

Mr HA and Mrs M Cole

Penerley Lodge 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 27 February and 4 March 2016. Penerley Lodge Care Centre provides personal care to older people and those living with dementia. The service can accommodate up to 29 people. At the time of our inspection 27 people were using the service.

The service did not have a registered manager. 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.

At the last inspection in September 2014, the service was meeting the regulations we inspected.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the service had not always provided people with safe and appropriate care. Staff had identified risks to people's health but had not always managed these appropriately. The provider had not ensured staff fully understood the risks posed by people's health conditions and how they considered this when delivering their care and support. Staff did not have sufficient information and guidance about safely managing risks to people. People's food and fluid intake was not always monitored as required. The provider had not taken sufficient action to mitigate risks to people's health and well-being.

The provider did not have robust audit systems in place to monitor the quality of the service. There were no systems to monitor the quality of care planning and risk assessments.

The provider had not ensured there was always sufficient staff on duty to meet people's needs in case of an emergency. Staff had not always received regular one to one supervision and appraisal, which meant the service, could not ascertain staff knowledge and competence to meet people's needs effectively.

Staff managed people's medicines appropriately and administered them safely as prescribed. The manager had assessed staff's competency to manage and administer people's medicines.

People told us staff were kind and caring and treated them with respect. Staff respected people's privacy and dignity. Staff supported people to communicate their views about how they wanted to receive their care and support. People had nutritious food which they liked.

People were asked for their consent to the support and care they received. The service complied with the principles of the Mental Capacity Act (MCA) 2005 and the legal requirements of the Deprivation of Liberty Safeguards (DoLS).

People took part in activities of their choice. Staff knew people's end of life wishes and delivered their care in

line with this.

Staff involved people and their relatives in planning for their care. Staff had assessed people's needs and put support plans in place on how they were to deliver their care and support. People received support as planned and in line with preferences and choices. People had access to healthcare services they required. Staff asked people for their views about the service and used their feedback to improve their support delivery.

The service responded to complaints people made and resolved them to their satisfaction. Staff felt supported in their role by the manager and had received regular training and refresher courses.

The provider had recruited a manager who was yet to submit a registered manager's application to CQC. The service had submitted notifications to CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Staff had identified risks to people's health and did not have sufficient information about how to manage these appropriately. The service had not always provided sufficient staff to meet people's needs.

People received their medicines safely as prescribed. Staff understood their responsibility to protect people from abuse and neglect. The provider used robust recruitment procedures to ensure they recruited suitable staff to support people safely.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff had not received regular supervisions and appraisal. Staff received training to develop their skills and knowledge to meet people's needs.

Staff did not always monitor people's nutritional intake as required. People liked the food offered at the service. People received the support they required to access healthcare services they needed.

People's support was delivered in line with the requirements of the Mental Capacity (MCA) Act 2005 and Deprivation of Liberty Safeguard (DoLS).

Requires Improvement ●

Is the service caring?

The service was caring. People told us they received support from kind and polite staff. Staff understood people's communication needs and how they wished to receive their support.

Staff treated people with respect and upheld their privacy and dignity. People received care and support which reflected their preferences. Staff knew and respected people's end of life wishes.

Good ●

Is the service responsive?

The service was not always responsive. Staff had assessed

Requires Improvement ●

people's individual needs and had support plans on how to provide their care. Staff had not always reviewed people's needs.

People received support to follow their interests and take part in activities of their choice.

The manager sought people's and their relative's views about the service and responded to their feedback.

People knew how to make a complaint. The service had responded appropriately when a person had raised a complaint about the service.

Is the service well-led?

The service was not always well-led. There were ineffective and insufficient systems in place to monitor the quality of the service. The provider had not taken sufficient action to mitigate the risks to people's health and well-being.

Staff said the manager was approachable and supportive. The provider had taken steps to improve the monitoring systems at the service and management of the service.

Requires Improvement 

Penerley Lodge Care Centre

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 unannounced inspection took place on 27 February and 4 March 2016 and was carried out by an inspector.

Prior to the inspection we reviewed information we had about the service including any statutory notifications received. We also reviewed feedback from people, their relatives and local authority staff about the service. We used the information to plan the inspection.

During our inspection we spoke with five people using the service and two relatives. We also spoke with two community nurses and a consultant psychologist who were visiting people at the service. We spoke with six staff including the manager, kitchen staff, activities co-ordinator and six members of the care team.

We undertook general and formal observations throughout the service. 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 with us.

We looked at five care records and five medicines administration record (MAR) charts. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We viewed records relating to staff training, supervision and appraisal records. We checked feedback from people and their relatives about the quality of care at the service had received.

After the inspection, we spoke with staff from the local authority.

Is the service safe?

Our findings

People were risk of receiving inappropriate care and unsafe treatment. Staff had not used the Malnutrition Universal Screen Tool (MUST) to calculate the risk of a person becoming malnourished as identified in their care plan. Staff did not have sufficient guidance on how to monitor and manage the person's health. For example, staff had consistently weighed the person for five consecutive months and their weight had dropped drastically in that period. Staff had not used MUST guidance in place to monitor the person's health to make an appropriate referral to healthcare professionals for their weight loss. The manager told us staff had not made them aware of the weight loss. The provider's guidance on dietary management required that staff assess each person's weight. None of the people had a MUST assessment completed to identify people at risk of becoming malnourished as stated in the provider's policy. People were at risk of becoming malnourished as staff had not always followed guidance on how to manage their weight. We talked to the registered manager about this. They showed us an action plan they had put in place prior to our inspection visit to ensure staff received training on how to use the MUST assessment to manage a person's risk in relation to weight loss. We spoke with the manager after our inspection and they informed us that some staff had received the MUST training and this was an ongoing exercise until all staff had attended.

People were not always protected because risk assessments were not up to date for every person. The manager identified risks to people's safety and plans were in place to manage the risks identified. The manager had started to review risk assessments to ensure people received appropriate support and staff had sufficient guidance on how to support them safely. We spoke with the manager who discussed with us the service's action plan to complete all risk assessments for everyone by end of March. After our inspection, the manager confirmed that all risk assessments for all people had been completed and placed on their records.

The provider had not protected people against the risk of receiving unsafe care. These issues were a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the majority of staff absences were consistently covered. However, on the day of our inspection the service had not showed an emergency preparedness for incidents that could disrupt the provision of support and care to people. The service had an outbreak of Noro- virus. The first day of our inspection took place on the fifth day since the outbreak started. The service experienced a staff shortage related to the outbreak. We observed that staff were busy and did not always promptly respond to people's requests and that some people had to wait for assistance. The service had not made sufficient arrangements to provide cover for an emergency that could stop a service from running.

The provider did not always ensure they were sufficient staff on duty to meet people's needs. A health professional told us they had indicated to the provider the insufficient staff levels because of the complex needs of people at the service. The provider had agreed to have an additional member of staff added to the care team in response to the healthcare professional's advice and the manager's request prior to our arrival on the second day of our inspection. Another health professional said staff were sometimes stretched because of the complex needs of the people at the service which meant some people had to wait before receiving the support they required. Staff told us they managed the situation as they could despite staffing levels which were sometimes lower than planned due to

sickness or people's complex health needs. We could not be assured people's wishes and needs about when they received care were always met because there were not enough members of staff available to support them when they preferred or needed to receive it.

The provider had not ensured there were sufficient staff to meet people's needs safely. These issues were a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff protected people from the risk of infection through their practice. Staff understood their responsibility to reduce the risk and spread of infection at the service. There had been a recent outbreak at the time of the inspection and saw that staff appropriately managed the situation and minimised the risk of cross contamination at the service. We observed a member of staff support a person to wash their hands before they had their meal. Staff told us they followed the service's policy and procedures to prevent cross contamination. We saw staff had access to protective clothing that they used appropriately.

Staff managed and administered people's medicines appropriately in line with the provider's procedures and current guidelines. There was sufficient guidance for staff to ensure people received their medicines safely. The manager ensured staff complied with the service's protocols when supporting people with their 'as required' medicines and had these reviewed when necessary by healthcare professionals. Records showed staff had accurately completed Medication Administration Records (MAR) charts. Staff told us they checked MAR charts at end of each shift and ensured they took appropriate action to address any concerns. People and records confirmed they had always received all their medicines as prescribed.

People received the support they required to take their medicines. The service identified people's needs in relation to managing their own medicines and had recorded this. One person told us, "I get support from staff with my medicines. They have a list of my medicines and know when I should take them. I have no concerns at all".

People received their medicines from staff assessed as competent to do so. Staff understood and followed the service's procedures in relation to the management of medicines. Staff told us they knew what support, if any, people required to take their medicines. Medicines administration record (MAR) charts were correctly completed and showed people had received their medicines as prescribed at the right time and dose.

The environment and equipment were well maintained and safe for people to use. Records showed weekly checks on fire alarms, emergency lighting and water temperature. A monthly check was carried out on equipment to ensure that it was safe for people's needs. Staff told us the maintenance team responded promptly to repairs and requests. Maintenance records confirmed regular checks on call bells, hoists, beds and mobility aids. This ensured people had access to safe and appropriate equipment to meet their needs.

People were protected from the risk of abuse. The provider had systems in place to reduce the risk of people experiencing abuse or neglect. Staff understood the service's safeguarding procedures to follow to keep people safe. Staff knew how to recognise if a person was being abused and the actions they would take to protect them from harm. Staff knew how to use the provider's whistleblowing procedures if the service failed to address their concerns of abuse. Care records showed that staff had appropriately reported concerns about allegations of abuse to the local authority and worked with them on investigations to protect people from harm.

People received support from staff who had demonstrated their suitability for their role. The manager had verified at interview new staff's skills and experience. The provider had requested and obtained references, criminal record clearance and proof of identity. The service had used robust and safe recruitment

procedures to ensure they protected people from the risk of receiving support from unsuitable staff. The provider ensured staff started work at the service after they obtained all checks.

Staff knew how to respond to emergencies to keep people safe. For example, staff told us they understood what action to take when a person was unresponsive when they made routine checks in their rooms. This meant people received appropriate support if they had fallen ill or were unwell.

Is the service effective?

Our findings

The service had not ensured the service effectively met people's needs. The manager had not always fully supported staff in their role. Staff had not always received their six weekly supervision and appraisal in accordance with the provider's policy. Staff records included some copies of one-to-one supervision sessions they had received from their manager up to September 2015. The manager told us they observed staff at work and gave feedback on their practice. Staff confirmed this although there were no records of these observations of how they delivered people's care and support or any follow up required. The manager explained the service's priority was to ensure each person had an up to date care plan was in place before they resumed formal one to one supervision sessions with staff. The manager had a supervision matrix in place to ensure all staff received one to one supervision within three months of our inspection visit. The provider had not ensured the frequency and accuracy of staff supervisions and appraisals. We could not be confident the provider had fully assessed that staff had the appropriate skills and experience for their role.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff fully involved them in discussions to make decisions about their day to day care. People gave consent to the support and treatment they received. Care records showed staff always asked people or their consent in relation to the care and support they received. One person told us, "The staff support me as we discussed. They never do anything I haven't agreed to". Staff understood and supported people in line with the key principles of the Mental Capacity Act (MCA) 2005.

People received appropriate support to make decisions about their care. Some people had capacity to make decisions about how they received care. Where people lacked mental capacity and were unable to make certain decisions 'best interests' meetings were held. People's care plans showed if they had capacity to consent to their treatment. Staff had received training to promote and respect people's rights whilst they maintained their safety. A member of staff told us, "We have had training in supporting people with dementia and understand ways of fully involving them in making decisions". Staff had attended courses on the Deprivation of Liberty Safeguards (DoLS) and the MCA. Records confirmed the manager had made DoLS applications to the local authority regarding people's safety and well-being. People subject to DoLS had received support in line with the authorisation.

New staff undertook induction to ensure they were competent to meet people's needs. The provider offered new staff a structured induction programme that included mandatory and practical training and their practice observed at work. One new member of staff told us they had received support from experienced colleagues in the service, which had allowed them to get to know people and understand their role. Records showed the manager had checked staff's performance during their probationary period and confirmed them in post after they were assessed as competent to support and care for people.

People received appropriate support from staff with up to date skills and knowledge. Staff had received

training which included, safeguarding adults from abuse, infection control and managing people's medicines. Staff told us they received regular updates to their training and records confirmed this. One member of staff told us, "These courses help us to understand how to support people and meet their needs". The manager showed us an action plan put in place prior to our inspection visit to ensure staff received training to use the Malnutrition Universal Screen Tool (MUST) assessment tool to manage people's dietary needs.

People enjoyed the meals offered at the service and received the support they required with their eating and drinking. One person told us, "I like the food served here. The staff will prepare any requests off the menu". The chef told us they knew people's food preferences and choices and ensured they provided them with the food they wanted. We observed lunch served and saw staff supported some people to eat and drink as identified in their care plans. For example, one person required prompting to eat their food whilst another required their food cut into smaller pieces. During our inspection we observed some people receiving support from staff to cut up their food to eat their lunch.

People received support which enabled them to keep as healthy as possible. One person told us, "The staff know when I am unwell and they get the GP to visit me". Records showed staff had made appropriate referrals to relevant healthcare professionals to ensure people's needs were met. A psychologist who was visiting people at the service told us staff effectively liaised with them to ensure people received the healthcare they needed. For example, staff had requested for guidance on how to support a person whose behaviour challenged the service. Records showed staff had followed guidance in relation to the concerns about the person's behaviour. Staff maintained records of appointments attended and visits made by a range of healthcare professionals including social workers, dieticians, speech and language therapists (SALT) and tissue viability nurses.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "Staff come and help me with what I need. They are very nice". A relative told us, "[Person's name] hasn't had any problems. The staff are lovely". During the inspection, we observed staff were patient and friendly when they communicated with people.

Staff involved people in planning their care and support. People and their relatives contributed to develop their care plans and make decisions in relation to their care. Staff told us they supported people to make choices about how they wished to receive their care. Records showed some people at the service received support from advocates, as they could not express themselves. This ensured staff received information that represented the people's views and used this information to support them to make decisions of their lives.

Staff supported people in a calm and unhurried manner. For example, one person required support to stand up and move to the dining area. We saw staff support the person patiently and give them sufficient time to stand up and transfer into a wheelchair. Staff checked if the person was seated properly and comfortably before moving them. A relative told us, "Staff are patient with [relative] and take time to explain what they are doing". People told us staff spoke with them in a pleasant way and addressed them by their preferred name. We saw staff spent time interacting with people and having a chat. People and their relatives told us they knew the staff well and had developed positive relationships.

People told us staff treated them with respect and supported them to maintain their dignity and privacy. One person said, "Staff will do anything for me without grumbling. They are very friendly and respectful". Another person told us, "The staff are pleasant and helpful. They'll close the door when I am having a wash". Staff told us they were trained to treat people with dignity and respect. We observed staff knocked on people's rooms and waited for a response before entering. A member of staff told us, "I wait outside the bathroom to give them their privacy". Another member of staff said, "I close their bedroom door when they are getting dressed. I ask their permission before I support them with anything". Records showed staff supported people as they wished.

Staff encouraged people to be as independent as possible. One person told us, "Staff encourage me to do the things they know I can do for myself". Another person said, "I do most things myself but the staff will support me if I need help. Staff know how I want to be supported as we always discuss it". A member of staff told us, "I help people do what they can't do for themselves but also support them as they ask in line with their care plan".

People's end of life wishes were known and respected. The manager ensured people at their end of life received the support they required. For example, staff had involved a person's GP and palliative team on management of pain and their health condition. Records showed staff knew the person's wishes as stated in their advance care plans to remain at the service. Staff respected people's preference on how they wanted to receive their treatment and spend their last days.

We saw a person on end of life care comfortable in their room and they told us they were happy with the

support they were receiving. People could spend time with their relatives and friends which contributed to their comfort and kept them reassured. We saw a compliment card written by a relative of a person at end of life thanking staff and said they always felt welcome at the service. A relative told us, "The staff have been wonderful and have made [person's name]'s last days peaceful and pain free. We could come and go as we wished".

People communicated their needs about how they wanted to receive their support. Staff understood people's communication needs and involved them in planning for their care and support. For example, a person with complex health needs responded to slow talking and lip reading. We saw staff make eye contact with the person and stood at eye level to allow the person to see them speak.

Staff supported people to make decisions about their day to day living. For example, staff asked people if they wanted to watch television in their room or in the lounge. A member of staff told us, "We ask people about how they want to spend their day, what activities they want to do and also tell them about other things going on at the service that might be of interest to them". People told us staff respected their decisions.

People attended and enjoyed special occasions and functions organised at the service. The chef had a list of all people's birthdays and ensured they made it a special occasion by throwing a party for them. People told us staff supported them to invite their relatives and friends to these events. One person told us, "It is great to get good company on my birthday". People told us they had decorated and furnished their rooms with the support from their relatives and staff.

Staff were knowledgeable about people's preferences and choices. People confirmed staff had asked them about their preferences. For example, a person's records showed they preferred to have breakfast in their room and staff supported them as they wished. Daily records completed by staff had comments on the conversations they had whilst they interacted with people. For example, staff had asked a person how they had slept and discussed how they wanted to spend the day.

Is the service responsive?

Our findings

People received care and support appropriate to their current level of needs and this required improvement. Staff were knowledgeable about people's care needs and what support they required from them. However, staff had not regularly updated their care plans. Staff told us they understood people's reviews identified any changes to their health and the support they required. However, they had not consistently reviewed people's care plans from September 2015 to January 2016. Staff told us they were aware that they were to document all the support people required and the care they provided to them. The manager had put a plan in place to ensure staff carried out regular reviews of people's needs. At the time of the inspection, not all care plans were completely set up. We were informed the previous management had removed people's care plans from their files and archived them. The manager confirmed to us after the inspection that all care plans were complete and placed in each person's file.

Some people told us they received support which fully met their needs. Staff had met with people to undertake an assessment of the needs and how they wished their support to be provided. Staff had asked people for relevant information about their background, interests and health and put support plans in place to ensure they understood how to provide their support and care. Care records contained information about people's medical conditions and how they affected them. People's care plans set out how and when their care and support would be delivered. For example, a person's need assessment showed they required the support of two staff to have a bath and dress and records showed they had received support as planned.

People took part in activities which interested them and received support to pursue their hobbies. Staff had information about people's backgrounds, preferences and interests. People took part in activities in line with their known abilities and interests and according to their wishes. People had regular meetings with activities co-ordinator and staff to discuss if the activities were still appropriate for them and any further interests they wanted to pursue. The activities co-ordinator had one to one based activity for a person who required that level of support and with those people who did not wish to come to group activities or leave their rooms. This ensured the service reduced their risk of social isolation and boredom.

People told us the manager was responsive to the complaints they raised and were confident the service would address any concern they had. People and their relatives were aware and understood how to use the provider's complaints procedure which they had received from the service. The service's complaints handling process was effective. For example, one person told us, "I have made a complaint in the past and the manager speedily sorted out the problem". The service maintained a log of formal complaints raised at the service. Records showed the manager had sent a detailed written report to a complainant. The manager ensured the service had investigated and resolved concerns received in line with the provider's complaints procedure. Staff told us how they would support people to make a complaint and ensured they received an appropriate response.

People received regular support to express their views about the service. People and their relatives were encouraged to their views about the service to staff and the manager. We saw the majority of people who responded were happy with the care and support provided. The manager took action to address any areas

of improvement identified from the feedback.

Is the service well-led?

Our findings

The service was not always well-led. We found audit systems used to monitor the quality of service were insufficient and not always robust enough to address concerns at the service. The provider had not always ensured the service monitored the quality of care planning and risk management. There were no audit systems in place to monitor people's risk assessments which resulted in the service failing to pick up the concerns highlighted in this report. The lack of an understanding and guidance for staff to manage identified risks meant they could not take appropriate action to provide an effective service. For example, the manager had not followed up on weight monitoring records of people's health in relation to them becoming malnourished.

The provider had not provided sufficient management oversight of the service. We noted the service had not consistently carried out care plan audits which would have identified incomplete record keeping in relation to people's needs assessment and reviews. For example, the service had not audited people's records from September 2015 until end of January 2016. We spoke with the manager and staff who confirmed that people's care plans had not been audited during that period. The manager could not take appropriate action to minimise the risks to people because of lack of accurate and adequate records on people's needs.

The service had not held any quarterly staff meetings from September 2015 to enable them to give their ideas on how to improve the quality of support and care offered to people. This meant the manager missed opportunities to discuss with staff how to make improvements to their work if necessary.

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

Whilst the service submitted relevant notifications to CQC as required by law, the provider had not notified us about an incident which threatened to prevent the service from providing support to people in line with registration requirements. We spoke to the manager on the day of our inspection that the service needed notify the incident to CQC. At the time of writing this report, CQC had not received the notification.

This was in breach of the registration requirement Regulation 18 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager. A new manager was appointed in January 2016 and was yet to submit an application to CQC for registration pending completion of their probation.

The provider had taken action to improve the audit system at the service. The provider and manager were aware of areas that required improvement and had put an action plan in place to address them. For example they recognised that the service required to have regular audits of people's care plans to ensure good practice was maintained and had started the process.

Records showed the quality of some aspects of the service was monitored and improvements were made if necessary. For example, the service had maintenance checks on the premises and equipment. The audits

showed repairs were undertaken without delay. The manager reviewed staff record-keeping in relation to daily reports on the delivery of people's care and had taken action to ensure they improved on the information and detail noted.

Staff told us they understood their roles and responsibilities and the manager checked their practice and discussed with them how to support people. Staff said they knew how to treat people and respect their choices and preferences. Staff told us the manager was approachable and confident they would receive any required support to meet people's needs.

People's views and feedback were valued and used to develop the service. The service held joint meetings with people and their relatives to discuss any concerns and improvements at the service. Minutes of the meetings showed the manager had responded to people's suggestions and feedback and acted on their feedback.

The manager dealt with incidents appropriately and ensured staff learnt from them. Staff maintained a record of all incidents and accidents such as falls, pressure ulcers and cases involving behaviours that challenged the service and other people. Records showed the manager discussed incidents and accidents at handovers and on a one to one basis with the staff involved. The manager ensured staff took appropriate and had put plans in place to minimise recurrences and shared good practice.

Staff told us the manager promoted an open and transparent culture which ensured they understood the areas they needed to improve in their role to support people. For example, staff told us the manager had highlighted the need to set up person centred care plans to ensure people received appropriate support based on their individual needs. Staff told us the manager was always available to give support and guidance. One member of staff told us, "The manager will listen and discuss any concerns we have". Staff told us the manager had acted on their concerns to develop the service and had a drive for continuous improvement of the service.

The provider had arranged to provide more oversight of the service. The provider had contracted an external company prior to our inspection to audit systems at the service to monitor the quality of care and support people received. The new manager had started to implement changes to improve part of the service of maintaining daily records, risk assessment planning and review of people's needs. However, it was too early to say whether they would be effective.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified us about an event which prevents, or appears to the service provider to be likely to prevent, the service provider's ability to continue to carry on the regulated activity safely.

The enforcement action we took:

CQC issued a Warning Notice against the Provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks of unsuitable care and treatment because risks to them were not thoroughly assessed. Regulation 12 (2) (a) (b) (c).

The enforcement action we took:

CQC issued a Warning Notice against the Provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected against the risks to their health and welfare because arrangements to identify risks and improve the service were not effective.

The enforcement action we took:

CQC issued a Warning Notice against the Provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not used a systematic approach to determine the number of staff and range of skills required to meet the needs of people using

the service and keep them safe at all times. People were not protected against the risks of receiving care from staff who lacked the appropriate skills and experience to meet their needs.

The enforcement action we took:

CQC issued a Warning Notice against the Provider