

Berwick Care Homes Limited

# Tweed View House

## Inspection report

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Date of inspection visit:  
03 March 2016

Date of publication:  
17 May 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Tweed View House is situated in Berwick upon Tweed close to the Scottish border. The home is registered to care for up to 36 older people, some of whom are living with dementia. Nursing care is not provided. Care is provided over three floors, and the service was full during the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were shortfalls in relation to the safety of the premises including fire safety and infection control. Some wardrobes were not secured. The home was clean and the bedrooms were nicely personalised. Attention had been paid to dementia friendly design and décor including creative use of signage and colour.

A safeguarding procedure was in place and staff had received training. They told us they knew what to do if abuse or neglect were suspected. Safe systems were in place for the management of medicines, but instructions relating to as required medicines given to support people exhibiting behavioural disturbance required more detail. Safe recruitment procedures were followed which meant that people were protected from harm.

Risk assessments were carried out in relation to the premises and individuals using the service. A number of safety checks to the premises were carried out.

There were suitable numbers of staff deployed during the inspection, and staffing levels had been increased. People were supported in a relaxed unhurried manner and staff said they had time to care. People and their relatives told us they were happy with the care provided.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted DoLS applications to the local authority for authorisation. The service worked within the principles of the mental capacity Act 2005 and the manager was in the process of further developing policies and documentation in this area to improve recording of best interests decisions for example.

We found that people were able to access a range of healthcare services and appropriate advice sought. A visiting professional spoke highly of the service and staff.

Care plans were in place and regularly reviewed. They contained all of the required information

Staff received regular training in a range of key areas and accessed additional training relevant to the people they cared for where necessary, including catheter care or training around dementia and behaviours that challenge. Staff also received regular supervision and an annual appraisal. They said they felt valued by the organisation and that morale was good.

People's nutritional needs were met. On one day of the inspection a taster session had been arranged to enable people to try new foods, and we saw that where there were concerns about people's dietary intake appropriate action was taken.

Staff were caring and treated people with kindness and respect. There were good examples of person centred care throughout the inspection, and some skilled and supportive interventions were observed. There were some routines and practices which were not entirely person centred in particular around the mealtime experience which needed to be improved.

An activities coordinator was in post and there were a range of activities available including physical and sensory. People had visited the local pub for meals with staff which they enjoyed.

The views of people, relatives, staff and other stakeholders were routinely sought, and the registered provider and manager monitored the quality of the service through regular checks and audits. They were also working through an annual development plan, designed to focus each month on different areas for improvement and development.

A complaints procedure was in place and there had been no formal complaints. One informal complaint had been recorded and had been dealt with appropriately by the manager.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

There were shortfalls in the safety of the premises including fluctuating water temperatures and wardrobes which were not secured. Some bedroom doors were wedged open.

There were safe procedures relating to the management of medicines and the competency of staff was checked regularly. Instructions relating to the use of as required medicines for behavioural disturbance required more detail.

Safe recruitment procedures were followed which meant people were protected from abuse.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People's capacity levels had been considered and the service was working within the principles of the Mental Capacity Act (2005). Work was ongoing to improve the documentation of best interests decisions.

Staff had received regular training and supervision, and an annual appraisal.

People were supported with eating and drinking and individual needs and preferences were catered for.

**Good** ●

### Is the service caring?

The service was caring.

We saw that staff spoke kindly with people and treated them with respect.

Dignity was preserved and personal care was offered discreetly and sensitively.

**Good** ●

We received positive feedback about care provided to a person at the end of their life.

### **Is the service responsive?**

Not all aspects of the service were responsive.

Care was generally person centred but this was undermined at times by some practices which did not take into account people's individual needs and choices.

Person centred care plans were in place which were detailed and regularly reviewed.

An activities coordinator was in post and various activities were available to people.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well led.

Positive feedback was received about the senior staff including the manager and deputies.

Systems were in place to develop and monitor the quality of the service.

Staff felt valued by the organisation and told us that morale was good.

**Requires Improvement** ●

# Tweed View House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 10 March 2016 and was unannounced. It was carried out by two inspectors.

We displayed a poster to inform people that we were inspecting the service that day and invited them to share their views.

We spoke with 11 people who lived at the service during our inspection. We spoke with local authority contracts and safeguarding officers. They told us that they were not aware of any current concerns about the service, and there were no ongoing safeguarding investigations.

We spoke with a nurse from the challenging behaviour team who visited the service regularly.

