

Mrs A Shiels

Jesmund Nursing Home

Inspection report

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Date of inspection visit:
09 August 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 9 August 2016. At our last inspection on 20 June 2014 the service was meeting the regulations inspected.

Jesmund nursing home provides accommodation, personal and nursing care to up to 22 older people. At the time of our inspection 20 people were using the service. Most of the people using the service had a cognitive impairment and some were living with dementia.

A registered manager was in post. This was a new registered manager, and they were not in post during our previous inspection. Previously the provider had also acted as the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not ensured people's safety was being adequately maintained. A clean and safe environment was not provided. We observed that many people's rooms and en-suite bathrooms were dirty, as well as much of the furniture in their room, and there were stains on walls, carpets and furniture.

The provider had not considered the risks to people's safety posed by the environment. Windows were not restricted by appropriate and effective devices meaning there was a risk of people falling from height. Fire exits and fire escape routes were blocked meaning people would not be able to safely exit the building in the event of a fire. People were at risk falling and injury due to hazards at the service, including loose wiring, access to razors and uncovered radiators.

There were insufficient processes in place to monitor the quality of service provision. Whilst auditing processes had improved since our last inspection, there were no processes in place to monitor the environment and mitigate risks to people's safety. Care planning audits had not identified the improvements required to ensure accurate and detailed care records were maintained, and held securely. There were a lack of processes to learn from incidents, and feedback received about the service.

Care planning processes identified behaviour and symptoms people needed support with, but did not sufficiently address how staff were to manage these behaviours and provide the support required. There was a risk that people did not receive the support they required with their individual needs, particularly in regards to personal care and managing behaviour that challenged staff.

Staff had not consistently adhered to the Mental Capacity Act (MCA) 2005. Staff informed us that people using the service did not have the capacity to make most decisions about their care, however, there was no evidence that staff carried out MCA assessments to confirm this. The provider had not undertaken the necessary arrangements to identify whether people were being deprived of their liberty and if it was within

their best interests.

People were not always treated with dignity and respect. We observed that the language used by staff during our inspection and in people's care records at times was disrespectful to the person involved. People felt that at times staff were task focussed and they did not always feel involved in their care and how they spent their time.

Many of the people using the service had cognitive impairment or were living with dementia. The environment had not been adapted to support the people living there, and we recommend that the service refer to national guidance about developing a dementia friendly environment.

There were sufficient staff on duty to meet people's needs, and we saw that staff were supported through regular supervision and attendance at training courses. However, some staff felt these could be more frequently. Staff felt listened to and able to express their views and opinions. They felt able to approach their management team, and told us they were accessible when they needed advice and support.

Staff liaised with other health and social care professionals for support on how to meet people's needs. This included in regards to their behaviour and their physical health. There was a regular visiting GP and we saw that people were visited by other healthcare professionals. Safe medicines management processes were in place and people received their medicines as prescribed. Staff monitored that people ate and drank sufficient amounts.

The provider was in breach of the legal requirements relating to safe care and treatment, person centred-care, treating people with dignity and respect, consent to care, safety and suitability of premises and good governance. You can see what action we have asked the provider to take to address the breaches of regulation in relation to person centred-care, treating people with dignity and respect and consent to care at the back of this report. We are taking further action against the provider in relation to safe care and treatment, safety and suitability of premises and good governance. Full information about CQC's regulatory response to these concerns is added to the back of the report 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?

Inadequate ●

The service was not safe. A clean and pleasant environment was not maintained. People's rooms and equipment used to care for them were dirty and not well maintained.

Environmental risks had not been identified and managed. Appropriate window restrictors were not in place, fire exits were blocked and radiators were uncovered. There was a risk of people falling due to trip hazards at the service including loose wiring in people's rooms. Equipment was not being safely maintained, and some was being held together with electrical tape.

Staff were aware of the processes to record and report incidents, however, there were no processes in place to learn from these and prevent similar incidents from occurring.

There were sufficient staff on duty to meet people's needs. Safe medicines management was in place and people received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. We could not be assured that staff worked in line with the Mental Capacity Act 2005, or that deprivation of liberty safeguards were considered to ensure people were lawfully deprived of their liberty.

