

Somerset Care Limited

Sydenham House

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sydenham House is a residential service providing personal care for up to 49 people, some of whom are living with dementia. The service consists of one purpose-built building, which includes individual bedrooms and communal spaces spread over two floors and an accessible garden. At the time of our inspection there were 40 people using the service.

People's experience of using this service and what we found

We found significant concerns with staffing levels, management of medicines and risks to people, Mental Capacity assessments, staff support and management oversight which placed people at increased risk of harm.

The service did not have a robust system in place to monitor the quality and safety of the service. Management oversight did not identify or address the issues we found during the inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider did not always promote a positive culture at the service. We received negative feedback from people and staff about the pressures of low staff numbers. We found this impacted the quality care people received.

Staff followed infection prevention and control measures.

Appropriate recruitment procedures were in place for staff employed by the service to ensure they had been assessed as safe to work with vulnerable adults.

People and relatives told us people felt safe with the care and support they or their relative received. Policies and procedures were in place to protect people from abuse.

People had access to a balanced and healthy diet and were satisfied with the food on offer.

Relatives told us communication was good with the service and they felt satisfied with the support their relatives received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 December 2019) and there were

breaches of regulation. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sydenham House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We made a recommendation about transition arrangements when people start living at the service.

We found several breaches of regulation and issued the registered manager and provider with warning notices in relation to safe care and treatment and good governance.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sydenham 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors and two Experts by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience spoke to people during the inspection site visit and the other Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Sydenham House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sydenham House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post, however they were not available during the inspection. There was a temporary acting manager in place, who had responsibility for the day to day running of the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 13 relatives. We spoke with 9 members of staff including the acting manager, associate area manager, quality support manager, care supervisors and care assistants. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included 7 people's care records and 6 people's medicines records. We looked at 4 staff files in relation to recruitment and records relating to staff induction, training and supervision. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from professionals who work with the service.

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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant 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.

Using medicines safely

At our last inspection we found current medicines practice and inaccurate records presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely in line with national guidance.
- Appropriate assessments had not been carried out before administering a person's medicines covertly. Covert administration is when medicines are administered in a disguised format hidden in food or drink. The person had recently moved into the service; however, a Mental Capacity assessment had not been completed so the service did not know whether the person could consent to their medicine or whether covert administration was required in their best interests.
- Also, the provider had not consulted a pharmacist about how to safely administer the medicine and so staff did not have clear instructions of how to do so. During the inspection the service contacted the GP, who confirmed one of their medicines was being administered incorrectly. We found the equipment used to crush the person's medicine had not been cleaned after use as required. This meant the person was not receiving the medicine in the right way.
- Another person had been prescribed a potentially flammable paraffin based topical cream, the service did not have an appropriate risk assessment in place to keep the person safe from the risk of burns.
- We were not assured the service had an effective system in place to manage medicines stock. We found examples where the stock of medicines held did not match the records kept by the service.
- Staff told us there was an issue with the Electronic Medicines Administration Records (eMAR) system, which meant medicines records were not always updating across the system. This meant we could not be assured people were receiving their medicines as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the management team and during the inspection the provider sent through

an action plan detailing how and when they would address some of the issues identified.