We spoke with the registered manager, deputy manager and five care workers and an activity coordinator. We also spoke with kitchen and domestic staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at the care records of four people using the service, and four staff recruitment files. We also reviewed safety and maintenance records and records relating to the management of the service.

Prior to the inspection we reviewed all of the information we held about Tweed View House including any statutory notifications that the provider had sent us. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform

us of. We took this information into account when planning our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

People told us they felt safe and happy where they were. One person told us, "I must like it here; I've been here a very long time!" A number of people were unable to share their views with us verbally due to their dementia related symptoms but we observed them to appear generally relaxed and settled, and alert and responsive during our inspection.

There were shortfalls in the safety of the premises. On the first day of the inspection, we found that doors were wedged open on the top floor, and we asked the manager about this. They told us that as there were escape routes at either end of the corridor that they had been advised that this was permissible by the fire service, but that this had been some time ago. We checked the fire risk assessment which stated that "if doors lead to a dead end they must be fitted with functioning self-closing devices", but there was no explanation regarding the use of wedges on the top floor. They immediately removed the wedges. We sought advice from a fire safety officer who told us there were no circumstances when it was acceptable to wedge open a fire door. If a fire door needed to be held open it must be done using an acceptable hold open device which would allow the door to close when the fire alarm sounds.

The water temperatures in some bedrooms were high, and the manager explained that temperatures were checked regularly but there could be anomalies due to the age of the building and would be adjusted as required.

Wardrobes were not all secured to the wall, and there was no evidence where this was the case, that a risk assessment had been carried out. Wardrobes have caused injury in care environments when they have fallen onto people. Bins used for clinical waste were not all foot operated in line with infection control guidelines. There was also a crack in one bedroom window.

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

There were risk assessments and audits relating to the safety of the premises and equipment including checks of equipment for the safe movement of people such as hoists. A number of weekly and monthly checks were carried out such as fire alarm, and emergency lighting. A combination of fire training and drills were carried out to ensure staff knew what to do in the event of a fire and personal emergency evacuation plans were in place. This provided information about the level of support people would need during an evacuation.

The home was clean and with the exception the bins, appropriate procedures were in place relating to the prevention and control of infection. One relative told us they were particularly impressed with the cleanliness of the home when they came to look around. There were designated "leads" identified in relation to first aid, safeguarding and infection control. A staff member told us, "The infection control lead attends meetings at the hospital and then brings the information back to the service to keep us up to date." Some areas of the premises were in need of maintenance and repair; however the service had made

improvements to the environment. A plan was in place for the gradual replacement of bedroom furniture with modern easily maintained furniture which the provider was overseeing.

There was a safeguarding policy and procedure which informed staff how to recognise and report suspected abuse or neglect. Staff had received safeguarding training and told us they were aware of what to do in the event of any concerns. One staff member told us, "I've done safeguarding training. It is something I just wouldn't tolerate; I imagine it could be me, or my parent or child. I would go to my manager straight away."

We checked the management of medicines and found there were safe procedures in place for the storage and administration of medicines. Staff received regular medicine competency checks. Instructions to staff relating to the administration of as required medicines for the management of behavioural issues required more detail. We discussed this with the manager and deputy manager who agreed to add further information in line with care plan advice around when to use these medicines. We observed a member of staff encouraging a person to take their medicine which was flavoured. They said, "Smell this, isn't it lovely? It's your medicine."

Risk assessments relating to risks to the health and safety of individual people had been carried out such as manual handling assessments and pressure area risk assessments. Falls risk assessments were carried out and there were falls sensor mats in every bedroom. These mats alert staff when someone is moving around their room unsupervised, for example during the night, when they may be at an increased risk of falling.

We checked recruitment records and found that appropriate checks had been carried out to ensure that staff employed were safe to work with vulnerable adults including obtaining references and checks carried out by the Disclosure and Barring Service (DBS). The DBS checks the suitability of applicants to work with vulnerable people, enabling employers to make safe recruitment decisions.

There were suitable numbers of staff deployed during the inspection. Staff were visible throughout our inspection and were caring for people in a relaxed unhurried manner. The manager told us, "Our dependency scale suggests that we should have five people on duty during the day, but we have increased this to seven as we feel we need that number to deliver care effectively. We have increased the number of night staff to four." A staff member told us, "We've recently increased our staffing so we have more time."

A record of accidents and incidents were maintained and reviewed by the manager. The Care Quality Commission (CQC) had been notified of serious accidents in line with legal requirements.

