

Miss Margaret Clark Stevenson

The Trio House

Inspection report

15 Abbotsmead Road
Belmont
Hereford
Herefordshire
HR2 7SH

Tel: 01432342416

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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:

The Trio House is a care home that provides personal care for up to three people with learning disabilities within one adapted building over two floors. At the time of our inspection, three people were living at the home.

People's experience of using this service:

- ☐ The provider had not taken appropriate steps to reduce the risk from fire at the premises and ensure people could safely escape in the event of a fire.
- ☐ The risks associated with people's individual care and support needs had not always been fully assessed and managed.
- ☐ The equipment in use to meet people's needs was not always safe for such use.
- ☐ The provider had not always reported safeguarding concerns to the relevant external agencies in order that these could be investigated externally.
- ☐ We were not assured the current shift pattern, and length of some staff members' shifts, promoted people's safety and wellbeing.
- ☐ Whilst pre-employment checks were in place, the provider did not explore gaps in prospective staff's employment histories.
- ☐ People received their medicines as intended from trained staff, but written guidance was not always available on the use of 'when required' (PRN) medicines.
- ☐ Staff spoke positively about the provider's induction programme. However, this had not been reviewed to incorporate the requirements of the Care Certificate.
- ☐ Information about the management of people's health conditions was not always sufficiently clear.
- ☐ The provider had not always proactively sought advice from relevant community health and social care professionals in response to people's changing needs.
- ☐ The use of 'colours' to refer to each of the people who lived at the home did not reflect a respectful approach.
- ☐ The provider's quality assurance systems and processes were not sufficiently effective.
- ☐ The provider had not always told us about safeguarding issues involving the people who used the service.
- ☐ The provider and staff took appropriate steps to protect people from the risk of infections.
- ☐ Staff received training and ongoing management support to help them work safely and effectively.
- ☐ People had support to maintain a balanced diet and to make choices about what they ate and drank.
- ☐ The home provided a comfortable, 'homely' and well-furnished environment for the people who lived there.
- ☐ The provider and staff team understood and promoted people's rights under the Mental Capacity Act 2005.
- ☐ Management and staff provided people's day-to-day care and support in a patient, attentive and caring manner.

- ☐ Staff promoted effective communication with people.
- ☐ People's care plans were individual to them and read and followed by staff.
- ☐ People had support to participate in social and recreational activities.
- ☐ People's relatives were clear how to raise any concerns or complaints with the provider.
- ☐ Steps had been taken to identify people's wishes regarding their future care.
- ☐ Staff had positive working relationships with the management team and felt well-supported and valued in their work.
- ☐ People's relatives felt involved in the service and spoke positively about the overall standard of care and support provided to their loved ones.

Rating at the last inspection:

At the last inspection the service was given an overall rating of 'Requires Improvement' (inspection report published on 21 August 2018)

At this inspection, we found the service met the requirements for 'Requires Improvement' in three areas and 'Inadequate' in the two remaining areas. The overall rating of the service was 'Inadequate' and the service is therefore in 'special measures'. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Why we inspected: The provider registered with the Care Quality Commission (CQC) in December 2010. The inspection was prompted in part by information of concern shared with CQC regarding the alleged abuse of people who lived at the home. These allegations are subject to an external investigation by the local safeguarding adults team.

Enforcement / Improvement action we have told the provide to take: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

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 ●

The Trio House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One inspector carried out the inspection.

Service and service type: The Trio House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is not required to have a manager registered with the Care Quality Commission. During our inspection visit, we met with the provider and the deputy manager who oversee the day-to-day management of the service. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought also feedback on the service from the local authority.

During the inspection visit, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for.

We spoke with three people's relatives, three community health and social care professionals, the provider, the deputy manager, the acting assistant manager, two senior care staff and four care staff.

We reviewed a range of records including three people's care files, staff training records, accident and

incident records, medicines records, three staff recruitment records and selected policies and procedures. We also looked at records associated with the safety of the premises and quality assurance records.

Following our inspection visit, we contacted the local fire and rescue service to inform them of the fire safety concerns identified during our inspection.

