

Park House Care (Sandy) Limited

Park House Nursing Care Centre

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park House Nursing Care Centre is a residential care home providing personal and nursing care to up to 30 people. The service provides support to people who may be living with dementia and physical disabilities. At the time of our inspection there were 24 people using the service.

People were supported in an extended Grade II building with accommodation over two floors. People had access to communal areas consisting of a lounge, dining room, courtyard, community room and well-tended gardens.

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

People were at risk of poor care and support because governance systems were not effective and needed strengthening. Although audits were taking place they had failed to identify and address the issues we found during our inspection, in relation to care planning, infection prevention and control (IPC) and medicines.

People's medicines were not always managed safely. We identified concerns relating to storage, stock levels and medicines records.

We found no evidence people had been harmed. However, risk management of 'high risk' medicines required further development.

The provider did not have effective safeguarding systems in place to help protect people from the risk of abuse.

The registered manager had not ensured safe recruitment practices were being followed.

Staff training records showed gaps in essential training. And there was no evidence to show that staff had completed training to meet people's specialist care needs. For example, Motor Neurone Disease.

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.

Care plan quality was inconsistent and required further development.

There were enough staff to meet people's care and support needs. Staffing levels were increased if people required additional care.

People were protected from the risks of infection. We saw staff wearing personal protective equipment (PPE) to reduce the risk of spreading infections.

People's needs had been assessed before they started using the service; and people told us they were involved in making decisions about their care.

Staff treated people with respect and upheld their privacy and dignity. Staff knew people well and encouraged them to be as independent as possible.

The service worked with a wide range of key organisations who were also involved in people's care.

People and staff were positive about the registered manager and nominated individual. Staff said they were both approachable.

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 11 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to people's safe care and treatment, staff training and support and the overall governance of the service at this inspection.

We have also made a recommendation the provider considers current guidance in relation to safeguarding processes, recruitment of new staff and supporting people to make their own decisions in line with consent to care and treatment.

Please see the action we have told the provider to take at the end of this report. 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Park House Nursing Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

The inspection was carried out by 2 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

Park House Nursing Care Centre 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. Park House Nursing Care Centre 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 August 2023 and ended on 3 October 2023. We visited the service on 21 August 2023.

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 5 people who used the service. We spoke with 7 relatives about their experience of care provided.

We spoke or received written feedback from 19 members of staff including the registered manager, nominated individual, lead nurse, nurses, care workers, activity providers, head cook and domestic staff. We also spoke or received written feedback as part of the inspection from 5 professionals who worked with the service. We conducted observations in communal areas to observe interactions between people and staff and the care and support offered. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Using medicines safely

- People were supported to receive their regular prescribed medicines in a timely manner; this was evident from the medicine administration records (MAR) charts. However, for some 'when required' medicines also known as PRN medicines, protocols were either missing or incomplete, including the reason for administration of the medicine or its effectiveness.
- Medicines were not stored safely. Records relating to the temperature of the medicine's fridge, which stored medicines such as insulin, was unclear. Entries stated the fridge temperature to be 0.6c degrees, which is below the recommended temperature of between 2-8c degrees, however, this had not been picked up by nursing or management staff. Furthermore, there were ten readings where the temperature had exceeded 8c degrees. There was no record of any actions.
- Medicine stock was identified as incorrect and adjusted, however there was no follow up to identify the cause and what actions had been taken. This meant people could have received too few or too many medicines without staff identifying it. The service was not utilising the medicine management system they had to support this process.
- Information relating to the safe crushing of medicines was not located with the daily medicine's records. This meant there was a possible risk the medicines would not be administered as prescribed by the GP/pharmacist.

Learning lessons when things go wrong

- There was no overall log of incidents and accidents or concerns and complaints. The registered manager confirmed that lessons learned, and actions taken to reduce incidents, resolve concerns and complaints would be discussed with nurses and care staff via team meetings, handovers, and supervisions. However, without a log of these events lessons learned could potentially be missed.

We found no evidence people had been harmed. However, the provider was failing to manage people's medicines safely and had no oversight of incidents and accidents. This is a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider took immediate action to rectify some of our concerns. For example, the information relating to the safe crushing of medicines was relocated on the day of our inspection and is now stored with the daily medicine's records.
- The registered manager confirmed the medicine stock discrepancies which were identified had been investigated and necessary actions put in place to prevent reoccurrence. A log of incidents and accidents was also implemented.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective safeguarding systems in place to help protect people from the risk of abuse.
- The registered manager kept a log of safeguarding concerns. However, this record was unclear and did not provide information relating to the actual safeguarding concern. It was also unclear whether two of the entries had been referred to the safeguarding team or CQC.