- Staff had received training and medicines were stored appropriately.
- Following the inspection, the service provided us with evidence staff had completed medicines competency assessments prior to the inspection.
- People who needed 'when required' (PRN) medicines had appropriate protocols in place to inform staff when the medicine should be given.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems in place to assess risks to people before undertaking their care and support. However, during the inspection, we found examples where risks to people were not always fully assessed, monitored and managed to keep them safe.
- Where a person had swallowing difficulties and required a texture modified diet, we found the service did not have a specific choking risk assessment in place. Information from a recent reassessment by a Speech and Language Therapist had not been updated across the person's care records. This meant the risk had not been fully assessed and the service did not have sufficient guidance in place for staff to support the person safely.
- Personal Emergency Evacuation Plans were in place for each person using the service. However, we found examples where these records had not been updated and did not reflect people's current level of mobility and needs. This meant we could not be assured people would be safely evacuated in the event of an emergency.
- An agency member of staff's profile indicated they had committed minor offences following a DBS check. The service had not completed a risk assessment to mitigate the risk and ensure the person was safe to work with vulnerable adults. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Accidents and incidents were documented and included details of the event and actions taken by the service. An analysis of accidents and incidents was undertaken by the service to identify any further actions, patterns or trends. However, where people had sustained falls within the service and were at increased risk, appropriate actions were not always taken to mitigate the risk of them falling again.
- For example, in some cases referrals had not been made to external services such as the falls team for additional support in order to manage the risk. The acting manager confirmed this.
- Some staff told us there wasn't always time to read people's care plans and risk assessments.

A failure to assess, monitor and manage risks within the service placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the management team responded to the concerns identified and provided an action plan on how some of the concerns would be addressed.
- Other lessons that had been learnt were discussed with the team during handover meetings to support learning and help prevent any future re-occurrence.
- The service carried out a range of other building safety and equipment checks to ensure the safety of people living within the service.
- Despite the concerns identified, we received positive feedback from health professionals we contacted who told us they felt the service was a safe environment.

Staffing and recruitment

- There were not always enough available staff to meet people's needs safely.

- A dependency needs assessment was completed for each person using the service, this was used to calculate the number of staff required to support people safely. During the inspection, the acting manager confirmed the service had been regularly operating below the required staffing level, including on the first day of the inspection. The acting manager confirmed staffing levels had not been increased following a number of new admissions to the service within the past month.
- Staff told us they were concerned about meeting people's needs safely due to low staffing levels. On the first day of inspection, we observed call bells ringing frequently during the day and on occasions escalating in tone to indicate when the person had been waiting for an extended period of time.
- Some relatives told us the service was regularly short staffed. A relative told us, "Lately they seem to have been short staffed, that's only my opinion. I have noticed there are some new staff, but I think they are a bit short staffed." Another relative said, "I am aware they are short on staff, there is an issue, I think. They are doing a good job, but they are really rushing, although the care is brilliant."
- A person told us, "There's far too much for the staff to do. It all changed about two weeks ago. There's too many new residents. There's just not enough staff." Other people told us, "There is lots of time when they keep you waiting for the commode", "I'm not even dressed yet.", "They just don't come back."
- The quality support manager told us the service was operating with a minimum safe staffing level as detailed in the business continuity plan. However, we found this document had not been updated since January 2022, despite a large number of new people moving into the service in October 2022 following the closure of a nearby service.

Systems and processes in place to determine safe staffing levels were not followed. Sufficient numbers of staff were not always available. This placed people at possible risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the second day of the inspection, the acting manager told us they had increased staffing levels in line with their dependency assessment and increased use of agency staff. We were told the dependency report would be used to determine the level of staffing and would be reviewed weekly and following any new admissions.
- Apart from our concern about an agency staff members DBS check, there were appropriate recruitment procedures in place for permanent staff employed by the service to ensure they had been assessed as safe to work with vulnerable adults.
- The provider had filed pre-employment checks, which included DBS checks, evidence of conduct in previous employment and proof of identity for permanent members of staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was responding effectively to risks and signs of infection. Records showed not all staff had refreshed their infection control training in line with procedure. We report on this further in 'Is the service effective and well led?' sections of the report.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service appeared clean and was well maintained. However, cleaning records showed not all daily and deep cleans were up to date in line with procedure. Staff told us this was due to staffing shortages.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider was following guidance in relation to visiting. At the time of the inspection the service was open to visitors with no restrictions. This was in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people from abuse.
- Despite the concerns around staffing levels, there were positive comments from relatives who felt family members were well cared for and safe. One relative said, "I think [Person] is reasonably safe; the only problem is they are very short of staff. They are taking a long time to get to the buzzer." Another relative said, "Very safe, absolutely safe."
- People told us they felt safe being supported by the service. One person said, "Fine, they're all good to me." Another person said, "All very kind, very nice."
- Staff were able to demonstrate an understanding of their responsibility to report any concerns.