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 on 20 July 2018, we rated this key question as 'Requires improvement'. Although the provider had made improvements in the service since our preceding inspection in December 2017, they needed to demonstrate these could be sustained over time. At this inspection, we found the provider had not appropriately assessed and managed the risk of fire at the premises to keep people safe.

Requires improvement: 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

- ☐ The provider had not taken appropriate steps to reduce the risk to people from fire at the premises. The fire detection system was not sufficient and there was no emergency lighting in place to illuminate exit routes. Fire doors had not been installed in the necessary locations within the home and appropriate fire safety signs and notices were not displayed. The provider's fire risk assessment was not suitable and sufficient and had not been reviewed and updated to reflect people's changing needs. The provider's overall fire emergency evacuation plan could not be located during our inspection visit, and personal emergency evacuation plans had not been completed for each of the people who used the service. During our inspection visit, the provider shared with us the report from the fire safety audit conducted on the premises by the local fire and rescue service in October 2017. This indicated the overall standard of fire safety was reasonable at that time. Following our inspection, the provider arranged for an independent fire risk assessment to be carried out on the premises. This assessment concluded several actions needed to be taken to reduce the risk from fire within the premises.
 - ☐ The provider had procedures in place designed to assess, record, manage and review the risks associated with people's individual care and support needs. However, we found these procedures were not sufficiently comprehensive or robust. For example, one person's moving and handling risk assessments did not provide clear written guidance on the full range of mobility aids and equipment in use for this person.
 - ☐ The equipment used by staff to meet people's needs was always safe for such use. We saw staff used an additional wooden kitchen chair and pillows to help prevent one person from injuring themselves by falling sideways at the kitchen table, when a safer seating solution was needed. The provider had been provided with advice on this matter by an occupational therapist on 2 April 2019, but had not organised a replacement chair at the time of our inspection visit on 18 April 2019.
- The provider's procedures for assessing, reviewing and managing the risks to people's health, safety and welfare were not sufficiently robust or effective. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- ☐ Staff explained they were kept up-to-date with any changes in risks or people's needs through, amongst other things, daily handovers between shifts and use of a staff communication book. One staff member told us, "If something's been changed, it will be passed on through each shift change. We get time to read anything that has changed and can ask [management] if we don't understand."

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff received training to help them understand their role in protecting people from abuse. They told us they would report any abuse concerns to the provider or the local safeguarding adults team. One staff member said, "I would go straight to management, report it to safeguarding and probably the police. I'd go through all the channels to protect that person."
- ☐ The provider had procedures in place designed to ensure the relevant external agencies were notified of any witnessed or suspected abuse at the service. However, during our inspection visit we identified a former member of staff had reported alleged abuse involving the people living at the home to the provider in March 2019. However, the provider had not reported these allegations to the local safeguarding adults team or CQC.

The provider had not always reported allegations of abuse in line with local safeguarding procedures, in order that these could be investigated externally. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- ☐ People's relatives and staff themselves were satisfied staffing arrangement at the service enabled people's needs to be met safely.
- ☐ However, we were not assured the provider's current shift pattern promoted people's safety and wellbeing. This involved some staff working a 17-hours from 4pm until 9am the following morning, to cover an evening shift followed by a waking night shift. We discussed this concern with the provider who informed us it was staff's preference to work these hours. The staff involved did not raise any associated concerns with us.
- ☐ The provider carried out pre-employment checks to assess whether prospective staff were suitable to work with the people who lived at the home. These included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions by checking police records. However, the provider did not have effective procedures in place for exploring gaps in a job applicant's employment history.

Learning lessons when things go wrong

- ☐ The staff we spoke with understood how to report any accidents, incidents involving the people who lived at the home to the provider. The provider reviewed these reports to assess the action needed to keep people safe.

Using medicines safely

- ☐ The provider had systems and procedures in place designed to ensure people received their medicines safely and as intended. Staff confirmed they had received appropriate training in the provider's medicines procedures.
- ☐ Monthly medicines stock checks were completed to enable the provider to identify and investigate any discrepancies.
- ☐ Staff maintained accurate and up-to-date medication administration records (MARs). However, where people had been prescribed medicines on a 'when required' (PRN) basis, staff had not always been provided with clear written guidelines on the expected use of these.

Preventing and controlling infection

- ☐ Staff received training on infection prevention and control and deep cleaning techniques to help them to protect people, visitors and themselves from the risk of infections.
- ☐ During our inspection, we found the home to be clean, hygienic and fresh-smelling throughout.
- ☐ Staff had been provided with, and made use of, appropriate personal protective equipment (e.g.

disposable gloves and aprons) to reduce the risk of cross-infection.

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 on 20 July 2018, we rated this key question as 'Requires improvement'. Formal staff supervision was inconsistent and the provider's staff induction programme did not incorporate the requirements of the Care Certificate. At this inspection, we found improvement in the service was still needed.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- ☐ The staff we spoke with showed good insight into people's day-to-day care needs and preferences.
- ☐ New staff underwent the provider's induction training to help them understand people's needs and settle into their new roles. Staff spoke positively about their induction experience. One staff member told us, "I was nervous because I hadn't done care work before, but I was introduced slowly, and nothing was too much for them [management team]." However, the provider acknowledged they had not yet reviewed their staff induction programme to ensure this incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- ☐ People's relatives were satisfied staff had the knowledge and skills needed to meet people's individual needs. One relative told us, "As far as I can tell, they [staff] are trained, competent and very polite."
- ☐ Following induction, staff participated in a rolling programme of training, designed to give them the knowledge and skills to work safely and effectively. Staff spoke positively about the training they received. One staff member told us, "We [staff] have done lots of training; I'm happy and confident. If I wanted to do anything else, [provider] would support me." The provider maintained staff training records to help them monitor and address staff training needs.
- ☐ Staff told us they participated in regular one-to-one meetings ('supervisions') with a member of the management team.

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

- ☐ People's relatives were satisfied their loved ones who lived at the home were supported to maintain a balanced diet.
- ☐ We saw staff encouraged and supported people to make choices about what they ate and drank through, for example, physically showing people different packaged food items to choose between. People's food and drinks preferences were recorded in their care files.
- ☐ The provider had procedures in place for assessing, recording and managing risks associated with people's eating and drinking. For example, following input from the local speech and language team, they provided one person with a texture-modified diet and thickened fluids to reduce the risk of aspiration.
- ☐ Staff promoted a relaxed and unrushed mealtime experience to enable people to enjoy their meals.

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

- The provider's procedures for assessing and reviewing people's individual care and support needs were not always effective. This was demonstrated by, for example, the lack of a comprehensive moving and handling risk assessment for one of the people living at the home with mobility needs.
- In delivering people's care, and reviewing people's current care needs, the provider had not ensured the safety of the premises through maintaining an adequate standard of fire safety in line with fire safety legislation.
- The provider assured us people's individual needs and requirements would be assessed before they moved into the service. However, there had not been any new admissions to the service since it had been registered with us.

Supporting people to live healthier lives, access healthcare services and support

- We found the information recorded in people's care files regarding their long-term health conditions and the management of these was not always sufficiently clear. Two of the people living at the home had epilepsy. However, the provider had not developed comprehensive epilepsy care plans for these individuals, and one person's seizures were not being appropriately recorded.
- We saw evidence staff and management helped people to access community healthcare services when they were unwell.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples in people's care files of how staff and management had worked with community health and social care professionals to promote positive outcomes for people. This included contact with people's GPs, the local speech and language team, and the local community nursing team.
- However, we were not assured the provider proactively sought specialist advice from relevant community health and social care teams and professionals, in response to people's current or changing needs, or responded to such advice in a prompt manner. This was demonstrated by, for example, their failure to seek appropriate advice and support on the development of epilepsy care plans.

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

- Fire safety measures at the premises had not been reviewed and adapted in line with people's changing needs.
- The home provided a comfortable, 'homely' and well-furnished environment for the people who lived there. We saw people had appropriate space to receive visitors, participate in in-house activities, eat their meals or spend time alone. Staff described how one person made frequent use of the home's conservatory when they wanted to relax.

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 Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The staff we spoke with understood the need to respect and promote people's right to make their own decisions. We saw they helped people make day-to-day decisions about, for example, how they wanted to spend their time or what they wanted to eat.
- We saw examples of formal mental capacity assessments and records of best-interests decision-making in people's care files, in relation to significant decisions about their care.
- The provider had made applications for DoLS, based upon an assessment of people's mental capacity and their individual care and support arrangements.

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 on 20 July 2018, we rated this key question as 'Good'. At this inspection, we found improvement was needed in the service.

Requires improvement: A failure to ensure the safety of the premises did not reflect a caring approach on the part of the provider.

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

- ☐ During our inspection, we saw a number of warm, caring and respectful interactions between individual staff members and the people they supported. People were clearly at ease in the presence of both staff and management, who prioritised their needs. However, the concerns we identified regarding the provider's failure to ensure the safety of the premises did not reflect a caring approach.
- ☐ People's relatives told us staff and the management team provided people's day-to-day care and support in a caring manner. One relative said, "They [staff] are very kind and respectful."
- ☐ Staff and management showed concern for people's comfort and wellbeing. At the time of our inspection visit, one person was unwell. We saw staff and management closely monitored them to ensure their comfort and wellbeing.
- ☐ Staff understood their role in promoting people's equality and diversity and the need to avoid any form of discrimination in their work.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff and management used a designated colour (i.e. blue, green or red) to refer to people in some of their care plans. Whilst this approach had originally been introduced to protect people's confidentiality, it did not reflect a respectful approach.
- ☐ People's relatives were satisfied staff protected their loved ones' rights to privacy, dignity and independence. One relative told us, "When I've been there [at the home], they [staff] have always treated [person] with respect and dignity." They went on to describe how staff encouraged their loved one to help with cooking and mealtimes.
- ☐ People's care plans included information about their abilities to promote their independence.
- ☐ Staff gave us examples of how they treated people with dignity and respect on a day-to-day basis. One staff member explained, "I talk to them [people] not at them and I give them choices."
- ☐ The provider had procedures in place to protect people's personal information and we saw staff adhered to these.

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

- ☐ Staff showed good insight people's communication needs and adapted their approach to promote effective communication with each individual. For example, we saw how a staff member supported two people to choose the film they wanted to watch next through showing them a choice of DVD cases. On this

subject, a relative told us, "They [staff] are aware of [person's] communication needs, and they interact with them well."

- ☐ We saw staff took the time to explain to people what they were doing as they provided their day-to-day care and support.
- ☐ Information about people's communication needs had been recorded in their care files to provide all staff with insight into these.
- ☐ People's relatives confirmed the provider involved them in decisions about their loved ones' care at the home.

Is the service responsive?

Our findings

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

At our last inspection on 20 July 2018, we rated this key question as 'Requires improvement'. The information available to people's relatives on how to raise complaints with the provider and external agencies was contradictory and inaccurate. In addition, the outcome of care review meetings was not clearly recorded. At this inspection, we found further improvement in the service was needed.

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ We were not assured the provider responded in a prompt and proactive manner to people's changing needs. This was demonstrated by, for example, their failure to review the service's fire risk assessment and maintain appropriate fire safety measures in response to people's changing needs.
- ☐ People's care plans were individual to them and included information about their personal goals and known preferences to promote a person-centred approach. Staff told us they read and followed care plans, and were kept up to date with any changes made to these. However, we found people's care plans did not always fully consider people's health needs, such as the management of epilepsy.
- ☐ People had the opportunity to participate in social and recreational activities, both in-house and in the local community. These included trips to local places of interest, shopping trips, local walks, arts and crafts and music-based activities. During our inspection visits, we saw people watching films of their choice in the home's lounge and preparing to make Easter decorations.
- ☐ People's relatives expressed mixed views the support their loved ones had to engage in activities. One relative told us, "They often take [person] out ... They [person] have fun all the time and staff do all they can [with their activities]." However, another relative felt their loved one needed more support to socialise with others and exercise regularly. The provider acknowledged people's access to varied and meaningful social and recreational activities had lapsed in recent months. They assured us they were now working effectively with staff to address this issue.