Staff had received training and supervision. However, some staff would benefit from refresher training and more frequent supervision.

The environment had not been adapted to meet the needs of people living with dementia.

Staff supported people to eat and drink sufficient amounts, and liaised with healthcare professionals if they had any concerns about people's eating and drinking behaviour.

Staff supported people with their health care needs, and organised access to healthcare professionals when needed.

Is the service caring?

Some aspects of the service were not caring. We found at times staff's interactions with people were task focussed. Staff used inappropriate language and were disrespectful in some of their interactions. We received mixed feedback about people's involvement in the service and the support received.

Staff were aware of people's backgrounds and cultural needs and supported people to practice their faith if they wished to.

End of life care decisions were discussed with people, and care plans were in place informing staff as to what decisions people and their families had made.

Requires Improvement ●

Is the service responsive?

Some areas of the service were not responsive. Staff assessed people's needs, however, care planning did not sufficiently address how to meet people's needs, particularly in regards to personal care and managing behaviour that challenged staff.

There were some activities delivered at the service through a part time activities coordinator and performers who regularly came to the service, however, when these people were not at the service there were limited activities available to people.

A complaints process was in place, and people were aware of how to make a complaint.

Requires Improvement ●

Is the service well-led?

Some areas of the service were not well-led. The processes in place to monitor and review the quality of service provision and ensure a safe and appropriate environment, were not very effective. Accurate care records were not maintained, or kept securely.

There were processes in place to obtain feedback from people, their relatives and visiting professionals.

The staff felt well supported by their managers and felt there was cohesive team working, and good communication amongst colleagues.

Requires Improvement ●

Jesmund Nursing 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 9 August 2016 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received about key events that occurred at the service.

During the inspection we spoke with six staff, including the provider and the registered manager, six people and two relatives. We reviewed five people's care records and six staff records. We reviewed records relating to the management of the service and medicines management processes.

After the inspection we spoke with a representative from the local authority and two health and social care professionals who provided support to staff and people at the service.

Is the service safe?

Our findings

One person's relative told us, "I feel that Dad is safe because people are constantly around him. He seems happy." Despite this comment we found that the provider had not taken sufficient action to ensure people's safety.

We saw that many areas of the environment were dirty, with stains on carpets and walls. We observed dried brown stains on walls, carpets and equipment, including on the handles of one person's drawers and on their walking frame. Much of the furniture in people's rooms was ripped and covered in food debris, this included people's armchairs where food was caught down the side of the arms. We saw that commodes and urine bottles were not always cleaned in-between use. Equipment including wheelchairs and frames were dirty and covered in dust and food debris. Many of the bathrooms, including the communal bathrooms on the ground floor and some people's en-suites, had ripped flooring and cracked bath covers meaning they could not be adequately cleaned. When we discussed this with the provider they acknowledged the additional maintenance required to ensure the environment could be adequately cleaned. The provider was in breach of Regulation 15 of the HSCA (Regulated Activities) Regulations 2014.

The provider and registered manager had not ensured a safe environment was provided. Risks to people's safety had not been considered and recorded either as a central record or individually, including the risk of burns from uncovered radiators or cutting themselves from disposable razors that had been left in communal bathrooms. Staff were unable to tell us why the razors had been left in the bathrooms. Window restrictors on the first floor were set at the wrong height meaning the windows could be opened wide enough for a person to get through and possibly fall from height. There were no risk assessments in place to mitigate the risks of people falling from a height. We observed items including old furniture and beds blocking fire escapes and fire exits, meaning people were not able to safely exit the premises in the event of a fire. For example, one person's bedroom had a nominated fire escape route, however, their bed had been put in front of the door meaning they were not able to follow the exit route in the event of a fire.