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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not receiving appropriate induction, training and supervision to enable them to deliver safe and effective care to people.
- Some staff told us they did not feel supported in their role and morale was low due to staff shortages.
- Records showed not all staff were not being supervised regularly and longer-term members of staff had not received an appraisal in line with procedure, staff confirmed this. This meant staff were not receiving regular support and guidance from management and individual staff performance was not being reviewed.
- Staff we spoke to told us they received an induction when they started working for the service. However, we found induction records were not in place for agency staff and some permanent members of staff. Records of conversations with staff we reviewed indicated staff did not always have enough protected time to complete their induction and shifts shadowing a more experienced member of staff were not always completed.
- Not all staff had refreshed their training in the provider's mandatory topics such as first aid and infection control. A number of people using the service were diabetic, however we found staff had not completed diabetes awareness training.
- Staff training analysis showed overall completion of refresher training in mandatory topics was below the minimum level set by the provider.

The lack of appropriate support for staff meant that the service was in breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We raised our concerns with the management team. During the inspection we were told the service would take action to ensure staff training, supervision and appraisals were up to date. We were told the service would undertake a staff survey to understand how staff could be better supported.
- Despite our concerns, staff we observed knew people well and understood their needs. Relatives told us they felt staff were suitably skilled and knowledgeable. A relative said, "Certainly the ones I've met. They have a good rapport with [Person], always singing their praises."
- Staff had recently completed training in dementia awareness in order to meet the needs of people using the service.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had not completed Mental Capacity Assessments as required.
- Where people were being deprived of their liberty, referrals had been made to the local authority. However, we found the service had not assessed each person's Mental Capacity before completing the referral. This meant there was no legal framework in place to lawfully deprive the person of their liberty.
- We found information about people's Mental Capacity was not consistently recorded across their care records.

The provider had not ensured mental capacity assessments were completed as required. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised this with the management team who told us they would review people's care plans in relation to mental capacity and provide additional training for staff.
- We observed people were asked for verbal consent before being supported by staff.
- Relatives told us staff sought people's consent and involved them in decision making where appropriate. A relative said, "They talk [Person] through stuff. If [Person] is not feeling great and says I don't want fuss, they do leave [person], they don't force anything."
- Another relative told us, "We have Power of Attorney, yes they have proof. We haven't had anything major, only when at first to move [Person's] room. They did a best interest meeting with us."
- Support staff had completed training and were able to demonstrate an understanding of the MCA.

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

- The provider had assessed people who had been living at the service for a longer period of time, and care plans and risk assessments were developed using information gathered during initial assessment.
- However, where people had been recently admitted into the service, we found examples where their needs and risks had not been sufficiently assessed by the service. We report further on this in the 'Is the service safe?' section of the report.
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines. However, we found medicines were not always administered in line with national guidance.
- Relatives told us they were kept informed about their family members support and agreements about how their care was provided. One relative said, "Constantly they will phone me up if there is anything. I take guidance from them and we decide what to do."
- People's care records considered their diverse needs such as their personal history, ethnicity and religious

beliefs.

We recommend the provider seek guidance and support from reputable sources about transition arrangements to better support people when they start living at the service.

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

- People had access to a balanced and healthy diet.
- The mealtime experience we observed was pleasant, people were offered a choice of food and drink and interactions were positive. People were supported to eat, and drink where required.
- People's food preferences were recorded, and staff were aware of people's dietary needs. However, we found a person's risks in relation to eating and drinking had not been assessed and documented in their care records. We report on this further in 'Is the service safe?' section of the report.
- People and their relatives told us they were satisfied with the food on offer. A relative said, "[Person] is very fussy with food. They are very good, always a choice. They come round after and say did you like that. They are hot on pretty much everything."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service supported people to access support from health professionals such as GP, district nurse and speech and language therapist. However, we found the provider did not always seek sufficient specialist support from external agencies to manage the risk of falls within the service. We report further on this in the 'Is the service safe?' section of the report.
- Relatives told us they felt people's healthcare needs were met and the service responded promptly with any health concerns.
- The service had systems in place such as daily handover meetings which supported the sharing of information about people and their health and care needs.