We recommend the provider review their safeguarding processes and ensure a detailed log of safeguarding concerns is implemented.

- People felt safe living in the home. A person said, "Oh yes. I feel safe here. Staff are well trained, there are cameras and alerts in the room to call for help where needed."

Assessing risk, safety monitoring and management

- The provider carried out assessments of risk to protect people from avoidable harm. However, one person had been assessed by their GP to receive their medicines covertly and there was no medication risk assessment in place to guide staff. For example, whether staff need to open capsules and sprinkle contents onto food, crush and add to food etc.
- A recent Health and Safety visit had been carried out which included access, fire, equipment, legionella, gas, carbon monoxide and lift checks. All actions from the report had been completed.
- People had Personal Emergency Evacuation Plans (PEEP) in place to support staff to safely evacuate the home in the event of any emergency such as a fire.

Staffing and recruitment

- The registered manager had not ensured safe recruitment practices were being followed.
- Prior to new staff commencing employment the registered manager was required to check staff suitability for their job role. However, we reviewed 3 recruitment records and found not all relevant employment references had been verified, and for employment where staff had worked with vulnerable people, the reason for leaving this job had not been recorded. A full career history along with a written explanation of any gaps hadn't been explored by the registered manager.
- The provider took immediate action and provided us with a full career history for all staff along with an explanation of gaps of employment.
- There were mixed views about staffing levels. A dependency needs assessment was completed for each person living in the home which calculated the number of hours of support people required on a daily and weekly basis. This then determined how many nursing and care staff would be needed.
- People told us there were enough staff. A person said, "Staff are very good, I can't fault them. I notice here, they are always helping people where they need it, sitting with them and supporting others." A relative said, "There is enough staff, they are always present."
- However, we received mixed feedback from staff. A staff member said, "There are not enough carers, and we have no support from the nurses or registered manager." Another staff member said, "We are short staffed most shifts, the manager is aware we are struggling."
- We discussed the feedback with the registered manager who assured us they kept staffing arrangements under close review. If people's needs changed, extra staff would be sought on a short-term basis.

We recommend the provider review their recruitment records and consider current guidance to ensure the

right staff are recruited to support people to stay safe.

Preventing and controlling infection

- Infection prevention and control (IPC) audits had not identified concerns we found during our inspection in relation to training, disposal of sharps and policies. (See our well-led section for more about IPC audits).
- Adequate supplies of personal protective equipment (PPE) were available for use when required. The home was very clean and hygienic throughout.
- There were no restrictions on visiting the home. We saw various people visiting their loved ones and it was not necessary to make an appointment.

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.

Staff support: induction, training, skills and experience

- Staff were not fully trained. Gaps in training records were identified. The registered manager had no oversight of staff training.
- Staff's competency was not being assessed in relation to the administration of medicines or manual handling practices.
- Supervisions and appraisals were taking place; however, this support was not as frequent as the description within the providers policy.
- Mixed feedback was received from staff. Some care staff said they didn't feel supported by senior staff. However, one carer said, "The nurses will always update us and are really helpful."

We found no evidence people had been harmed. However, the provider had failed to ensure staff had the training, skills, and knowledge to be effective in their roles. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

- New care staff being recruited into the service were completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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.

- Not all people had a decision-specific mental capacity assessments (MCA) in place for bed rails, even though a bed rails assessment had previously been completed by the provider.
- Some MCAs completed for 'accommodation for the purpose of care and treatment' lacked information. For example, it was unclear whether a person lacked capacity, and for MCA's completed in relation to bed rails, there was limited information about consideration for alternative actions that produce less restriction.

We recommend the provider review their own MCA processes to ensure people are supported in line with the MCA Code of Practice.

- DoLS applications had been submitted and DoLS authorisations were in place for people where necessary.
- The registered manager took immediate action and completed mental capacity assessments for those people who did not have an MCA specifically relating to bed rails and covert medication.

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

- People's needs had been assessed and care plans developed from these assessments. The registered manager confirmed they work together with discharge teams and trusted assessors and will also visit the local hospital to conduct their own assessments.
- Relatives confirmed they had been involved in discussions about their loved one's care. A relative said, "If there are any issues the service will consult us, they will tell us when the GP has been to see [name of person]. The care plan is detailed and updated monthly, including any changes of medication. We have access to the plan and can see the daily notes, which we look at every day."

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

- The management team had made some positive changes to the home, including the renovation of rooms on the first floor. This included knocking smaller rooms together to make larger rooms, and where possible en-suites were added. All windows were replaced with double glazing and rooms received a complete makeover.
- People had access to outside spaces and there were areas available for people to see their visitors, including a community room.
- The environment was not dementia friendly. Although there was some signage within the home, the environment could be improved to support those people living with dementia.

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

- The provider asked for people's preferences for food and drink on the day of admission, including likes and dislikes, allergies, and whether there were any cultural preferences.
- People had enough to eat and drink. We received some positive feedback about the food on offer. People commented, "The food is extremely good, we eat too much, I think." A relative said, "[Name of person] is on pureed food, it is quite nicely presented. I have lunch with them several times a week, staff encourage them as it helps them."
- Staff understood people's individual needs, including where people required modified diets. The lead nurse liaised with the cook monthly to discuss people's weights, and people's diets.
- Staff supported people during mealtimes, helping, chatting, and offering drinks throughout.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff worked with health and social care professionals to support people's health needs. A relative told us, "[Name of person] health has not deteriorated since the fall they had that led to them going to Park House. They have thrived since being there."
- The provider worked closely with the local GP practice to ensure people's health needs were reviewed on a regular basis. The area's Tissue Viability Nurse confirmed people were referred promptly and appropriately, and the provider will always follow the plan of 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. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and felt respected. We observed positive interactions which showed relationships had been formed between people and the staff who supported them.
 - Care plans included information relating to people's backgrounds and religious beliefs. The provider confirmed they were planning to implement a 'This is Me' plan to allow for a more person-centred approach to people's care.
 - A relative said, "Staff are wonderful. There is a notice on the gate that says we treat our residents like family, and they do. They count me as one of the family as well."
- Another relative said, "Staff are very kind, they assist [name of person] bathe them regularly, they always look as if they are cared for. They love it there."
- Staff spoke about people with kindness and compassion. A staff member said, "We will try to spend a bit of time where we can with residents having a brief chat or a cup of coffee, or having a sandwich with them whilst they eat their lunch."

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

- People were supported to express their views and were fully involved in making decisions about their care and support. A relative said, "I was involved in [name of person] care plan when they first moved in. I'm very happy with it."
- People were supported to make day to day choices about their support. A person said, "I'm down for a shower tomorrow. Not every day though. I wouldn't want one every day, I get tired you see." A relative said, "[Name of person] is washed every day, mainly a strip wash, as that's what they want."
- Staff had a good understanding of how to promote and respect people's choices and involve people in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's support plans indicated how to promote people's independence such as moving and handling and personal care.
- A relative said, "[Name of person] can walk with a frame, but their big problem is a lack of confidence and anxiety. Staff encourage them to walk as much as possible." Another said, "The laundry process there is very good, [name of person] clothes are always clean, folded and put away nicely."
- Staff explained how they promoted people's privacy. A staff member said, "I make sure I shut the curtains when doing personal care, covering people with towels as I help them, and explain what I am doing and if it's OK. I'll always knock on the door before I go into people's rooms."

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plan quality was inconsistent. For example, one person's care plan was very detailed and person-centred, however another lacked detail. The plan stated the individual required emotional support but provided no further detail of what this support consisted of. Information relating to how a person's medical condition may impact on daily life was not evident.
- A relative said, "[Name of person] stays in their room, that is their choice. They receive personal care; they also have company." Another relative said, "[Name of person] chooses when they go to bed, although they said they had to go to bed earlier than they would like to. I asked staff, and it turns out they like to be put to bed by the day staff, as they have a connection with them. They can choose their clothes and can make their own choices."
- The provider confirmed they had taken steps to address the concerns we found relating to the quality of care records.

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 had been assessed and were reflected in their care plans. This helped staff understand people's communications needs. There was information relating to the level of communication people could manage with staff as well as details relating to non-verbal signs of discomfort, anxiety and pain and other support needs such as sight and hearing.
- The registered manager confirmed they were not currently supporting anyone who required information in an accessible format. However, they had accessed talking books and newspapers for various people in the past as well as articles for people who are blind.

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

- Staff fed back they would like to see more activities for people as they do not have time to do these, and other staff said information relating to people's history was minimal.
- We received mixed feedback from relatives in relation to their loved ones taking part in activities. A relative

said, "They do activities, not daily. [Name of person] has been ten pin bowling, she does art, painting, they have people coming in, once it was belly dancers." Another relative said, "They do tend to sit in the lounge, there's not much interaction."

- An additional activities co-ordinator had recently been recruited and both activities staff attended a conference with the National Activities Providers Associate (NAPA). Their attendance will help them recognise the engagement needs of people living with dementia and allow the service to obtain information from families to understand people's pasts. This will include the implementation of a 'This is Me' document.