The registered manager had not carried out a full health and safety risk assessment and considered the potential risks of people falling due to environmental hazards at the service, including exits out to the garden, and loose wiring in people's bedrooms. Equipment had not been maintained safely, and we observed that bed controls and light fittings were being held together with electrical tape. There was also exposed wiring on one of the fire exit door controls, which could pose a risk of injury to people who touched it. The registered manager had also not considered the risks to people from accessing different areas of the service. For example the room with the hot water tank was not locked and the provider was aware that one person regularly accessed this room. People were not able to get support when they needed it as call bells were not always accessible from their bed, and we observed that one person's call bell had been put in their drawer. There were no individual risk assessments in place to address why the person had not been given their call bell.

Staff were aware of their responsibility to respond to and report incidents that occurred at the service. Some people had behaviour monitoring charts in place for staff to record any behaviour that was aggressive or

challenging to staff. In addition, there was a book to record all incidents that occurred. Over the last year only one incident had been recorded. We saw that the details of the incident was recorded, but there were no records of what action was taken in response to protect the safety of the person involved and others. The registered manager confirmed that at the time of our inspection there were no processes in place to undertake trend analysis on incidents, and therefore there was a risk that this information would not be learnt from and used to further improve the service.

The three paragraphs above show that provider was in breach of Regulation 12 of the HSCA (Regulated Activities) Regulations 2014.

Staff had undertaken some assessments for each person to identify the individual risks to their safety. This included the risk of falling, risks associated with moving and handling, the risk of developing pressure ulcers and risks of malnutrition. We observed staff discussing any changes in people's behaviour which may affect the risk to their safety during handover. Staff continued to monitor these risks, and if required they told us they would implement formal monitoring through the completion of food and fluid charts, and repositioning charts. For people that had repositioning charts in place due to the risk of them developing pressure ulcers, we saw that these were completed correctly and people were being supported to reposition frequently to prevent the risk of their skin breaking down.

Staff had received training on safeguarding adults and were aware of the signs of possible abuse. Staff informed us if they saw anything of concern they would report to their senior, and if required they would escalate their concerns. We saw that records were kept of any bruising and staff investigated how the bruising occurred. The management team were aware of how to report their concerns to the local authority, and acted in line with advice provided.

Staffing levels were based on people's dependency levels. We saw that records were kept about people's dependency levels, and the management team liaised with the funding authority if they felt people's dependency had increased. This included organising one to one support from people if they required it. At the time of our inspection we saw there were sufficient staff on duty to meet people's needs. Staff we spoke with confirmed there were sufficient numbers of staff on duty to enable them to undertake their roles and provide people with the support they required. The majority of people we spoke with felt there were enough staff, with one person commenting, "There's always someone about."

Safe recruitment practices were in place to ensure staff were suitable to work at the service. Application and interview processes were in place to ensure staff had the knowledge and experience to undertake their role. Checks were undertaken to confirm staff's suitability, including checking their eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks.

People received their medicines as prescribed. People we spoke with confirmed that they received their medicines. Staff recorded on a medicines administration record (MAR) when they gave people their medicines and we saw that these were completed correctly. Stock checks were undertaken at the beginning of each four week cycle, and we saw that accurate stocks were maintained for the medicines we checked. Some people had medicines prescribed to be given 'when required'. Information was included for staff about the circumstances these medicines should be given and the maximum dose that should be given. We saw that when these medicines were administered, accurate records were maintained.

Is the service effective?

Our findings

People were not always supported by staff in line with the Mental Capacity Act 2005. 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.

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. Staff were aware of the MCA and were able to explain to us how they offered people choices. Staff told us that most people at the service did not have the capacity to make many decisions about their care and the support provided. We saw that people's care records often stated people "lacked insight" and that staff were to "act within their best interests". However, there was no evidence available of formal MCA capacity assessments to establish whether a person had capacity or not to make decisions about their care, nor did we see evidence of best interests' meetings and decisions.

The registered manager informed us that best interests' decisions were made during the assessment process of a DoLS application. However, we had only been notified of authorisations to deprive seven people of their liberty under DoLS. The registered manager confirmed that they had not applied for everyone at the service to be assessed as to whether they were being deprived of their liberty and required authorisations through the DoLS process. This meant we could not be assured that the principles of the MCA had been followed for those people who did not have authorisations under DoLS in place. We were also concerned that the registered manager was not adhering to the legislation changes in regards to DoLS, and there was a concern that people were being unlawfully deprived of their liberty. The paragraphs above show that provider was in breach of Regulation 11 of the HSCA (Regulated Activities) Regulations 2014.