The building was secure. There were key codes on each floor with staff only having access to the codes. We saw a visitor approach another and ask if they could let them out, the visitor replied they couldn't as they were not allowed the code. This demonstrated that the security of the premises was maintained and not compromised by the sharing of the access code.

## Is the service effective?

### Our findings

People told us they were happy with the care they received at Tweed View House. One person said, "It's lovely, it's nice when it's like this" and indicated to people around her who were enjoying sitting together. A relative told us that they were very familiar with care home ownership and management. They told us, "We came to look here because of word of mouth recommendation and the reputation of the home. The staff are wonderful."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had submitted DoLS applications to the local authority for approval and was awaiting the outcome of these.

Capacity assessments had been carried out. We found that one person was receiving medicine covertly. This means that medicine is hidden in food or a drink and the person is unaware that they are receiving it. It was necessary to administer this person's medicine covertly due to their lack of capacity to recognise the need to take the medicine for their safety and comfort.

A GP had undertaken a capacity assessment and it was documented that it was in the person's best interests to receive medicine covertly. The best interest's decision was documented but lacked detail, such as a record of all of the people involved in the decision making process such as relatives, staff or the supplying pharmacist. Staff had consulted the GP about how best to administer the medicine and this was documented separately. We spoke with the manager who said they would add this information to the person's records. They also told us they were in the process of updating their documentation in relation to capacity and consent, and a consent policy was being developed. We spoke with a nurse from the challenging behaviour team who confirmed that they were providing support to the service in relation to the development of this policy, particularly in relation to best interests decisions regarding complex issues arising through a person's experience of dementia related symptoms.

Staff received regular training. One staff member told us, "I have completed all of my training; I am up to date now until June." They told us that regular training was available. Another staff member told us, "If I need any training I go to ask (name of manager) and she will sort it for me." We saw that staff had received training relevant to the needs of people including catheter care and caring for people exhibiting complex behaviours. Staff also accessed training to help them develop their personal effectiveness and had accessed assertiveness training for example. A relative told us, "They seem well trained. They are often in for training

or away on a refresher course." We checked staff records and found they had received training in key areas including but not exclusively; health and safety awareness, medicines management, end of life care, moving and handling, first aid, safeguarding, fire safety, food hygiene, equality and diversity and infection control. Staff records confirmed that they received regular supervision and an annual appraisal. This meant that staff's development and support needs were met.

People were supported with eating and drinking. Nutritional assessments were carried out and people were weighed regularly. A survey of the quality of meals had been carried out which found people wanted to try new foods. The service used a specialist supplier of frozen meals to care homes and hospitals. They had invited them to the home on the first day of the inspection to provide taster dishes for people to try. People's relatives were also invited and staff were able to sample to meals too. The manager told us, "It can be difficult for us to explain what different foods are to people so we wanted them to be able to see, smell and taste them. Even if they weren't able to tell us what they thought, we can observe their reactions and note whether they appeared to enjoy them." She went on to say, "Since we began using this provider as a trial period, people's weights increased." The energy values of all meals provided were available and they were specially designed for older people requiring energy dense, high calorie meals.

The service was testing a new range of meals called "pureed petite" due to the fact that some people were put off by large portions. This meant that they could receive the same calories as a normal sized portion in a smaller meal.

People appeared to enjoy the food, one person said, "That pudding was lovely" a staff member responded, "Would you like some more?" We saw that one person did not eat their meal. They were offered a second choice of main meal which staff brought to show them. They declined that and so staff offered a range of sandwiches on white or brown bread. The manager also went to the kitchen to check whether one person had eaten their meal as they were very unwell at the time of the inspection. This showed the manager monitored the dietary needs of people at risk of poor nutrition. Food and fluid charts were maintained but the totals were not always recorded and a minimum target fluid intake was not always identified. Charts were up to date however, and staff were aware of people requiring support.

Health needs were assessed and we saw that care plans were in place to meet the physical and psychological needs of people. There were plans for a GP to visit the service once per week to carry out routine reviews. People could be seen in between these visits for more urgent concerns. Additional support from visiting professionals, such as the challenging behaviour team nurse specialists had been sought, where necessary. A member of the challenging behaviour team told us, "Staff attendance and engagement at formulation sessions is always very good and as a group they always have lots of good ideas and seem very motivated." A district nurse also visited the service regularly.

Attention had been paid to "dementia friendly" design, including creative signage to highlight bathrooms and toilets to enable people to locate them easily, and the use of paint to attract people to certain rooms such as bedrooms and bathrooms. Areas such as storage or staff areas that could not be accessed by people for safety reasons were painted to blend in with walls making them less obvious. This reduced the chance of people feeling restricted or trying locked doors which could lead to frustration.

