

Pribreak Limited

# Mount Pleasant Residential Home

## Inspection report

Finger Post Lane  
Norley  
Frodsham  
WA6 8LE  
Tel: 01928 787189  
Website: [www.mountpleasantresidentialhome.co.uk](http://www.mountpleasantresidentialhome.co.uk)

Date of inspection visit: 3 June 2015

Date of publication: 05/08/2015

### 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?

Inadequate



### Overall summary

We undertook this inspection on 3 June 2015 and it was unannounced. This meant that the registered provider did not know we were coming.

We last inspected this location on 19 October 2013 and found that the service met the regulations.

Mount Pleasant Residential home is a two storey building which is registered to provide accommodation and care for up to 24 older people who live there. It is in the rural village of Norley and is close to the village facilities. At the time of inspection there were 22 people using the service.

There was no registered manager or nominated individual for the location and the registered provider had failed to notify us of this. A registered manager is a

# Summary of findings

person who has registered with the Care Quality Commission (CQC) 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 was a manager who had been at the service for approximately nine months. She told us she was considering taking the role on a permanent basis.

People used the service told us that it was like "Home from home" and they felt "Safe and Secure". Staff were able to tell us how they safeguarded people that they cared for and were confident in how to report concerns.

People lived in an environment that was clean, homely and welcoming. It met the needs of the people that lived there although some people expressed a wish to have better use of the garden. People told us that it was the "Next best thing to home." People were served meals that had been freshly cooked and enjoyed this together in a pleasant dining area

However, we found that there were a number of breaches of the Health and Social Care Act 2008 (Regulated activities 2014.)

We found that the service was not safe because the registered provider had not taken the appropriate steps to ensure that staff who looked after people had received the appropriate on-going training and support required. They had also failed to ensure that they carried out the required employment checks to satisfy themselves that staff were of appropriate character to work at the service.

People received care from staff that had worked the service for many years and knew and understood their needs. This was clearly evident from our observations. We saw that people were treated with dignity and respect and there was genuine warmth and affection displayed. However, care plans and supporting documentation, did not accurately reflect the care needs of those people and so there was a risk that if staff were less familiar with the person they would not be able to deliver care required

We found that the management of medicines was not safe. We found that this was not stored securely and potential concerns with administration had not been highlighted by the staff. This meant that people were not protected from the risks associated with unsafe practice in regards to medicines.

The registered provider has statutory obligation to inform the CQC about a range of occurrences that may affect the health, safety and welfare of people who use the service. This is so that CQC can take follow-up action to safeguard the interests of people if required. The registered provider had failed, since November 2012, to report such events. CQC was, therefore, not able to monitor the events that affect the health, safety and welfare of people who used the service.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

People who used the service told us that they felt safe and that staff treated them well. Staff we spoke with were able to tell us about safeguarding and poor care. They were confident that they would report this through the correct channels. However, the registered provider had failed to notify the Care Quality Commission about significant incidents affecting the welfare of those who used the service.

The registered provider did not have safe recruitment processes in place which meant that people were not protected from potential harm. The registered provider had failed to carry out the correct checks in order to ensure that staff were of suitable character.

There were not safe processes in place to ensure the correct administration and storage of medicines which could place somebody at risk.

People lived in an environment that was clean and safe and were cared for by sufficient numbers of staff.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff demonstrated that they knew how to look after the people and to provide care in a safe manner. However, the registered provider could not evidence that they had provided staff with the necessary training and supervision to ensure that they had the skills required.

People's rights were respected as staff recognised the impact of assessing mental capacity on decision-making. The manager had applied to the supervisory body for consideration and the deprivation of liberty safeguards where applicable.

People received adequate food and drinks. People enjoyed their meals which were served in a pleasant dining room.

**Requires improvement**



### Is the service caring?

The service was caring.

People had a positive relationship with the staff that looked after them. They told us that they felt cared for and that staff knew them very well. We saw that there was a lot of banter and laughter throughout the day.

People were treated with dignity and respect and their privacy was maintained.

**Good**



# Summary of findings

## Is the service responsive?

The service was not always responsive.

Although staff knew people well, care plan records did not reflect the care that was required. People could be a risk if staff providing the care did not know them that well.

People were encouraged to maintain links with the local community. Staff provided other forms of social stimulation throughout the day.

People we spoke to and relatives told us that they knew how to make a complaint and felt confident that it would be resolved. The registered provider did not have an up to date complaint procedure.

**Requires improvement**



## Is the service well-led?

The service was not well led.

The registered provider had failed to notify CQC that they did not have a registered manager. The registered provider had also failed to notify CQC about other key incidents that occurred within the service.

The manager carried out a health and safety audit each month and provided feedback to the registered provider. However, these audits, did not address issues regarding the care of people who used the service such as documentation or medication.

The registered provider did not have a number of key policies and processes in place and others were not up to date to enable staff to work with current legislation and best practice.

**Inadequate**



# Mount Pleasant Residential Home

## 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 June 2015 and was unannounced. The inspection was carried out by an inspector in adult social care.

Before the inspection, we looked at information that the registered provider and others had sent us since the last inspection.

During the inspection we spoke to nine people who used the service and two relatives. We also sat in the dining room over lunch time to observe how staff and people who used the service interacted. We spoke to six members of staff throughout the day.

We reviewed the care plans and supporting records for five people who lived at the service. We also reviewed the documentation kept by the registered provider in regards to the safety and suitability of the premises and any quality audits carried out.

We contacted the local authority social work team, safeguarding unit and commissioners who did not have any current concerns. They did inform us of a number of safeguarding investigations in the period since the last inspection.

Prior to the inspection, we received information from the infection, control and prevention team as they had carried out an audit in May 2015. This did not identify significant issues. We spoke to the District Nursing teams who visited the home most days to provide help, advice and support. They felt that the people who used the service were well cared for and that staff were receptive to advice. The Cheshire Fire and Rescue team carried out an audit following our inspection and they have highlighted a number of remedial actions required of the registered provider.

# Is the service safe?

## Our findings

People who used the service told us that "Everyone here is safe and loved". People told us that staff "Had their best interest at heart" and "Would do anything to make sure you did not hurt yourself".

Staff we spoke with could tell us what would be considered a safeguarding matter and this included poor care. Staff were aware of how to report concerns and said "I would have no hesitation in reporting something I thought was wrong", "If you don't report then you are as guilty as the other person". The safeguarding policy held by the registered provider needed to be updated to ensure that it reflected that of the local authority.

We saw that the approach to medication administration was individual and that people had their medication at different times throughout the day. Staff encouraged people to take some control over their own medication where they were able

However we found that medication was not always managed in a safe manner. We saw that the medication trolley was secured to the wall to make it safe. However, it had not been moved for some-time and we found a number of loose tablets and tube of cream on the floor behind the trolley. The manager was not able to tell us who these belonged to or how long they may have been there. The medication had been removed from the blister pack but staff could not tell us if it had been administered to the person. We saw that there were a number of signature gaps in the medication administration recording sheet (MARS) over the last three weeks. This meant that staff could not be confident people received all of their medication as prescribed. Some people had "as required medication" (PRN). We found there was not enough information available to guide staff as to when these medicines should be given and in some cases, where a variable dose was prescribed, how much medicine should be given. Staff did not record whether "one or two" tablets given so there was no indication of how much medication had been given in a 24 hour period. This meant that there was a risk that a person could be administered more medication than was deemed safe. We saw that not all creams and eye drops had date of opening on the label so that staff knew when they needed to be disposed. The health of people living in the home is placed at unnecessary risk of harm when medicines records are inaccurate.

The registered provider did not have a policy in place for those medications that were "over the counter". For example: one person had a selection of laxatives in their room but there was no policy or guidance in place to support staff in monitoring these and there was no evidence of a discussion with the persons GP about their use.

We saw that a person consumed alcohol at regular periods throughout the day. Staff administered medication to the person but had not considered the interaction of medication and alcohol. The person was deemed to have the mental capacity to make unwise choices but there was no risk assessment in place to demonstrate that this discussion had taken place.

Not all medicines were stored in the medication trolley. Additional medications were stored in a cupboard where the lock was not secure and a number of people had access. The designated place for the storage medicines must be secure and only those staff who handle medicines should have access. We saw that the storage for controlled drugs (CD's) were not in line with legal requirements.

**This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 because the registered provider failed to have a proper and safe system in place for the administration and storage medicines.**

People told us that there "Were plenty of staff on duty" and that "I never have to wait very long somebody to come". There were enough staff on duty during the inspection to meet the needs of the people who used the service. We saw that staff had time to spend with people and they were not rushed.

However, the registered provider did not have safe systems in place to recruit staff. We looked at 11 staff files and only two people had checks from the Disclosure and Barring service and one of those was from a previous employer. There was no evidence that references had been undertaken or employment history verified. The manager told us that some "Staff had been there a long time, maybe prior to criminal record bureau checks". There was no system in place to ensure on-going monitoring of staff to make sure that they remained able to meet the requirements. The manager also told us that they did not hold a valid check with the disclosure and barring service. This meant that people were not protected from the

## Is the service safe?

potential harm of being cared for by people of unsuitable character. We advised that this must be rectified as matter of priority. Since the inspection, the manager has advised that all staff will be required to apply for a new DBS check and that, in the interim; staff had signed a declaration to confirm that there were no factors that would deem them unsuitable to work with vulnerable adults.

**This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 because the registered provider had failed to demonstrate that they employed “fit and proper” staff to provide care and treatment.**

People lived in an environment that was “Like home “and was clean and the risks of acquired infection were kept to a medium. The infection control and prevention team from Cheshire and Wirral partnership trust had visited on 5 May 2015 and carried out an audit and no significant concerns were raised.

Accidents and incidents were recorded along with a narrative of what had happened. The manager had started, in May 2015, to analyse this information in order

to identify themes and trends. Changes had been made where it was felt that risks could be minimised. For example, there were no call bells available in the main lounge area so those people who required assistance were provided with a hand bell to call for attention. We saw that people also used these to call staff when they thought other people were putting themselves at risk

Equipment and utilities were maintained and the appropriate tests were up to date for things such as gas, water, and electricity Portable Appliance Test (PAT) test. The registered provider had business continuity plans in place for emergency situations. Staff also carried out fire drills on a regular basis.

There was a chairlift available to take people upstairs. Whilst the chairlift was safe for movement up and down, the seat no longer swivelled. This had been highlighted in January during the last safety report. Staff confirmed that it was difficult for people to transfer especially at the top of the stairs. The registered provider must ensure that this equipment fully meets the needs of the people who use it.



# Is the service effective?

## Our findings

We saw that people enjoyed their meals and everyone was encouraged to go to the dining room. People said “We are so lucky. It's all home cooking.” Meals were cooked with fresh ingredients including soups and cakes. Although there was no choice of main meal people told us they did not mind as “They know exactly what food we like as they always ask” “I can't eat fish on Friday like the others but they will do me anything that I want”. There was flexibility in meal times, and on the day of inspection, a number of people were attending a community event and had an earlier meal time.

People ate in a bright dining area that was used solely for that purpose. The tables were set out with china plates, cups and saucers, napkins, cutlery and condiments. Staff said that they used china as it was “lighter for people to pick up and use”. Tables were also decorated with fresh flowers. People were able to sit with whoever they wished. Where people required assistance, the staff provided this in a dignified way: they sat next to the person, provided help at the pace the person required and chatted away to everybody at the table. Throughout this process staff were encouraging and made comments such as: “You did really well with your lunch today it's nice to see you eating better”. Lunch was not hurried and staff ensured that they checked that people had finished before clearing everyone's plates away at a table and offering desert. People who had lunch have positive feedback to the cook, such as. “I really enjoyed that today” “Thank you, it's nice to see an empty plate”. The dining area was cleaned immediately following lunch and set out again for tea.