The environment had not been adapted to meet the needs of people living with dementia. We saw that there were many corridors that were not being lit appropriately and appeared dark, and there was limited signage to help orientate people. The provider had not used visual cues such as colour to help people to navigate around the service, for example, making the doors to bathrooms and toilets a different colour. People's rooms had their name or room number on them. However, often the signs with people's name on or on their ensuite bathroom were of a poor print quality, out of focus and ripped meaning people may have struggled to read them. There was limited space at the service, and most people spent their time in the one lounge available at the service, where seating was arranged around the outside of the room limiting the opportunities for interaction. Whilst there were hand rails in some corridors these were not available throughout the service, and were not available in bathrooms to help people who were physically frail, mobilise around the service.

We recommend that the provider follow national guidance on providing dementia friendly environments.

People were supported by staff who had received training to ensure they had the knowledge and skills to undertake their duties. The registered manager had a matrix in place to track staff's compliance with their training requirements. From this matrix we saw staff had completed training in a number of topics including, moving and handling, safeguarding adults, food hygiene, fire safety and control of hazardous substances. Staff had also received training on communicating with people with dementia, and working with people who displayed behaviour that challenged, however, this training had not been refreshed since November 2013 and February 2014 respectively. We spoke with the registered manager and the provider about this and they agreed that it would be beneficial for staff to receive refresher training in these topics and they would organise this.

Staff received regular support from their manager, including three monthly formal supervision. The staff records we viewed confirmed that staff had received their supervision. These meetings gave people the opportunity to discuss their performance and to identify any areas of development staff needed support with. The majority of staff we spoke with confirmed they had received supervision. However, a newer staff member felt it would be beneficial to have more frequent supervision whilst they learnt their role and became familiar with working in a care setting. We spoke with the registered manager and provider about this and they said they would review supervision frequency for new staff.

Staff supported people to have sufficient amounts to eat and drink. A choice of meals were provided and we observed staff asking people what they would like to eat. Many people at the service required support at mealtimes, and we observed variations in regards to the quality of support provided. We also received mixed feedback from people about mealtimes and opportunities to be involved in menu planning. One person said, "I can have anything I want for breakfast." Whereas, another person said, "Not a wide choice," and a third person commented, "Sometimes they say they'll get something but it doesn't happen. I asked for peanut butter but I haven't had it."

During staff handover we observed staff discussing people's eating and drinking behaviour, and it was shared amongst the staff team if they had concerns that a person had not eaten or drunk sufficient amounts during the shift. This enabled staff coming onto shift to further encourage people to eat and drink to protect them from the risk of malnutrition and dehydration. Staff regularly weighed people so they could identify if a person was losing weight. Where staff had concerns about a person's weight they liaised with their GP and nutritional supplements were provided.

Staff supported people to have their health needs met. A GP visited the service regularly and staff were able to request additional visits if they had concerns about a person's health. We saw evidence of people being visited by dental services and chiropodists. People who required it were able to see an optician and audiologists. People were accompanied by staff if attending hospital appointments. Staff were aware of signs that a person's health may be declining and obtained medical assistance where required. This included identifying the signs of high or low blood sugar levels for people with diabetes, signs of infection and signs of skin breakdown.

Is the service caring?

Our findings

One person said, "Staff are all kind and gentle." Another person said, "I am very well looked after and I am very happy here." The healthcare professionals we spoke with told us they observed positive interactions between staff and people. They felt the staff were friendly and approachable, and "genuinely caring".

On the whole we observed people and staff engaging with each other in a polite and friendly manner. However, this was not observed at all times. During lunchtime we observed one person asking for a drink and this was not acknowledged by the staff. We also overheard staff speaking about people in front of them and other people. Some of the language used by staff was disrespectful and we overheard one staff member asking a person, "have you been fed?" We also observed that the language used in people's care records was at times disrespectful, judgemental and not based on observed behaviours, including "[The person] is a bit difficult..." and "[The person] is very moody and difficult to motivate."