Improving care quality in response to complaints or concerns

- The registered manager provided details of two complaints which were seen to be investigated and responded to by nursing staff. However, there was no log of concerns and complaints. This would make it difficult to identify any reoccurring themes and issues. The registered manager advised us the service endeavours to manage people's concerns or queries before they become a complaint.

- Relatives told us they felt the registered manager and owner were approachable. A relative said, "I see a lot of staff around when I visit and I'm able to ask them questions. They are good at communicating." Another relative said, "I've never needed to complain, but would have no problem doing so. "

End of life care and support

- The provider had encouraged people to discuss their end of life wishes, however, some people's end of life plans lacked detail.

- A relative said, "[Name of person] is now receiving end of life care. They can't do enough for me. Staff are like angels. [Name of person] is comfortable, every couple of hours they move them gently in bed to make sure they don't get a pressure sore." Another relative said, "[Name of person] was very peaceful when they died, didn't go with a fuss which is what they would have wanted."

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

- The registered manager was clear about their roles and responsibilities. However, quality assurance systems in place had not always identified and addressed areas for improvement.
- The providers governance systems to monitor quality and safety of the service were not effective. For example, PRN protocols were not completed fully, therefore not providing staff with clear written direction on how each medicine should be taken or given. Other PRN protocols were missing. Medicines were not stored safely; fridge temperature records were unclear. There were readings that exceeded the recommended temperature, but no records of actions taken to rectify the concern. A known medicines risk for one person had not been risk assessed and safe recruitment practices were not taking place. This put people at risk of potential harm.
- The quality assurance systems at the service included several audits. These included IPC, medicine, and care plan audits. There were gaps in the system and the providers audits had failed to identify the concerns we found relating to medicine records, storage, stock discrepancies, care planning, and safe use of needles for example. This meant the providers audits were not effective.
- Policies and procedures were in place; but there were occasions when the provider did not follow their policies. For example, the medicines policy stated managers should ensure the medicines portal is accessed at least monthly to review number of missed doses and reason for missed doses. However, the medicine audits which were provided were just over 15 weeks apart. Sharps within the home were not disposed of at the point of use; therefore, putting people at risk of injury. Several policies were out of date, including training, staff development, pressure care and IPC. Other policies were not signed or dated.
- Records were not always complete and accurate. For example, the safeguarding log did not provide a summary of the safeguarding concern. The provider's training matrix was not up to date, it did not evidence whether staff had completed essential refresher training.

We found no evidence people had been harmed. The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) 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; Working in partnership with others

- The provider sought feedback from staff, people, and their relatives. However, there was no overall

analysis of the data received, or any actions taken to improve the service.

- The management team had developed working partnerships with external health and social care organisations to ensure care was joined up, safe and effective. People's care records showed communication with professionals.
- The local authority had carried out monitoring visits and the home had built up a good working relationship with them.
- The registered manager confirmed during the inspection satisfaction questionnaires were due to be sent out to people again.

Continuous learning and improving care; 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 provider had failed to effectively monitor the performance of the service and continually improve care. For example, safeguarding concerns had not always been recorded. This meant accurate analysis to identify patterns and trends could not take place. There was no oversight of incidents and accidents. Opportunities to prevent reoccurrence and learn lessons could have been missed.
- The registered manager was aware of their duty of candour. The provider apologised to people and relatives when things went wrong.
- A relative said, "Anything and they are on the phone straightaway. Staff always answer your questions and get someone who can."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said, "We become 'family' to those we care for. Care staff have given up days off to join outings. They have come in before their shift to take residents out or spend time in the garden. A staff member gave up her time to take a resident to her grandsons wedding, knowing it would be an all-day/evening occasion. If a resident is nearing the end of their life, care and ancillary staff will stay with them in their own time, if family cannot be here."
- Most of the relatives we spoke to praised the manager and owner. A relative said, "I have met the owner and manager, they are both 'hands on'. The owner is always asking if you are happy. All the staff are approachable." Another relative said, "[Name of person] was in a residential home previously and went to hospital 4 times. Since she has been at Park House she has not been to hospital, they are keeping [name of person] well in my opinion, without a shadow of doubt."
- A staff member said about the owner, "If we have any issues, we can always go to them. I feel (name of owner) is looking after us. Ever since they took over, things have changed for the better."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to set up robust medicines management systems. This put people at risk of potential harm.</p> <p>The provider had failed to demonstrate clear oversight of incidents and accidents.</p>
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	The provider had failed to ensure staff had the skills, knowledge, and experience to deliver effective care and support.

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 ensure quality of the care and treatment provided was regularly monitored, assessed and steps taken to improve the quality and safety of the services provided in the carrying on of the regulated activity.

The enforcement action we took:

We issued a Warning Notice.