The registered provider did not keep accurate and up to date information on training staff received. Staff were not able to tell us what training they had received or when. One staff member told us that they had not received any training since the commencement of employment. However, we saw that staff provided care safely and ensured appropriate support whilst using equipment or assisting people with tasks. The manager said “I am not confident to say when staff had mandatory training as the records were not kept up-to-date”. All staff had recently been enrolled on the Skills for Care “Care Certificate”. “The Care Certificate is an identified set of standards that health and social care workers should adhere to. It gave people the confidence that workers have the same introductory

skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The manager informed us that all staff are to carry out the programme regardless of the length of time that they have been employed. This way, they felt that that they would be assured that all staff had the required skills and knowledge to do the job.

Staff told us that they could not recall when they had last received supervision or appraisal. The manager said that “Supervision was not documented and previously been on an informal basis”. The manager told us that individual's supervision will be start alongside the commencement of the care certificate. The manager had carried out observations of practice and she told us “I have observed staff working and am confident that staff are safe in providing care to people”. This meant that despite the lack of formal training and oversight there was confidence that the care provided was safe.

**This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not received the appropriate on-going support, training and professional development.**

Staff had an understanding of what it meant to “assess a person's mental capacity” and why this was important in decision making. The manager had introduced a decision specific mental capacity assessment covering all aspects of care so that staff took consideration of this in all that they did. This meant that care was provided in line with the Mental Capacity Act 2005 and so people's rights were protected. The manager told us that they had submitted a number of applications to the supervisory body for Deprivation of Liberty Safeguards but had not had any of them approved to date. Staff were aware that this was required where someone's liberty or freedom was being restricted and they lacked capacity in that area of their lives.

People were able to access all parts of the home but needed to move to a downstairs room if they were not able to use the stair lift as there was no passenger lift in the premises. The service had lovely garden but there were no tables or chairs available for people to use. There were a few benches near the entrance to the home but people said these were “Not comfortable” and that they would like



## Is the service effective?

“To be able to sit out in the garden when it was sunny”. We brought this to the attention of the manager who told us she was in discussion with the registered provider about this matter.

# Is the service caring?

## Our findings

The atmosphere of the home was warm and welcoming. People who used the service said “It is very homely here.” “If I can’t be at home, then this is the next best thing”. Relatives we spoke with and feedback in the quality questionnaire last October supported this “ We made the best choice for mother to come here the staff are happy it's a happy home” and “I don't live locally but when I go away I feel that my mother is doing well and being looked after my mind is the rest.” It is absolutely the best care”.

There was a good rapport and positive relationship between staff and the people they looked after. There was a lot of banter and laughter throughout the day and people knew each other well. “I have no complaints at all, the girls they treat me very well” and “You're not just a number here you are a person, part of the family”. Relatives were also reassured by the care and support. “You show my mother the affection that they appreciate” and “Staff are friendly, happy, not fazed by anything”.

Staff were patient and encouraged people to do things for themselves. We observed a staff member transfer a person from a wheelchair into their lounge chair. They were patient, gave very clear instructions as to what they were going to do and made the person feel safe. People told us they felt looked after and cared for “They know how to look after me, especially when I am not well.

People were cared for with dignity and respect. They were assisted to use the bathroom as they needed to and staff

were discrete in their approach. We saw that people were dressed in clean clothes and had been assisted with their personal appearance. A staff member carefully repositioned someone’s glasses without bringing attention to the fact that they had them on crooked. People were asked throughout the day if they were too hot, cold or required additional clothing. People had a key and could lock their own room to keep their belongings safe. On the day of inspection a number of people were attending a club held in the village. A staff member spoke to one person about it and was told that there was going to be a raffle. They said to the person “I will find you something to take with you for the raffle, it’s important that you have something to give like everyone else”.

A number of people who used the service commented that the “TV is on all the time” and “I sometimes like to be quiet”. “It’s hard to talk to visitors with the TV on all the time”. One person suggested that one lounge could be “A quiet room”. Some of the people told us that they stay in their rooms for long periods as they do not like the “TV on constantly” or “They cannot choose the channel. We spoke to the manager about seeking the views of people at the next residents meeting.

The service had two shared rooms but one of them has been designated a single room. There are plans to turn the remaining room into a single when a person no longer requires one of the beds. We saw that the people who shared a room wished to continue to do so and had been given the opportunity to move to a single one.

# Is the service responsive?

## Our findings

People who used the service told us that the staff met their needs. “They help me with anything and everything that I need”. Some people told us that staff ensured that they remain independent and “They make me do things for myself, it’s hard but they are doing it to make me keep going”. “Staff had been the key to getting [relative] mobile after falls. Staff have been firm but that’s what [relative] needs and staff understand that [relative] would opt out if they could. I honestly think that without the understanding and patience they would not be walking.”

The manager showed us one care plan that was being revised as she had introduced new documentation that was simpler and avoided duplication. Staff were involved in the writing of the care plan so that it reflected the care required. The remaining care plans had a good personal profile that outlined a person’s life history and preferences such as “I go to bed between 7-8pm” and “I would like to have my lunch in the dining room with the other ladies”. However, they did not accurately reflect the assessed care needs of the people who used the service and how these would be met. For example where advice had been given by a professional, it was not always put into a care plan and therefore there was a risk that it could be missed. A letter from a GP had suggested that a person should reduce their caffeine intake but there was nothing in the care plans about this and staff could not evidence that this was being done. Following an appointment a consultant had requested, by letter, that a person who used the service had their urine output monitored but staff were not aware of this and so it had not happened. Staff were able to tell us what care people required to meet their needs but there was a risk that if staff did not know the person well they would not be able to provide safe and effective care.

We saw that not all the documentation was meaningful. For example: where a person’s diet was to be monitored staff had written “Eaten dinner”, bowel charts did not indicate the type of bowel movements so changes in bowel motions could not be detected. Staff recorded the fluid intake of people who used the service but the total amount required and consumed was not recorded in order for staff to assess whether a person had taken an adequate amount. Many of the charts had not been completed after tea time suggesting that people did not have drinks served but we observed this was not the case.

**This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 because there was not an accurate and complete record in respect of each service user.**

Where there were concerns about health conditions such as weight loss or skin care, referrals had been made to healthcare professionals for advice and support. Professionals who visited the home said staff were very good at following instruction and guidance but felt staff needed to apply this knowledge to all people who used the service in order to foresee problems. For example: identifying those requiring pressure relieving equipment or hourly turns before the development of a pressure ulcer. National Institute for Health and Care Excellence (NICE) recommend that people in a care home be screened for risk of malnutrition and developing a pressure ulcer as this will identify those most at risk and allow staff to formulate a prevention plan.

**We recommend that the registered provider consider the use of recognised assessment and screening tools in order enhance and develop a more preventative approach to care.**

People were encouraged to maintain links with the community and some attended a “Wednesday club” in the village. The local church provided pastoral care. There was no activity coordinator but staff carried out quiz, games, crafts etc. with people on a daily basis. We also saw that people who used the service had friendships and were encouraged to do things together. Family and friends visited regularly and many people were still able to go out with them.

We saw that there had been one complaint in recent months and this had been resolved by making improvements to the environment. People told us that they would have “No hesitation” in complaining if they were not happy and felt that they could go to any of the staff. We saw the complaints policy was not up to date and did not direct people appropriately should they feel their complaint was not resolved. This meant that people did not have accurate information available to them if they wished to raise a concern about the registered provider.

# Is the service well-led?

## Our findings

We saw that there was no longer a registered manager but the registered provider had not told the CQC about this. The intention of requiring this information is so that CQC can be assured that appropriate action has been taken to protect people who used the service. There was a manager at the service who had been there for approximately nine months. She was 'self-employed' at the service and had not yet made a decision as to whether to stay at the service and apply to CQC to be the registered manager. The manager told us that she was making changes and that whilst "I am confident that the care is safe and sound but it's the paperwork that we need to improve in order to meet regulations". We need to make things better in order to improve and to meet the standards".

**This was a breach of regulations 14 and 15 the Care Quality Commission (Registration) Regulations 2009 (Part 4) because the registered provider had failed to give notice of the change.**

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC and saw that we had not had any notifications since 2013. It was clear that there had been incidents such as serious injury, death and safeguarding but the registered provider had failed to notify the CQC about these. This meant that the CQC was not able to monitor the events that affect the health, safety and welfare of people who used the service.

**These were a breach regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4) because the registered provider must notify the CQC of all deaths and incidents that involve affect the health, safety and welfare of people who use the service.**

Staff told us that they liked working at Mount Pleasant and that's "Why most of us have been here a long time". "We all

care about the residents." "I want this to be the best home in the area so we will do whatever we need to make things right". They told us that they looked forward to more training and support. Staff meetings were held on a quarterly basis and we saw that these were documented and available for staff to read.

The registered provider had sought the opinion of relatives last year and published their findings. We saw that action had been taken to remedy the issues highlighted such as replacement of fixtures and fittings. The interim manager was in the process of setting up a section on the website so that staff, relatives and residents could access key information, communicate securely.

The manager had carried out monthly audits (checks) of Health and Safety and provided the registered provider with a written report. The actions required were noted and progress documented at the next month's review. We saw that, as a result of these audits, a number of improvements had been made to the safety and suitability of the premises for those who lived there such as new carpets, shower facilities and equipment.

No audits had taken place to look at key aspects of care, such as documentation and medicines; therefore the registered provider had failed to address many aspects of care management within the home. There were ineffective audit processes established to highlight and address concerns and discrepancies that we found during our visit. It is essential to have a robust system of audit in place in order to identify concerns and make the improvements necessary to make things safe within the home.

**This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have effective systems and processes in place to monitor and improve the quality and safety of the service.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: the registered provider failed to ensure the proper and safe management of medicines.12 (2) (g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met: the registered provider had failed to ensure that staff received the appropriate on-going support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties that are employed to perform. 18 (2) (a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 CQC (Registration) Regulations 2009 Notifications – notice of absence

How the regulation was not being met : the registered provider failed to inform the CQC of the absence of a registered manager.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

How this regulation was not being met: the registered provider failed to notify the CQC that there was no registered manager or nominated individual in place.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 CQC (Registration) Regulations 2009  
Notification of death of a person who uses services

**How this regulation was not being met: the registered provider failed to notify the CQC of the death of service users.**

### Regulated activity

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**How this regulation was not being met: the registered provider failed to inform the CQC of events that affected the safety and welfare of service users.**

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 5 (Registration) Regulations 2009 Registered manager condition

**How this regulation was not being met: the registered provider had failed to have a registered manager in place for over nine months.**

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The registered provider had failed to have robust systems in place to confirm that staff were of good character. They failed to demonstrate that they had appropriate processes in place to assess and check that people were suitable for the role and did not keep relevant records. They did not have effective recruitment and selection procedures or processes in place to regularly review the fitness of employees.</p> <p>19 (1)(2)(3)</p>

### The enforcement action we took:

We issued a warning notice and told the registered provider to meet the regulations by 12 October 2015.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: the registered provider failed to assess, monitor and improve the quality and safety of the service provided. They also failed to ensure that there was an accurate and complete record in respect of each service user.</p> <p>17 (1) (2) (a) (c)</p>

### The enforcement action we took:

We issued a warning notice and told the registered provider to meet the regulations by 12 October 2015.