During lunchtime we observed the majority of staff were patient and supported people at a pace dictated by the person, with positive engagement between the person and the staff member. However, we also observed a few occasions where the interactions were task focussed, and staff did not always inform the person as to what was happening. For one person the staff member had not reminded the person it was lunchtime. We observed the person jump when the spoonful of food was presented to their mouth.

We also received some feedback that people were not always provided with a choice and some people felt staff were task focussed. One person commented, "They like you to stay in the same chair in the lounge so that they know where you are – it's regimental, more or less." Another person said, "I wanted to go to bed at a different time, a bit earlier, but they said that I had to fit in with them."

Whilst staff told us they involved people in decisions about their care and how they spent their time. We heard from some people that they did not feel their opinions mattered, and did not feel listened to. One person said, "I'm very happy to chat but they never ask me what I think or want." Another person told us, "It's the staff opinions that matter... It's all about them, not us" and "You just do as you're told – you're not asked."

The evidence above shows that provider had not ensured that people were treated as individuals, and with dignity and respect. They were in breach of Regulation 10 of the HSCA (Regulated Activities) Regulations 2014.

Staff told us religious leaders came to visit the service to support people with their faith, and that one person was regularly accompanied by staff to attend church. Staff appeared to know people well and their likes and dislikes. Staff were aware of people's backgrounds and cultural needs. There were some people who were from ethnic minorities and we overheard two staff speaking with one person in their main language. The person appeared to respond and engage more when staff spoke with them in their preferred language.

Staff had discussed with people, and their relatives, their end of life wishes. We saw that end of life care

plans had been created which described people's wishes including where and how they wanted to be cared for should they become more frail and poorly. Where people needed additional support with end of life care and pain management, the staff liaised with the community palliative care team. Do not attempt cardiopulmonary resuscitation (DNAR) forms were complete and in place if this was what the person wished. These were accessible to staff and prominently displayed in people's care records should they be needed.

Is the service responsive?

Our findings

Staff assessed people's needs and developed care plans based on these assessments. We heard from staff that they felt one person's needs in regards to moving and handling had started to change and they were in the process of re-assessing them to establish whether they needed any additional support.

However, we found that care planning was not sufficiently robust to provide staff with the information they required to undertake their roles and ensure people received the support they required. For example we identified that care plans often described the behaviour staff observed, but they did not inform staff about how to manage that behaviour or how to support the person to meet their needs. One person's care records stated they were "resistant to care", but it did not provide any additional information about why or how the person was resistant, and how staff were to manage this. We also saw that people's care records often stated they displayed "challenging behaviour". There was no information about what was challenging about their behaviour, any triggers to this behaviour or how staff were to work with the person to ensure their needs were met. We also identified that some records contained conflicting information, for example, one person's had been assessed as at risk of social isolation, however, in their care plan it stated they were a social person and liked to interact with other. We also found that sufficient detail was not recorded in others, for example in regards to the level of support they required with their continence needs.

The above shows that there was a risk that people would not receive personalised care and support to manage their symptoms and behaviours, and to meet their individual needs. The provider was in breach of Regulation 9 of the HSCA (Regulated Activities) Regulations 2014.

We saw that appropriate processes were in place in regards to pressure ulcer management. A wound management plan was in place for people who had pressure ulcers which detailed the appearance and size of the wound, any signs of infection, and details of the dressings used. We also saw that body maps were completed and staff assessed whether the person was in any pain due to their ulcer. Staff told us if the skin continued to break down they would liaise with the tissue viability nurse for additional advice.

The staff liaised with other healthcare professionals when appropriate for advice and support about how to meet people's specific needs. This included the behaviour support team, the community mental health team and the palliative care team. At the time of our inspection the behaviour support team were providing staff with advice about how to meet the needs of a few people at the service. We received feedback from this service who confirmed that staff engaged with them and implemented any advice provided.

An activities coordinator visited the service three times a week to undertake activities with people, and engage and stimulate people. In addition to this an external performer came to the service twice a week. On the day of our inspection the performer was at the service, and people appeared to enjoy the singing session. They were smiling and joining in singing the songs. The professionals we spoke with after the inspection said they had attended the service whilst activities were taking place and people were joining in and enjoying what was on offer. However, when the performers and the activities coordinator were not at the service there were little opportunities for activity.

