

Tomswood Lodge Ltd

# Tomswood Lodge Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Tomswood Lodge Limited is a residential care home providing the regulated activity of accommodation and personal care to up to 8 people. The service provides support to people with learning disabilities or people living with autism. At the time of our inspection there were 8 people using the service. The service was an ordinary home in a residential street, which had been adapted to meet the needs of people using the service.

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

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

**Right Support:** People were not always fully supported to develop independent living skills and this was not covered in care plans. Although people were able to live in an ordinary residential home, there were issues with the maintenance of the premises. Staff did not receive regular one to one supervision.

People were able to choose where they lived. The service was able to assess people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Care was not always person centred. Care plans and risk assessments were not of a satisfactory standard which meant people might not get the care and support they needed in a way that was safe. Medicines were not always managed safely.

There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff understood how to support people in a way that promoted their privacy and dignity. People had access to healthcare professionals.

**Right Culture:** The leadership of the service was not adequate. There was a lack of communication between senior staff. The registered manager received no formal supervision. Quality assurance and monitoring

systems were not always effective in identifying areas for improvement at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 20 September 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service, maintenance of the premises and staffing levels.. A decision was made for us to inspect and examine those risks.

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

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

We have found evidence that the provider needs to make improvements. Please see the sections safe, effective, caring, responsive and we-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tomswood Lodge Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the management of medicines, care plans and risk assessments, maintenance of the premises and leadership and governance at this inspection.

We have made recommendations about staff supervision and the implementation of Health Action Plans for people.

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 not always caring.

Details are in our caring findings below.

**Requires Improvement**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate**



# Tomswood Lodge Limited

## 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.

#### Inspection team

The inspection was carried out by an 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

Tomswood Lodge Limited 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. Tomswood Lodge Limited is a care home without 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.

#### 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 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 3 people who used the service and 6 relatives. We spoke with 4 staff; the registered manager, two support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of care and medicines records relating to people. We examined various records relating to the management of the service, including various policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people. However, these were not always of a satisfactory standard, nor did not cover all risks people faced.
- For example, the lift had not been working for approximately 6 weeks. One person, whose bedroom was on the first floor, relied upon the lift due to their mobility needs. There was a risk involved in them using the stairs and required staff support to do so, yet no risk assessment had been put in place around this.
- We observed that staff used physical restraint on another person by taking hold of their hand or wrist. Staff told us this was to prevent them from harming themselves, but again, there was no risk assessment in place for this.

The provider had not carried out a comprehensive assessment of the risks people faced. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Most medicines were stored securely in a designated and secure locked medicines cabinet. However, we found 1 medicine was stored in the kitchen fridge in a plastic container which did not have a lock.
- Records were not maintained of the amounts of medicines held at the service. This meant it was not always possible to tell if a person had been given too many or too few of a medicine.
- The medicine label and medicine administration record [MAR] for 1 medicine both stated it was to be given 'as required'. However, the registered manager told us this was not an 'as required' medicine and was given as a permanent medicine. We found other errors with medicines records. For example, when a MAR stated take 1 or 2 tablets it was not recorded how many had been given, and some MARs did not have a key code so it was not always possible to tell what an entry on the MAR meant.
- The registered manager told us they had recently started doing monthly medicines audits. The only 1 done so far was in May 2023. This stated that all medicines were labelled correctly and that medicines stored in the fridge were stored securely, which meant the audit had failed to identify concerns that we found.

We found no evidence that people had been harmed, however, medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did not find any unexplained gaps on MAR charts which indicated people had probably received their medicines as prescribed. People and relatives said they got support with taking medicines. A relative told us,

"They give her medications properly and on time."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes had been established to safeguard people from the risk of abuse. There was an adults safeguarding policy in place which made clear the provider's responsibility to report any allegations of abuse to the local authority and CQC.
- Staff had undertaken training about safeguarding and were aware of their responsibility to report any allegations of abuse to the registered manager. People told us they felt safe, one person said, "[There are] changes in staff all the time but I feel safe." A relative told us, "Really safe here."
- The provider held money on behalf of people. Records and receipts were kept of any monies spent. The registered manager told us they checked and counted monies once a month, but did not always make a record of this check, telling us, "I have been checking them, but I have not been signing them off." Monies were not routinely checked and counted at each shift handover. This meant if any money went missing it might not be identified for another month.