Improving care quality in response to complaints or concerns

- ☐ People's relatives were clear how to raise any concerns and complaints with the provider and said they would feel comfortable doing so.
- ☐ The provider had a complaints procedure in place designed to ensure any complaints were handled fairly and consistently. This had been reviewed and updated since our last inspection.

End of life care and support

- ☐ We saw the management team had initiated conversations with people's relatives to establish people's wishes regarding their future care and recorded the outcomes of these.
- ☐ Staff were provided with training on end of life care to help them meet people's needs and wishes as they approached the end of their lives.

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 on 20 July 2018, we rated this key question as 'Requires improvement'. At this inspection, we found improvement was still needed in relation to the leadership and governance of the service.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- ☐ This was the third successive inspection of the service during which it was found the provider was not meeting the Regulations. During our inspection on 13 December 2017, multiple breaches of the Regulations were identified, following which the service was rated as 'Inadequate' overall and had been placed into 'special measures'. A further inspection of the service on 20 July 2018 identified a continuing breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and resulted in an overall rating of 'Requires improvement'. At this inspection, the service was, once again, given an overall rating of 'Requires improvement' and breaches of the Regulations were identified.

- ☐ Although the provider had quality assurance systems and processes in place, these were not sufficiently developed and effective. The audits and checks we were shown during our inspection visit were limited in scope and detail, and these had not enabled the provider to identify and address the concerns we identified during our inspection. This includes the lack of adequate fire safety measures at the service and failure to develop clear epilepsy care plans.

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

- ☐ We were not assured the provider fully understood the legal requirements upon them. They had not notified us of all required incidents affecting the health, safety and welfare of the people who the service. These 'statutory notifications' play an important part in our ongoing monitoring of services. During our inspection visit, we found allegations of abuse had been brought to the provider's attention in March 2019, which they had not reported to us.

This was a continued breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had not notified us of all incidents that affect the health, safety and welfare of the people who used the service.

- ☐ The provider, as an individual, is not required to have a registered manager for the service. During our inspection, we met with the provider and the deputy manager who are responsible for the day-to-day

management of the service.

- ☐ We saw staff and management had positive working relationships and communicated well with one another.
- ☐ Staff were clear what was expected of them at work and spoke about people's care and support with clear enthusiasm. One staff member told us, "I love coming to work; It's like a home from home."
- ☐ Staff spoke positively about the ongoing support they received from an approachable and hands-on management team who knew people's individual needs well. They felt their efforts at work and opinions were valued by the management team. One staff member explained, "If I take a concern to them [management], it's listened to and action is taken as appropriate. They are open to new ideas and ways of doing things." Another staff member said, "If there is anything I don't understand or I'm not confident with, I go to management and nothing is too much."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ People's relatives spoke positively about the overall standard of care their loved ones who lived at the home received. One relative told us, "I think [person] is very well looked after and I'm incredibly grateful for what they [staff and management] do." Another relative said, "They [management team] love those boys [people living at the home] and they do a good job."
- ☐ People's relatives were satisfied with their current level of involvement in their loved ones' care and relationship with the management team. They felt able to share their views with the provider and felt these would be listened to. One relative said, "If I was concerned about anything, I would speak to [provider] and we could come to an arrangement."
- ☐ People's relatives felt the provider promoted people's equality and respected their diversity in planning and delivering their care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified us of all incidents that affect the health, safety and welfare of the people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not always reported allegations of abuse in line with local safeguarding procedures, in order that these could be investigated externally.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's procedures for assessing, reviewing and managing the risks to people's health, safety and welfare were not sufficiently robust or effective.</p>

The enforcement action we took:

A condition was placed on the provider's registration which meant they had to send us monthly reports to demonstrate how they identified and mitigated risks to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement effective systems and processes to assess, monitor and improve the quality and safety of the service.</p>

The enforcement action we took:

A condition was placed on the provider's registration which meant they had to send us monthly reports to demonstrate how they identified and mitigated risks to people.