Bedrooms had been decorated to look like front doors of different colours and including door knockers. Staff reported that this had reduced the likelihood of people going into another person's room by mistake, which might cause upset as people were less likely to go through someone else's front door. There were plans to paint a mural in the outdoor yard to make it more inviting and relaxing for people. We saw an artist's impression of what the finished result would be and the manager and staff were very keen to

complete this project.

## Is the service caring?

### Our findings

Some people were unable to tell us about their experiences of care due to communication difficulties caused by dementia. We observed people throughout the day and they appeared to be relaxed and comfortable. We saw they were alert and responding to their surroundings and were interested in what was happening.

People were well cared for, and their dignity was promoted. The manager told us that the manager and deputy always monitored to check that people were clean and tidy in their appearance. A staff member explained, "People can choose to stay in their nightclothes, but we ensure they are warm and wear a cardigan or dressing gown so they appear decent and dignified." A hairdresser visited the service once per week. On the first day of the inspection we observed that there were a high number of people on the top floor who were wearing only socks which we found to exceed the number of people we might expect to see during an inspection without appropriate footwear. This could compromise the safety of people and could appear undignified. We spoke with the manager and staff about this who said this was unusual as people were normally wearing appropriate footwear such as slippers or shoes unless there was a particular issue with individuals. The manager said they would monitor this. On the second day of the inspection only one person was wearing socks with the remainder wearing slippers or shoes.

Staff spoke kindly with people; we saw one person worrying about their belongings, a staff member said, "Would you like me to pop it in your bag for you?" The person agreed and appeared more relaxed. One person tipped their drink into their meal twice and this was dealt with very well by staff. They did not draw attention to this mistake which could cause potential embarrassment, and were discreet in their response. One staff member said, "You mustn't have liked that, would you like something else?" and then, "I'll get you a nice fresh one, try this."

Staff chatted with people and were seen to enjoy a joke and reminisced with staff. One person said, "What's it like outside?" and the staff member replied, "It's a bit nippy, but it is bright and sunny, I hope it doesn't rain my washing is out." One person said that it might snow and staff and people began reminiscing about sledging as children using bin bags or bin lids.

We observed that people were supported to make some choices at times throughout the day, including where they preferred to sit, and how they would like to spend their time. The manager told us, "We never assume that because someone lacks the capacity to make a decision in one area, that they can't make others. We try to make sure people retain as much choice as possible, for example choosing their own clothes. We try to be as person centred and individualised in our approach which is why we have more staff on duty to allow us the time." One person was supported to keep their pet dog which lived in the home.

One person was approaching the end of their life. The manager assisted staff with their duties to enable someone to sit with the person. Staff had received training in end of life care and were visibly moved by the loss of the person. A family member of the person was very grateful and thanked staff for the care and support their relative had received at that time

We observed that there were attempts to remove obvious divisions between people and staff in the home. For example, staff and people used the same toilet facilities and mugs which was recognised as a positive example of inclusivity, where people were perceived to be of equal standing which is at the essence of person centred dementia care.

## Is the service responsive?

### Our findings

We observed two mealtimes and found some differences in the way people were responded to, for example; between the ground floor and River View Suite. We observed good practice during both mealtimes and there were clear examples of person centred dementia care evident throughout both days of the inspection. There were times however, when practices contradicted the person centredness the service strived to achieve.

Tables were not fully set on either unit, but one table did have napkins and salt and pepper. Cutlery was given to people when they received their meal. We asked the manager and staff about this and they advised that this was due to people with dementia moving or removing cutlery from the table before the meal arrived. We questioned this practice as other settings for people moderate to advanced dementia managed to achieve this, with a minority of people having been assessed as unsafe to leave with cutlery on the table. We did not see any formal assessments relating to the ability of people to use cutlery. Staff told us that a person had taken a knife from the table once which had resulted in caution in this area, but acknowledged that this was historical.

One person on the River View Suite asked for a cup of tea many times before, during and after their meal and was repeatedly told they could have tea when they finished their juice, or their dessert. A staff member told them, "I can't help it the kettle is in the kitchen so we will have to wait." We spoke with the manager about this and they said they would look at a safe solution for staff to access hot drinks in a timely manner on the River View Suite.

We recommend people's mealtime support needs and risks are fully assessed and the mealtime experience reviewed to ensure people are not unnecessarily restricted in their rights or choices in any way.