Staffing and recruitment

- The commissioning local authority carried out a monitoring visit to the service on 9 May 2023. At that time they indicated that staffing levels were not sufficient. Since then, the provider had increased staffing levels to an appropriate level.
- Staff told us there were enough staff on duty and they had enough time to carry out their duties. We observed staff had the time to provide support to people as required. However, the provider told us they had quite a lot of staff vacancies, and they were using agency staff to cover this. They told us they were actively seeking to recruit more staff.
- Checks were carried out on prospective staff to help ensure they were suitable to work in the care sector. These included criminal records checks, proof of identification and employment references.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visitors to the service at the time of inspection and the provider was operating in line with the government guidance at the time.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had an accident and incident policy in place. Accidents were reviewed to see what could be done to reduce the risk of similar accidents re-occurring.



# 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.

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

- We found concerns with the physical environment of the service. Kitchen cupboards were broken, kitchen work surfaces were cracked, there was no curtains or blinds in the lounge which compromised privacy and there were other maintenance issues around the premises.
- The lift had not been working for approximately 6 weeks, although there were people on the day of inspection attempting to fix it, in which task they failed.
- There were not enough lounge and dining chairs for people. Some people had to use plastic garden furniture inside the home. A member of staff said, "These are not chairs for residents, they deserve good chairs." The registered manager had reported this to the provider in February 2023. The provider was able to show they had recently bought new furniture, but they had not communicated this to the registered manager, and it had not yet been delivered at the time of inspection.
- Several relatives expressed concerns about the maintenance of the premises. One relative told us, "I have raised question about the poor maintenance on this site." Another relative told us, "No maintenance on the building and ceiling leaking for over a year."
- The provider had safety certificates to demonstrate appropriate safety checks had been carried for gas safety and the fire alarms. However, there was no certificate to evidence that an appropriate safety check had been carried out on the electrical installations at the service, which is required to be done every 5 years.

The premises were not properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The local authority visited the service on 9 May 2023 and found that staff appraisals had not taken place. The registered manager told us that before that visit there had not been any staff appraisals in the previous 3 years. Since the local authority visit, all staff had had an appraisal of their strengths and areas for development.
- The local authority also found staff were not receiving regular 1:1 supervision. We found all staff had received a 1:1 supervision meeting since the local authority visit, but prior to that supervision was sporadic, and not in line with the providers policy which stated supervision should take place every 2 months. This meant that staff did not always have the guidance and support they needed to make sure they were providing good care.

We recommend that staff receive regular formal 1:1 supervision at regular intervals, in line with the providers

policy and procedure on this.

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

- The provider worked with other agencies to promote people's health and supported people to live healthier lives. People's diet included fresh fruit and vegetables and people were supported to take part in exercise activities.
- People had access to health care services, including GPs, dentists and speech and language therapists. Hospital Passports were in place for people which provided guidance for hospital staff in the event of the person been admitted to hospital.
- People and relatives told us the service supported them to attend health care appointments. One person said, "I go to the doctors and memory clinic as I forget things." A relative told us, "Staff will take [person] to appointments and tell me."
- Health Action Plans were not in place for people. Government guidance states people with a learning disability should have a Health Action Plan. These are documents setting out how to support people to be healthy. We discussed this with the registered manager who told us they would ensure these were put in place.

We recommend the provider follows government guidance and ensure Health action Plans are put in place for people using the service.

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

- People's needs were assessed prior to the provision of care. This was to determine what the person's needs were and to assess if the service could meet those need. People and relatives were involved in the assessment process. Assessments covered needs including mobility, medicines, health and personal care.