The complaints procedure was displayed in the communal area. At the time of our inspection the registered manager confirmed that no formal complaints had been received since our last inspection. They informed us they operated an "open door" policy so people and their relatives could speak directly with them if they had any concerns, and they would address them as and when they arose. People and relatives we spoke with confirmed that they did not have any complaints about the service, but knew how to complain if they felt they needed to.

Is the service well-led?

Our findings

People were not protected from the risks of receiving unsafe or inappropriate care because the provider did not have effective quality assurance systems. At our last inspection we identified that improvements were required to monitor the quality of service provision. We saw that the manager had reviewed their approach to quality assurance such as arranging with the local pharmacy to undertake monthly medicines audits, and they had implemented care record audits as well as catering audits and room checks. However, we saw that the current systems were not robust enough to capture all areas of service delivery and ensure high quality care was provided to people. The care records audits had not identified the concerns that we saw, and had not sufficiently reviewed the quality of care planning and individual risks management. The registered manager confirmed there were no processes in place to monitor and ensure a suitable environment was in place. There were no regular environmental checks, and there were no processes in place to monitor infection control or cleanliness. There were insufficient checks to mitigate risks or to review quality of service delivery.

We also found that care records were not stored securely and medicine administration records and daily monitoring forms were accessible in the communal hallway. The provider had also not ensured that care plans were kept up to date and provided accurate information about people's care needs.

The provider was in breach of Regulation 17 of the HSCA (Regulated Activities) Regulations 2014.

There were processes in place to obtain feedback from people and their relatives. We observed that the staff had received a number of thank you cards from people's relatives. In addition, the staff asked people and their relatives to complete an annual satisfaction questionnaire. The questionnaires we viewed were positive about the staff and service delivery. Comments included, "We have found you and your staff very friendly and caring", "We are very grateful for the way [the person] is looked after," and "the care is excellent and the staff are very kind and caring."

In addition, we looked at feedback received by healthcare professionals who visited the service. One piece of feedback included the comment, "Very impressed of Jesmund care home staff for looking after patients so well and appreciative of their efforts to maintain quality."

The management of the service had recently changed. The provider used to be the registered manager of the service. Since our last inspection a new registered manager had been employed, and they worked with the provider to manage the service.

Staff told us they enjoyed their job and had developed a good working relationship with their colleagues and the management team. Staff confirmed that communication amongst the team was effective, and staff were kept updated on any changes in people's care needs. Staff we spoke with told us they were encouraged to express their views and staff felt listened to. Staff felt well supported by their colleagues and managers. They said the management team were approachable and they felt able to have open and honest conversations with them. One staff member said, "We can contact them anytime. They're always available."

Staff meetings were held monthly to discuss service delivery and gave staff the opportunity to raise any concerns or suggestions they had. We also saw that during these meetings staff were reminded by the registered manager about the aims and focus of the service, ensuring that people were at the centre of the service and support offered.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The registered person had not ensured that care planning processes were appropriate, met people's needs and reflected their preferences. (Regulation 9 (1) (a) (b) (c) (3) (a) (b))
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The registered person had not ensured that service users were treated with dignity and respect. (Regulation 10 (1))
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The registered persons had not ensured that they acted in accordance with the Mental Capacity Act 2005. (Regulation 11 (1) (3))
Treatment of disease, disorder or injury	

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person did not ensure the safety of service users by assessing and mitigating risks, and ensuring that premises were safe to use. (Regulation 12 (1) (2) (a) (b) (d))
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The registered person did not ensure that all premises and equipment were clean, suitably for use and properly maintained. (Regulation 15 (1) (a) (c) (e))
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person did not ensure processes were in place to assess, monitor and improve the quality and safety of the service; assess, monitor and mitigate risks to health, safety and welfare of service users; and maintain securely an accurate, complete and contemporaneous record in respect of each service user. (Regulation 17 (1) (2) (a) (b) (c)).
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice