Bath Centre for Voluntary Service Homes

Bathampton Manor

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

We inspected Bathampton Manor on 17 and 18 April 2018. The inspection was unannounced.

Bathampton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bathampton Manor accommodates up to 21 people in one adapted building across three floors. People have single rooms, with some en-suite. At the time of our inspection there were 19 people living there. There is a choice of three communal spaces, a dining room and outdoor seating. The home is set in extensive landscaped grounds.

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

At the last inspection we found two breaches of the HSCA in respect of person centred care and safe care and treatment. We asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) safe, effective, responsive and well-led to at least good. We found that the provider had not achieved this. Some improvements had been made, however these were not sufficient to meet the relevant requirements.

At our previous inspection in January 2017 we found people were not always protected from unsafe management of medicines. We also found this at the inspection in December 2015. At this inspection, we found people were still not always protected from unsafe use of medicines.

In January 2017 we found the provider did not ensure that people received person-centred care based on an assessment of their needs and preferences. At this inspection, we found that improvements had not been made and people's care records did not contain assessments of some needs such as nutrition and skin care. People's care records did not contain information about how they preferred their care to be delivered.

The provider did not always ensure people were supported in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Some people may not have had capacity to consent to treatment such as medicines, but best interest decisions had not been recorded to demonstrate the provider was acting lawfully.

The provider had systems in place to monitor the quality and effectiveness of the service. However these systems were ineffective and had not identified the shortfalls, particularly in respect of records, we found at our inspection.

People and their relatives were extremely complimentary about the quality of the care at Bathampton Manor. Many of the staff had worked at the service for several years and knew people, their needs and preferences well. The provider relied on this knowledge to maintain a high standard of personalised care. We observed warm and friendly relationships between staff and people living at the service. There was a range of activities delivered by both staff and external entertainers.

There was a clean, comfortable environment with a choice of communal areas. People could freely access the landscaped gardens.

The food was of good quality and people were encouraged to eat in the dining room.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

Risks to people's health and well-being had not always been assessed.

Staff understood how to identify and report abuse.

There were enough staff, safely recruited, to care for people.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not always assessed.

Decisions taken in people's best interests were not always carried out correctly or recorded appropriately.

Staff were supported and had the skills, knowledge and experience to care for people.

The quality of food was good.

The service worked well with health professionals.

Is the service caring?

Good

The service was caring.

There was a strong, visible, person-centred culture.

People and their families had excellent relationships with staff at the service.

Staff supported people to express their views and wishes and put considerable efforts into meeting these.

People received sensitive and respectful care in the way they preferred.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care that met their needs, however this was not reflected in their care records.

People had access to a range of activities and staff supported their hobbies and interests.

People received end of life care which respected their needs and dignity.

Is the service well-led?

Requires Improvement

The service was not well-led.

Outstanding actions from the last inspection had not been completed.

There were repeated breaches of regulation over several inspections.

Shortfalls in medicines safety had not been identified.

Shortfalls in people's care records had not been addressed.

Bathampton Manor

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 17 and 18 April 2018 and was unannounced.

The inspection team included an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

We spoke with nine people living at the home, two visitors, visiting health professionals and nine staff including the registered manager, deputy managers and the nominated individual. We reviewed four people's care and support records, medicine administration records, and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. At our last two inspections we found that medicines were not always managed safely. At this inspection we found that the service had still not improved.

At our last inspection in January 2017, we found instructions for one person in respect of 'as required' (PRN) medicines was not in place. At this inspection we found that seven people did not have information in place to guide staff when to administer PRN medicines. One person had PRN prescriptions in place for two medicines which both contained paracetamol. There was no information on the medicines administration records (MARs) to remind staff of this. This meant there was a risk the person could be given an overdose.

One person had allergies to a particular medicine clearly stated at the top of their medicine administration record (MAR). Their MAR sheet showed they were prescribed this medicine and staff had been administering it. We were told they had received this medicine since admission in November 2017. Staff had not checked to ensure they did not receive medicine they had an allergy to. We raised this with staff who contacted the person's GP. The GP confirmed the person was not allergic to this medicine and the information on the MAR was incorrect.

We checked the stock totals of medicines which were covered by legal restrictions on their use and storage. Records showed there should be 15 ampoules of a diamorphine, however, there were only 10 in the locked storage cupboard. Staff had not noticed this discrepancy. Staff checked with the local pharmacy and were able to confirm one delivery of diamorphine had been entered in the records twice.

One person had a reducing dose of a medicine. This was not written clearly on a MAR but had a post-it note attached with dates and number of tablets. There was a risk the note may become lost or that staff could make a mistake in the dose as the amount to administer was not clearly written out.

Staff had not always signed the MAR to confirm that creams had been administered. We were told staff signed these sheets at the end of their shift. However, MARs should be signed as soon as a medicine or cream has been administered.

Staff did not always have clear instructions on how to apply creams. People's MAR sheets directed staff to apply cream 'as per body map', however not all medicine records contained an accurate up to date body map. One person was prescribed a cream twice a day but had no corresponding body map.

Staff were not always applying creams as prescribed. They told us the district nurses would sometimes tell them to reduce or increase the frequency of application. There were no instructions on the MAR sheet to confirm when the frequency had changed and who had authorised the change. This meant that staff could not always be sure they were applying creams correctly

The service had not taken action following recommendations made in a pharmacy audit conducted in January 2018. The audit stated that people requiring assistance with placing medicines from their hand to

their mouth must have this clearly noted in their care plan. This had not been done.
It also recorded people assessed as at 'high risk' should have this recorded on their MAR. This had not been completed for one person.

The provider had not always fully assessed risks to people's health and well-being. Risk assessments were not always updated when a person's needs changed. For example one person's risk assessment was reviewed following a fall and their manual handling plan updated. However the plan did not include information about falls. The plan said they needed the support of 'one or two carers' but did not specify how staff should know at which times they needed each number of carers. This person's dependency assessment scored them as a very high level of need for bathing but this was not accurate.

Another person was being cared for in bed and needed care for all their needs. There was no risk assessment for nutrition, skin care and continence. This is important as people who are being cared for in bed are at high risk of pressure damage to their skin.

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

Everybody we spoke with told us they felt safe. Comments included, "I feel very safe", "I definitely feel safe". One person said "I feel safe here, I have fallen once or twice, that is why I am here, my mobility is an issue, I have a frame". People's relatives also confirmed they felt people were safe, we were told, "My [relative] is happy, settled and safe".

Staff understood what to do if they were concerned about abuse. All staff at the service had recently completed safeguarding adults training. Staff said, "Any concerns I would speak to the manager. They would act". A relative told us, "They are very concerned about safeguarding". The registered manager took action if any concerns were raised. Records showed that the safeguarding adult's team and Care Quality Commission had been notified appropriately.

Bathampton Manor was visibly clean and smelt fresh. Staff were knowledgeable about how to prevent the spread of infection. Laundry was always separated and washed on the appropriate setting. Staff had access to gloves and aprons and used these. There were colour coded mops and buckets for separate areas of the home. Cleaning rotas were available and records showed that all areas of the service were cleaned regularly.

The service had sufficient staff who were safely recruited. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff are safe to work with vulnerable people. Staff files also contained proof of identity, an application form, a contract, a copy of interview answers and references. Staff said there were enough of them to deliver care and they also had time to talk with people, "I do have time to talk to people, for example I deliver coffee and have a little chat". The registered manager was able to increase the number of staff on shift if the needs of people living at the home increased.

The provider took action if there were concerns about staff performance. Records showed that an investigation was carried out according to the provider's policies and procedures and suitable action taken.

The provider ensured all equipment was regularly serviced. Hoists and slings were checked every six months and there were regular services of kitchen equipment, the stair lift and the lift. Gas safety checks had been carried out.

The provider had a very comprehensive business continuity plan. This covered what action to taken in the event of any events which could have a serious impact on the running of the service. Telephone numbers were available for anyone who staff may need to contact. Plans were in place for events such as flood, failure of electricity (a generator was available) or the toilets stopping working. In this eventuality a supplier of emergency chemical toilets had been identified. The nominated individual told us the plan had been developed following a flood and they had tried to make sure every possible eventuality was covered. There was a 'grab bag' in case of fire with a list of people and their support needs in the event of evacuation. The bag contained laminated information with instructions to remind staff what steps to take and a list of numbers to call.

Requires Improvement

Is the service effective?

Our findings

People's consent to treatment was not always sought in line with legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records at the service showed that people who may not have had capacity had not been assessed in line with the MCA and decisions taken in their best interests had not been recorded clearly. One person's records contained the statement, "I consent to my [relative] receiving any care and treatment" and had been signed by the person's relative. There was no recorded assessment to formally determine the person could or could not consent to care and treatment, or that the relative had the legal authority to do so. There was no assessment to determine what the person could and could not consent to in line with the MCA. Staff were administering medicines to this person and told us they did not think they had capacity to understand their medicines. There was no assessment to determine if the person understood their medicines, and if not, to demonstrate the decision was taken in their best interests.

One person had a best interest decision in their records which stated they could not go outside as they may get lost. The decision had not been taken correctly, for example, in respect of the questions to support the decision making staff had written "this decision is taken in their best interests". There was no assessment of whether the person could understand and weigh up this decision, as required when making a best interests decision. This decision also looked as if the person could not go outside. However, staff confirmed the person could go outside but needed support to remain safe.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us two people had DoLS in place. However, these two people did not have a DoLS in place. Staff had completed the paperwork and sent it to the local authority to request a DoLS in 2016, however neither person had been assessed yet.

Staff we spoke with explained how they always asked people before carrying out any care. Staff told us about their recent Mental Capacity Act training and understood that people may not be able to make complex decisions but could make day to day decisions. Staff told us everybody living at the home could make decisions about their day to day lives such as where to sit, what to wear, when to get up and go to bed etc. One member of staff said, "People living with dementia have moments with a lot of clarity".

Staff had the skills, knowledge and experience to deliver effective care and support. A senior member of staff said they only recruited experienced staff and recruitment records confirmed this. The provider had a

regular program of training and refreshers. Training included food hygiene, first aid, fire safety, infection control, health and safety and safeguarding adults. Staff told us, "We do it all. It is face to face and the trainer is really good. We can discuss things as sometimes there are grey areas". Another member of staff said, "It helped me to do my job". New members of staff had an induction before working independently. A senior told us, "They shadow me for the first two weeks". One person told us, "The carers are good as they can possibly be, they are well trained and supported with what they do". Another said, "they are always being trained".

People were supported to have a balanced nutritious diet and were very positive about the food. The majority of people said they enjoyed having breakfast in their bedroom. We were told "We are spoilt here, we get breakfast in our room and lots of cups of tea". Lunch was served in the dining room but people could have meals in their room if they wished. One person said "the food is grand, the chef talks about the menu with people". Another person told us, "We get asked the night before; we have a choice of two meals. On Sunday and Wednesday we get roast dinner. It is all freshly made. If you don't like it they will give you something else. "

Everyone who ate lunch in the dining room (16 people) was able to eat independently except one person who had recently hurt their shoulder, their food was cut up very discreetly by a staff member. Plate guards were available for those people who needed them. The atmosphere over lunch was sociable. Staff were attentive to people, clearing plates, offering seconds, offering refills of drinks , supporting people to leave the table and so on.

We noted one person ate very little and asked the registered manager about this. They explained the person had a small appetite and this was usual for them. We were contacted by the person's relative following our inspection who wanted to tell us, "I do just want to reassure you that this is how my [relative] always eats. The Manor keeps a careful record of [relative's] weight and they always tell me if there is any cause for concern."

People's care plans contained a record of their monthly weight checks, however, the provider had not carried out nutritional assessments of people's needs. One person confirmed, "they weigh us once a month".

Staff liaised with health services in order to support people's health and well-being. People told us, "the District nurses come twice a week to see to my legs" and "normally my relative takes me [to hospital appointments] but once they could not so a staff member took me and stayed with me while I was there". The district nurse team visits twice a week and told us the service made timely referrals. They confirmed the home had good practice in respect of people's skin care and a good relationship with the GP.

The service followed advice on caring for people in bed, a relative contacted us following the inspection and said, "They got her a special bed and special mattress, they're always looking for ways to help" and, "They turn [relative] every two hours and try to tempt her with different foods." The district nurses carried out continence assessments if needed, however we did not see any continence care plans in people's care records. Another relative told us, "very good contact with the GP and district nurse, they will always call them".

A chiropodist visited the home regularly; several people told us this and commented and how helpful it was. A relative told us, "my [relative] is actually fitter than they ever were before they came to Bathampton Manor from home". People's health records showed they received regular health visits from relevant professionals. However, for one person we found that health records had been archived and their current file did not

contain information about a recent operation.

The premises had been adapted to meet the needs of people with limited mobility by the addition of a lift and a stair lift. Staff gave thought to where in the home people had their bedrooms. There was a choice of communal areas for people. People could choose either a lounge with or without a television and in the room without television classical music was being played. There was a further space known as 'the garden room'. This was a conservatory which looked out onto the grounds. One person told us they liked to sit in this room and watch the rabbits, squirrels and birds.

People had easy access to the grounds which had level paths and a choice of seating. People could sit in the sun or the shade and on the second day of our visit we saw people outside enjoying the sun.

Good

Is the service caring?

Our findings

People were cared for in a kind and respectful way. Everybody we spoke with was full of praise for the service. People told us, "they are kind and caring" and "I have nothing but praise for this place". One relative told us, It's just fantastic. I can't get over how they do so much" and "They're so kind. I can't enthuse enough". A second relative said, "They are lovely, very caring. We looked at a few places and as soon as we arrived my relative said, "Oh yes"". A third relative contacted us to say, "Moving [relative] to Bathampton was the best decision I have ever made, for both of us." And "The home has a wonderful family atmosphere and I can't fault the care there".

Staff supported people when they were upset. One person told us they used their call bell and "someone came and sat with me and stopped me panicking". A member of staff said, "If someone was sad I would comfort them. I like caring for the residents". A person living there who told us they had worked in care said, "The standard is really high compared to places I worked. People are tolerant and understanding, they try to create a family atmosphere"

Staff spoke very warmly about the people they supported. We were told, "I love the residents, we have a good laugh. [Name] is down in the dumps so it's nice to cheer them up" and "The residents' happiness comes first". One member of staff said, "I love the job, I like the atmosphere. We know the residents, they know us and there is a relationship". Other comments included, "It is small and personal. We are not rushed and able to spend quality time with people".

Staff knew people and their preferences well. They knew who liked to do particular activities, sit in a particular seat or preferred time in their bedrooms. Some of this information was in people's care records in the 'This is me' section but most of their knowledge came from spending time with people and getting to know them.

Staff respected people's privacy and dignity. One person said "they always knock, every time, and they wait until I say "come in". Staff described how they promoted people's dignity, "With personal care, I always ask, I ask if they can do it themselves and just support", and, "I explain what I'm doing. For example I'll help someone get in the bath and then give them the bell to call me when they are ready to get out (somebody independent with their own care)".

People's independence was supported and promoted. One person told us, "when I first came here and wanted to go for a walk staff came with me, but they know I can manage so now I go on my own – just to the end of the drive". They went on to tell us, "I am independent with getting dressed and showering but when I was unwell they helped me more which is very reassuring. Now I can do it myself again but I know if I need them they are there. I can pull the cord (alarm) and someone will come". Several of the people living at the service were able to manage some of their care themselves and were actively encouraged to do this. People told us, "They help us be as independent as possible. I am supported to go out".

Staff supported people to do things that interested them. One person had wanted to go on a boat trip and

staff organised this for them. They took photos for the person on the trip to help them remember it. Another person was interested in gardening. The registered manager had arranged to clear the greenhouse and was having a raised bed prepared so they could grow some vegetables. There were seedlings growing in the garden room with people's names on. During our inspection one person was seated in front of the TV and staff told us "[Name] loves that TV presenter. They have a signed photo of them".

Staff consistently told us that people could choose what they did, Typical comments included, "I like to think people are happy here and do what they want. We try to develop people's interests, to find things they can achieve", and "[Name] has dementia but I need to ask, I still try to help them choose".

People attended resident's meetings where they were able to discuss aspects of the running of the home. People were able to discuss the menus with the chef and request some changes to the food. One person said, "We have discussed food and made suggestions which were taken on board", and another person told us, "meetings, yes we have them and they ask your opinion but I don't wait for them I talk to staff".

The registered manager said, "I want the home to have a community feel, we try to involve families". People's family and friends were free to come and go at any time. The registered manager invited families to events such as the firework party. One person's relative attended yoga sessions at the service. A newsletter was available to inform people and their families of events.

One person particularly enjoyed watching the wildlife from the garden room. Their family had taken responsibility for providing bird feeders and keeping them stocked. We heard about other things families were involved in such as planning to paint the outdoor benches for people.

People were regularly supported to go on trips out into the community or were able to access the Peggy Dodd day centre. The service was supported by Friends of Bathampton Manor who were involved in fundraising and providing community support to the home.

Requires Improvement

Is the service responsive?

Our findings

People's care records still did not identify all of people's care needs and their preferences for how their care was delivered were not recorded, however staff were able to describe people's needs and preferences. We observed, and people and their relatives confirmed, that care was delivered in a person-centred way by staff who knew people well. Staff had also completed 'This is me' information since the last inspection in January 2017. This contained information such as what a good day looked like for people and brief information about their life history.

People's care plans were basic and contained minimal information about their needs and how to meet them. For example, assessments and plans to support people with mobility contained information about the number of staff to assist but did not specify what to assist with.

One person was being cared for in bed. Staff were able to describe how they supported the person to change position and how to provide other care needs. However, the person's care plan had not been updated to inform staff of the changes in the person's moving and handling needs.

The service employed agency staff to cover staffing shortfalls and the lack of specific information in people's care plans meant they could not check for guidance before providing care to somebody they did not know. This meant there was a risk people would not be moved safely.

Some people at the service were living with dementia and may not always be able to communicate their preferences, particularly as their dementia progressed. The lack of recording of their preferences meant staff may just 'assume' they knew how the person liked things.

We recommend that care plans are updated to ensure they contain all of people's current needs and their preferences for how they like their care to be delivered.

People knew how to complain and were confident the provider would listen. They told us "If it was a minor concern I would talk to staff. Management encourage people to complain if necessary, I could talk to management". One person we spoke with said, "said "if I am not happy I can talk to the manager – I did once when someone was abrupt to me. The manager got them to apologise and they have been ok since."

The service had received compliments from people using the service and their relatives. Comments included, "Thank you for making me feel at home and all you do for me" and, "Thank you so much for making a difficult year so much easier with your care and concern for [Name]".

People were able to participate in regular activities. The service had a monthly newsletter which listed activities available. The service had put efforts into improving the range of activities on offer and their frequency. Staff usually delivered activities in the morning and told us they enjoyed this. During our visit we observed activities taking place. On one day people took part in a quiz and in the afternoon had a singer come in. On the second day staff had a bingo session in the morning telling us, "[Name] loves bingo." We

also saw people were supported to sit outside in the sun if they chose and were free to go in and out of the building.

Staff had taken on delivering specific activities they enjoyed, for example one member of staff gave manicures. Staff had also invited people and groups they knew to come in such as a ukulele group and other musicians. Some people had recently begun attending a Spanish class delivered by a friend of a staff member. Yoga was on offer fortnightly as well as sherry mornings. People's birthdays were celebrated and wine was served to everyone on these days.

One person liked to talk about politics and science and had felt they no longer had the opportunity to do this. The service had arranged for a befriender to visit regularly to make sure the person could discuss these topics regularly.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Health professionals told us that families were supported to be at the service as much as they wished. Staff would call health professionals for assistance if people became uncomfortable. Where possible the provider had recorded people's advanced wishes for end of life.

Requires Improvement

Is the service well-led?

Our findings

This was the third consecutive inspection in which Bathampton Manor had not met all the regulations.

At our last inspection we identified shortfalls in the management of medicines, assessment and planning of person-centred care and that further improvements were still needed to the upholding of people's rights under the Mental Capacity Act (MCA) 2005.

We found that the provider was in breach of Health and Social Care (Regulated Activities) Regulations 2014 Regulation 12 Safe Care and Treatment for a third time in respect of medicines management.

The provider's governance systems had not identified the shortfall in MCA assessments or that care plans had not been improved to contain information about people's preferences as stated in their action plan.

Care records still did not reflect people's preferences and lacked detail about how staff should provide support. Although staff were able to describe people's needs accurately this was not reflected in records.

This is a breach of breach of Health and Social Care (Regulated Activities) Regulations 2014 Regulation 17 Good Governance.

People who used the service, relatives and members of staff told us the registered manager was very caring. People told us, "The management is good, they talk with staff and 'walk the floor'". A relative said, "They are very open here, I have a good relationship with the management and staff". A member of staff commented, "[registered manager] is very kind and puts you at ease. She is very good with residents and their families". However, one member of staff told us they thought the registered manager should be stricter with staff.

Staff morale was good. Staff we spoke with were all positive about their role, felt they had good supervision and training and were well supported.

The service had a culture which promoted high quality person-centred care, however this was not always reflected in records. Everyone we spoke with, and observations we made, noted the warmth and kindness of staff. The registered manager told us they aimed to deliver a family atmosphere as far as possible and our inspection identified that they had made very good progress in this area.

The provider planned to implement a new electronic records system in May of this year. The system would be used for both care records and medicines. The registered manager told us that the new system would enable the development of more person-centred plans. They felt the current paper-based system did not lend itself well to personalisation. Staff we spoke with confirmed it was difficult to update people's plans using the current records system. One member of staff told us, "It's very frustrating to update care records. Hopefully the new system will be easier".

Other governance systems in place were effective. There were systems in place to carry out monthly audits of infection control, falls, supervisions, appraisals, cleaning and other systems related to the running of the service. Where environmental risks had been identified actions were taken. For example measures were put in place to reduce the risk of people walking into the conservatory glass walls.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not always act in in accordance with the Mental Capacity Act 2005.

The enforcement action we took:

Conditions were imposed on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Risks to people were not always assessed. Plans were not always put in place to manage these risks safely.

The enforcement action we took:

Conditions were imposed on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to monitor the safety and effectiveness of the service.

The enforcement action we took:

Conditions were imposed on the provider's registration