One page personal profiles were being developed. One page profiles contain important information and are particularly helpful when a person can no longer tell staff themselves about their preferences. They enable staff to better respond to the person's needs. We saw that these were person centred which meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans were devised from a generic list of needs and then personalised to suit the specific needs of individual people. Care plans and risk assessments were reviewed and updated regularly, for example, one person was assessed as being at high risk of skin damage, and appropriate action was taken to mitigate this risk. Only the month reviews took place was recorded on some records; the manager said that for clarity and accuracy they would include the actual date of the review in future. Daily records were maintained and included notes relating to people's mood and how they had spent their time.

The service sought advice to support people with psychological needs. We spoke with a member of the challenging behaviour team who had spent time supporting the service. They told us, "They are a good example of a home that are not afraid to be open and honest about some of the more difficult things that they have to deal with and will proactively seek help or advice where this is necessary."

An activities coordinator was in post and we observed planned and spontaneous activities during the

inspection including a sing song at the dinner table. We observed a range of activities equipment including a computer which had a BBC programme for games. We spoke with the activities coordinator who told us, "I do a lot of activities with individuals. I go to their room each day and might do light exercises for example with people. Group activities don't always suit people." A range of activities were available including dancing, games, and watching films. The activity coordinator organised an old movie from the library each month. People could also speak with loved ones via video using the computer. Multi-sensory activities were provided to people less able to participate in mainstream activities, including massage and the activities coordinator told us the garden had Rosemary and Lavender in the summer months to provide a sensory aroma. Individual activity logs were maintained and the activity coordinator told us, "We need to be flexible and be able to adapt to changing needs." She showed us her smart phone which provided ideas and links to activities which she used for inspiration.

Staff were also involved in activities which included recent visits to the local pub for bar meals. The manager told us, "Staff are dedicated, they take people out during work time but will also take people out in their own time too, they really enjoy it." People also enjoyed the views from the home and one person said, "It's lovely looking out, it's nice to see the trains go by." A mural of Berwick town centre added interest to the dining area. A volunteer was also available to provide people with extra attention when required.

A complaints procedure was in place and prominently displayed. There had been one informal complaint received about being unable to get through to the home on the telephone. This was responded to appropriately and a second telephone line was installed to address the issue. A suggestion box was also available for people to post their comments.

## Is the service well-led?

### Our findings

A registered manager was in post and was supported by two deputies. A number of audits and checks were carried out by the manager including informal "walk around" in the service. We found that during the inspection process the manager was responsive to feedback and keen to improve on any issues that we had identified. We found, however, that the systems in place to monitor the safety of the service had not identified the safety issues we highlighted during the inspection.

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

Staff told us the registered provider for the service visited regularly. One staff member said, "The provider comes and they check things and speak with staff and residents and walk around."

The manager confirmed that the provider took an active role in the running of the service and visited the service regularly. They were also in contact via email on a weekly basis. We checked the records of provider visits and found that they visited the service monthly and wrote a report of their findings after each visit, which reflected the issues in the service at that time meaning each report was different.

Surveys were provided to people and their families to complete twice a year. The manager said that some relatives complained that they had already supplied information and had nothing new to add. She had therefore implemented the suggestion box and left surveys available in the entrance porch to ensure people had the opportunity to comment upon the quality of the service in between formal surveys.

An annual development plan had been developed to work towards improving the quality of the service. The plan incorporated different elements to assess each month for example, the focus for January was complaints, suggestions and accident analysis. February looked at consultation with "residents", and participation in activities, March looked at strengthening relationships with the local NHS Trust and reviewing the staff training plan.

Three weekly management meetings were held with the provider and there were regular meetings with staff. Staff said they felt valued by the organisation and one staff member told us, "The provider gives all staff members a hamper at Christmas in appreciation, and staff working on Christmas and New Year's Day are paid double time." Staff told us morale was good in the service.

We had positive feedback from a member of the challenging behaviour team who told us, "I think it's also worth mentioning the senior staff, who are all particularly good and really good to work with. I'm always impressed by how well they seem to know the people that they care for and the sorts of things that they do proactively when they are having difficulties with 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not meeting the required standard of fire safety due to wedges being used in some bedroom doors.</p> <p>Not all areas of the premises were satisfactorily maintained to a safe standard.</p> <p>Clinical waste bins did not all meet the required standard.</p> <p>Regulation 12 (2) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system to assess, monitor and improve the safety of the service was not fully in place.</p> <p>Regulation 17 (1) (2) (a)</p>