspection team consisted of 3 inspectors, one of which was a medicines inspector 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

Springfield Grange 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. Springfield Grange 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in place who had been in day to day control of the home since July 2023. Following our inspection, the provider told us the manager had applied to become registered with us.

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 partner agencies 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 10 people who used the service and 11 relatives about their experience of the care provided. We spoke with 6 members of staff including the manager, senior care worker, and 4 care staff.

We observed staff interacting with people in all areas of the home and reviewed a range of records. This included 4 people's risk assessments, care plans and care records. We saw 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the Inspection

We continued to speak with the manager and regional manager. We reviewed further records remotely to validate evidence found. This included information regarding safeguarding people from abuse, records relating to consent, activities, quality and safety records, policies, and procedures. We looked at training and quality assurance records.

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 Requires Improvement. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- We were not assured risks were identified and reviewed with action taken. We checked 1 person's care records and found 13 incidents where it was flagged staff were expected to seek urgent medical assistance around continence care. When we checked, the alerts had not been actioned and no assistance was sought. We discussed this with the manager, they told us this was normal continence for the person and medical assistance was not required. However, this was not recorded in the person's care plan or records.
- We looked at 1 person's care plan which stated due to skin integrity they needed to be repositioned every 4 hours. Over an 8 day period at the start of January 2024, there were recordings of repositioning but not completed or recorded 4 hourly as in care plan. This increased the risk of skin integrity breaking down.
- We looked at another person's care plan which stated due to decline in health they needed to be checked hourly. Over an 8 day period at the start of January 2024, there were recordings of checks, but these were not completed or recorded hourly as in care plan.
- These findings meant people who used the service were at risk of receiving unsafe care and treatment.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks had not been monitored and reduced.

Using medicines safely

- We found failings in the proper and safe management of medicines.
- During the inspection we found morning medicines on 1 unit were not administered until after 11am due to staff member arriving late. The provider had no process in place to ensure staff arriving late did not impact people who required medication. Due to the late administering of the morning medication the subsequent rounds had to be later to allow sufficient time in between administering of medication,
- We witnessed a person being administered medication without their knowledge (covertly). There were no supporting care records to show relevant professionals had been consulted about the safety of the use of covert medication administration. When we asked the staff member administering why they had put the medication in yoghurt they stated it was because it makes it easier for the person to take their medication. This information was not recorded in care records, and they had no plans in place to covertly administer medication. Following this feedback, the manager met with a pharmacist and confirmed no one was on covert medication and the above person should not have been given medication without their knowledge.
- The use of patches, topical creams and ointments were recorded as administered on administration records. However, we found body maps had not been completed to record where the cream or patches should be applied. Staff applied the creams and not the members of staff signing the administration records. So, they did not provide instruction to staff as to where creams should have been applied. Also, no evidence of patch rotation as per directions on prescription.

- No risk assessments had been completed for prescribed flammable paraffin based topical creams and ointments. This meant people were placed at risk of harm because the risks had not been adequately identified and mitigated.
- Some people were prescribed a thickening agent to be added to their drinks to aid swallowing. There were no records of when this was administered. The provider could not evidence due to the lack of recording the thickening agent was being administered as prescribed and in accordance with professional direction.
- We found medicines were not always stored safely. Temperature records to ensure the safe storage of medicines were not always completed daily in accordance with national guidance.
- We found the balance of some medicines was incorrect. We checked 14 medicines and found 5 were incorrect, the balance not as recorded. This meant the provider could not evidence the correct number of medicines had been administered as signed for by staff.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 failings in the proper and safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- We were not assured people were safeguarded from abuse or neglect. When we discussed safeguarding with staff, they did not show good knowledge or understanding of safeguarding. They said they would report concerns to a person in charge, they did not describe what concerns they would or have in the past reported to a person in charge.
- We found not all staff had completed mandatory safeguarding training.
- We spoke with people who lived at the home and the majority said they felt safe and comfortable in the home.

Staffing and recruitment

- Sufficient numbers of care staff were in place who had been safely recruited.
- Background checks were carried out when recruiting staff.
- The provider employed a high number of overseas staff on sponsorship agreements. The provider received feedback from people who used the service and relative's that some workers struggled to communicate with them due to limited English. When we discussed this with the manager, they acknowledged these comments and assured us overseas workers had to complete basic English tests.
- Systems were in place to assess safe staffing levels at the service, however we had an incident of a staff member arriving late to work, this person was responsible for administering medication. The service had not had plans in place or took action to cover lateness administering medication in this instance.

Preventing and controlling infection

- On our visits the home was sufficiently clean and free of unpleasant odours.
- We found when checking cleaning schedules not all tasks were being consistently completed. This was due to a lack of domestic staff recruited at the service. The manager informed us the vacancies had been advertised and the service was working to fill the domestic posts.

Visiting in care homes

- We received feedback from relatives that access to and contacting the home was difficult. One relative said they had struggled to get in the building and reported this was worse at weekends and evenings. On occasions they had left the building without seeing their family member.
- The manager informed us they were aware of the concerns and had recently upgraded the telephone and doorbell system. During the inspection we found the new system was not effective and experienced difficulties making telephone contact. We experienced constant ringing, being passed around the home and

our call ending before we had spoken to the person we were contacting. We raised these concerns with the manager and did not receive a response.

Learning lessons when things go wrong

- The provider had put quality assurance systems in place to drive development and improvement of the service.
- Although quality assurance systems were in place. There was no evidence of learning, reflective practice, or service improvement.

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 Requires Improvement. At this inspection the rating has remained Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We found significant gaps in staff training.
- We asked for evidence of supervisions during 2023. The manager was unable to provide evidence that 2 members of staff received supervision in this period. There were no staff appraisals completed in 2023, although the provider assured us these were planned for 2024.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to training, supervisions support and appraisals for staff.

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

- Care plans did not provide sufficient guidance to prompt staff on the action they should take to meet people's assessed needs.
- Although people had care plans in place, the information was inconsistently recorded and gave limited information regarding people's care preferences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to maintain an accurate, complete and contemporaneous record for each person.

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 and whether any conditions

relating to those authorisations were being met.

- We found MCA, Best interest decisions and DoLS authorisations were not always in place.
- Conditions of DoLS authorisations were not clearly recorded and managed by the provider. We looked at 2 care plans and found both should have had a DoLS applied for and found these had not been made. The manager told us they did not have access to all the information they needed. This meant action had not been taken to address these issues.
- One person told us they had requested a key for their bedroom. We discussed this with the manager who said they had not agreed to them having a key due to mental health concerns. However, this was not in the person's care records and there was no supporting MCA or best interest decision. Following the inspection, the management team told us this person had been provided with a key to their bedroom.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were gaps in the completion of Mental Capacity Assessments, best interest decisions and DoLS applications.

Following our inspection, the provider told us they prioritised completion of MCA and best interest decisions. They told us they were working to complete DoLS applications for the people who needed them.

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

- People's food and fluid intake was monitored and recorded to make sure they received a balanced diet and drank enough to meet their needs.
- There was no involvement from people who used the service in meal planning. No pictorial menus were available for people who needed support to understand and communicate their food preferences. The manager told us people was offered choices daily.
- People told us the food was enjoyable and there was enough to eat. They also said they were offered alternatives if they did not want the menu choice.

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

- We observed the living environment did not feel homely and was impersonalised across communal areas. We shared this with the provider during our feedback.

Supporting people to live healthier lives, access healthcare services and support

- We were told by a person who lived at the service there had been long standing issues with equipment needed to support their mobility. A health professional had given information to the provider, which was not shared with the person and meant they were unable to use the equipment they needed for an extended period. Following the inspection, the provider ensured the person had access to the equipment they needed.
- Health care professionals were involved in people's care.

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

- Care records showed there were no regular recordings by staff of personal care provided, they said this was because they had declined although this was not recorded. We looked at 1 person's care plan for oral care, this stated they required support with oral care. Over an 8 day period at the start of January 2024, there were no support provided of oral care.
- One relative told us, " (Relative's) hair was very matted and unkempt. It appeared not to have been washed for some time."
- The majority of people and relatives were satisfied with the care provided and told us staff were friendly and tried hard to meet their needs. Their comments included, "The staff are good with my relative. They know how to cope with their moods", "All carers are pleasant and cheerful. I have not noticed any significant variation at evenings and weekends." A relative told us, "No aspect of care gives me concern and we have had no concerns to raise with the manager. I have recommended this home to others."
- We saw some positive interactions between people and staff who they appeared to know well.

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

- We spoke with a person who was a smoker and required significant support with their mobility. Care records showed they had not been supported out of bed between September 2023 and January 2024 other than on 1 occasion. The person said it was because equipment needed to support their mobility was broken. The manager informed us they had been advised this equipment could not be used due to risks to staff. We found the guidance provided had not been followed correctly. This meant the person had not been supported with their smoking preferences.
- We observed staff were task focused and saw limited interactions between people and staff when tasks were not being completed.
- We received mixed feedback from relatives over involvement in their loved one's care and actions taken by the provider in response to concerns. A relative told us, "We had to call the doctor to ask them to attend. We would have expected the home would do this, but we had to step in."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff supported people to maintain their privacy. We observed staff knocking on bedroom doors and asking for permission prior to providing care.