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

- People were supported to eat and drink enough to maintain a balanced diet. Until recently, the food shopping had been done by the nominated individual, and concerns had been raised that the quality and quantity of food provided was not as good as it should have been. However, a weekly shop was now carried out by a member of care staff together with a service user, and we saw evidence of amply supplies of food including fresh fruit and vegetables.
- People and relatives told us they were happy with the food provided. A relative said, "[Person] was 3 stone overweight before, and staff put them on diet plan. Not fussy eater and gets the right nutrition."
- People were offered choices about what they ate and food provided reflected people's cultural heritage. The local authority had found that one person ate food related to their religious beliefs. They found this was stored in the same fridge as good for the other people. This was still the case at the time of inspection. However, a new fridge had been purchased to store food for the person, although it had not been set up for use. The provider told us they would arrange for this to be done in the near future.

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.

- We saw that where people were deprived of their liberty this was done in accordance with the law. DoLS authorisations were in place for people as necessary.
- People were supported to have as much control and choice over their lives as possible and were supported to make decisions. Where people lacked the capacity to make decisions, mental capacity assessments and best interest decisions had been made, for example, in relation to the administration of medicines.

# 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

- People told us they were treated well by staff and we observed people to be relaxed and happy when interacting with staff. One relative said, "Staff on site are caring." Another relative told us, "Staff are unbelievable here and a nice bunch."
- Needs related to equality and diversity were met to some extent, but not fully. For example, one person was supported to eat food that reflected their religion, but as mentioned in the effective section of this report, that food was not stored appropriately. As mentioned in the responsive section, care plans did not cover needs related to equality and diversity in a comprehensive way.

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

- People were supported to make choices about their care, and staff understood how to support them with this. A staff member told us, "[Person] will go to the wardrobe and show me by pointing what they want to wear." People told us they were able to make choices, for example, about what they ate and the activities they participated in.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to support people in a way that promoted their privacy, independence and dignity. A staff member told us, "They [people] have their own bathrooms in their rooms. We have to close the door for privacy, we have to ask their permission [to provide support]." The same staff member told us they supported people to do as much for themselves as possible, saying, "[Person] can brush their own teeth, they need to be prompted, but they can do that." Another member of staff told us, "First, when you go in a resident's room, you need to knock on the door. You go in and close the door, you have to close the curtains."
- People had their own ensuite bedroom which helped to promote their privacy and confidential records were stored securely. However, privacy was not always properly maintained. As mentioned in the effective section of this report, there was no blind or curtains in the window of one of the lounges, and we were told by relatives it had been like this for several months.

# Is the service responsive?

## Our findings

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

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

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

- Care plans were in place for people. However, these were neither sufficiently comprehensive nor person centred. For example, the care plans on support with personal care for 2 people were identical, and did not set out in detail how to support those people, even though both required a high level of support with personal care.
- Care plans did not include goals or support required with regard to maintaining and developing independent living skills. This is something we would expect to be included in care plans for adults with learning disabilities. A relative told us, "Previously staff would help [person] to make sandwiches. Staff not motivated at the moment. Kitchen is old looking and he is not making his own sandwiches."
- Further, care plans did not cover needs related to equality and diversity in a comprehensive way. They covered sexuality but not ethnicity or religion. The lack of information in care plans meant there was a risk that people's needs might go unmet.

The provider had failed to carry out a comprehensive assessment and develop care plans for people. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- People's communication needs were being met. Staff were aware of people's communication needs and we observed different communication techniques employed with people. These included speech, gestures, signs and body language.
- One person had a communication passport which set out their preferred forms of communication. This had been developed in conjunction with the person, the registered manager and the speech and language therapy team. The registered manager was able to demonstrate that they were in the process of working with the speech and language therapy team to develop communication passports for the other people using the service.

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

- People were supported to develop and maintain relationships with others. We observed several relatives visiting on the day of inspection and there were no restrictions on visitors. One person was preparing to visit their relatives to stay with them for the weekend.
- People were able to engage in a variety of activities both in the home and in the community. Two people attended day services which they said they enjoyed and 2 people attended college. We saw people doing activities of their choice including listening to music and doing puzzles.
- People and relatives told us they were supported to engage in activities. One person said, "I do word search, dot to dot, and shopping with staff. I like colouring and playing cards with other residents." A relative said, "They do trampoline, cycling, swimming, drama."
- There was a structure in the garden that the registered manager told us was planned to be a multi-sensory room. However, no progress had been made with this and at the time of inspection it was just an empty wooden room.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- We saw that where complaints had been received, these had been dealt with in line with the complaints policy and procedure.

#### End of life care and support

- At the time of inspection the service did not support anyone with end of life care needs. There was a policy in place about end of life care to provide guidance to staff in the event of this situation arising. However, end of life care was not covered in people's care plans. The registered manager told us they would address this.

# 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 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.

### Continuous learning and improving care

- Although there were systems in place for continuous learning and improving care, these were not always effective. For example, the provider arranged for an outside agency to do a mock inspection focused on the CQC question of well-led, which was carried out on 14 March 2023.
- The report included several recommendations to improve leadership at the service, some of which had not been implemented. These included ensuring regular meetings between the nominated individual and the registered manager, arranging meetings for relatives and ensuring the registered manager had regular 1:1 supervision.
- Various audits were carried out, but these were not always effective in picking up on shortfalls within the service. For example, there was a kitchen safety checklist, this had failed to identify cracked surfaces and open screws sticking out of draws where there should have been a handle. Care plan reviews had failed to identify the concerns we found regarding lack of information in them, and medicines audits had failed to identify the concerns we found with the management of medicines. There was a lack of checking of people's money at the service to ensure it was always spent appropriately.
- After the local authority visited the service on 9 May 2023 and found similar concerns, the provider had produced an action plan to address these issues, although that had not been implemented at the time of our inspection.

The provider had failed to implement effective systems for continuous learning and improving care. There was a lack of coherent leadership at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture at the service was in some ways divisive. There was a lack of communication between the nominated individual and registered manager. Staff and relatives raised concerns with us about inappropriate behaviour from one of the company directors. We discussed this with the nominated individual who told us they were taking steps to address this issue.
- The registered manager had not received any 1 to 1 supervision meetings since the commenced working at the service in May 2022 and there was no record of any formal meetings between them and the nominated individual. Both the registered manager and nominated individual told us that communication between them needed to improve.

The provider had failed to implement effective systems for continuous learning and improving care. There was a lack of coherent leadership at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not always clarity of purpose amongst the leadership team. Relatives and others told us there was untoward interference in the service from one of the directors. There was a lack of communication between the registered manager and nominated individual which both parties acknowledged during the inspection.
- Risks and regulatory requirements were not always managed effectively. As stated in the safe section of this report, risk assessments for people were not always comprehensive. Regulatory requirements were not always met, for example the provider did not have an in date certificate of compliance with electrical installations safety at the service.

The provider had failed to implement effective systems for continuous learning and improving care. There was a lack of coherent leadership at the service. This was a breach of regulation 17 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

- People were involved in the service. Residents meetings were held which gave people the chance to discuss things that mattered to them. A member of staff told us, "Every month we have a residents meeting, asking them what they would like on the menu." Regular staff meetings were also held.
- However, meetings were not held for relatives, even though relatives told us they wanted to be more involved with the service and this was a recommendation from the mock inspection that the provider had arranged.
- The registered manager told us an outside consultant was in the process of carrying out a staff survey at the time of inspection, but they were not aware of any previous staff surveys. They also said they were not aware of any surveys carried out to seek the views of people who used the service or their relatives.

The provider had failed to implement effective systems for continuous learning and improving care. There was a lack of coherent leadership at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and there was a system in place for dealing with complaints.

Working in partnership with others

- The provider worked with other agencies to develop best practice and share knowledge. For example, the registered manager attended a provider forum run by the local authority. They said topics discussed included staff training, commissioning of care and staff recruitment and retention.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to carry out a comprehensive assessment of the needs and preferences for care of service users. Care plans did not fully cover areas related to developing independent living skills and equality and diversity needs.</p>
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 registered person had failed to ensure that care was always carried out in a way that was safe. The provider had not carried out comprehensive assessments of the risks to the health and safety of service users. Medicines were not always managed in a way that was safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person had not taken all reasonable steps to ensure the premises were properly maintained or that equipment was suitable for the purpose for which it was being used.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to establish effective systems to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity. The registered persons had failed to effectively evaluate and improve their practice.</p>

**The enforcement action we took:**

We issued a Warning Notice against the provider.