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 Inadequate. This meant services were not planned or delivered in ways that met people's needs.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found limited evidence of a schedule of events and activities for people. We observed people who were sat in lounge areas, or in bed, were disengaged. There was limited stimulation for them throughout the day. One relative told us, "When my relative entered the home, we were promised regular activities, but these have not happened."
- Daily notes were task centred and lacked personal detail. We found limited evidence within daily recordings completed by staff how people's emotional needs were being met.
- There were no activities taking place on the days of our inspection.
- People were not involved in care planning. Records did not demonstrate people were asked how they wished to receive their care.
- One person's smoking preferences were not detailed in their care records.
- Care plans did not show people's goals and objectives. Gaps were seen relating to people's daily activity, life history and wishes of future care. Records in these areas were not always fully completed or up to date.

This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to limited access to activities which are socially and culturally relevant to them.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was visible. However, we saw evidence which showed not all complaints were logged and recorded. The provider was unable to demonstrate how these had been acted on and used to improve the service.
- We spoke with a person about complaints who asked, "Is there any point? I've said things many times before, but nothing happens."
- We spoke with relatives, and they told us they had concerns about management responsiveness. Comments included, "The manager appears to listen and understand, but doesn't make any improvements", "I raised (my concerns) with the manager without response" and "Meaningful consultation is well short of what we expect, I would definitely not recommend this care home to others."

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as effective systems to ensure complaints received were investigated were not being followed.

Following the inspection, the provider told us they were planning additional training which would include

management of complaints, understanding care regulations and meeting their duty of candour.

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.

- The communication needs and preferences of people were not identified or recorded in care plans.

End of life care and support

- We found no advanced care planning discussions in care records we checked demonstrating personal wishes were documented in the event of a person's death.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Continuous learning and improving care;

- Quality assurance systems were not robust and had not identified the shortfalls we found during the inspection.
- There were significant gaps in the completion of audits and daily checks which meant action had not been taken. This included manager daily walk rounds, which had been completed twice in a 3 month period. A monthly medication audit was not completed in December 2023. Monthly bed rail checks had not been completed since July 2023.
- There were gaps in quality assurance checks to ensure risks to people were adequately assessed and where needed, care plans had not been put in place to reduce these risks.
- The provider's oversight of training compliance for staff was not robust. We were provided with the staff training log and found gaps in all training subjects. This had not been identified through a system of audits before our inspection. Team meetings and staff supervisions were not consistently completed.
- We looked at the provider's action plan which was updated in September 2023. The action plan identified several improvements to be made when they needed to be completed and who was responsible. We discussed the action plan with the manager as we found no action had been taken.
- The manager had introduced resident of the day to the action plan in September 2023. We looked at the audits recorded for resident of the day and found only 1 had been fully completed since this was introduced.
- A lack of oversight, ineffective auditing and assessment of the service provided meant concerns and issues were not routinely identified and quality improved as a result.
- When requesting information, we experienced delays and information was not always available.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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.

- In April 2023, a relative survey was completed by the provider and some comments and feedback was provided. The information had been gathered and analysed, but no action plan had been devised. There was a poor response rate and no evidence of any action being undertaken to address reasons for this.
- In March 2023 a staff survey was completed by the provider, staff raised concerns that not everyone who used the service was treated equally and fairly. Action had not been taken in response to this feedback.
- Staff said they did not receive feedback from the manager when professionals visited the home. The manager had not acted upon the concerns raised by staff in the satisfaction survey.

- At the time of inspection, no manager had been registered with the CQC since November 2022. This meant we didn't have sufficient assurance the service had a suitable manager of good character in place with necessary qualifications, competence, and skills. A manager had been in post from July 2023. We were told they had submitted their application to register with the CQC.
- We were not assured the manager understood the requirements of the duty of candour. There was a lack of recording of events and complaints.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to effectively operate systems and processes in terms of oversight, understanding and management of the service. And as a result, has potentially left vulnerable service users at risk of harm.

- Staff we spoke with told us they liked working at Springfield Grange and felt supported by management.

Following the inspection, the provider told us they had recently recruited a new regional manager who had a nursing background. The regional manager was spending the majority of their time at the service to provide additional support and training to the manager.

Working in partnership with others

- The provider worked with involvement from the local authority, community teams and external professionals to support the health and well-being of people.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Gaps in the completion of mental capacity assessments, Best interest decisions and DoLS applications.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Gaps in staff training, supervisions, support and appraisals,

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	There was limited access to activities which were socially and culturally relevant to people.

The enforcement action we took:

Warning Notice served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks not monitored and reduced. Failings in the proper and safe management of medicines.

The enforcement action we took:

Warning notice served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	Effective systems to ensure complaints received were recorded, investigated and lessons learnt were not being followed.

The enforcement action we took:

Warning notice served.

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	Failed to effectively operate systems and processes in terms of oversight understanding and management of the service. And as a result potentially left vulnerable service users at risk of harm.

The enforcement action we took:

Warning notice served.