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

- The service appeared clean and the gardens were well kept.
- The environment was accessible to people using the service including the garden and outdoor spaces. However, we identified further improvements could be made to the environment to support people living with dementia. The quality support manager told us they had identified this as part of a recent audit and there were plans to introduce more dementia friendly signage.
- People's bedrooms were personalised and included items such photos, pictures and other decoration.

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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a robust system in place to monitor the quality and safety of the service. The service had a range of audits in place, but these failed to identify or address the issues we found during the inspection.
- For example, the service was completing audits relating to the management of medicines. However, we found these audits did not identify the issues we found with medicines stock.
- Where issues with covert medication and risks associated with specific medicines related to recent admissions to the service, management oversight had failed to identify and address these risks as part of the assessment process.
- The provider did not ensure risks to people were always assessed, monitored and managed to keep them safe. For example, where a person was at risk of choking, the service did not have a specific risk assessment in place. This placed people at risk of harm. The provider was completing audits in order to check people's care records; however, these did not identify the issue we found during the inspection.
- Audits had identified the issues we found with staff induction, supervision, training and appraisals. However, we found sufficient improvements had either not been made or not sustained by the service.
- The provider did not have effective systems in place to ensure safe staffing levels were maintained. The provider was completing a call bell audit to monitor the response time of staff when people called for assistance. However, this audit did not identify the issue we found with staffing levels. The management team confirmed the last audit completed was based on call bell checks completed in August 2022.
- The provider was completing audits, such as care plans audits, which included checks on Mental Capacity and DoLS, however these audits failed to identify and address the issues we found during the inspection.
- We found the service had failed to address a number of the concerns found at the previous inspection. A lack of effective management oversight within the service placed people at risk of receiving care which was not safe or effective. This also meant learning and improvements could not be identified or implemented.

Systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following the inspection, the management team acted promptly on our feedback and provided assurances the concerns identified had been or would be addressed.
- Other management audits completed by the provider did identify areas for improvement and address the issues identified.

- Policies and procedures were up to date and in line with best practice.

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

- People were not always involved in the running of the service.
- Records confirmed feedback was sought from some people and relatives during occasional engagement events and as part of provider audits. However, some people and relatives told us they had not attended a meeting or not been asked for formal feedback. The management team confirmed regular residents' meetings had not been occurring in line with procedure.
- Despite the concerns raised about staff support and morale, staff told us they did feel able to raise concerns with the management team. Records confirmed regular staff meetings were taking place.
- The service worked in partnership with external agencies such as GP's, local authorities and other health and care professionals. However, during the inspection, we identified areas where the service had not sufficiently engaged with other professionals in the management of falls and in the administration of covert medication.

The above issues contributed to a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always promote a positive culture at the service. We received negative feedback from people and staff about the pressures of low staff numbers. We found this impacted the quality care people received.
- Despite the concern with staffing levels, relatives told us communication was good with the management team and they felt satisfied with the support their relatives received. One relative said, "Very approachable. I think it's pretty well managed by what [Person] gets." Another relative said, "Overall we are happy because [Person] seems happy. [Person] has settled down and is comfortable there. They look after, [Person] is happy."
- People told us they were supported by kind and caring staff. One person said, "They're nice staff, all of them. I wouldn't like to be anywhere else."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting manager understood their responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- Policies in place identified the actions staff should take in situations where the duty of candour would apply.

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 11 HSCA RA Regulations 2014 Need for consent The provider was not operating in accordance with the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of staff were available to support people's assessed needs. Appropriate support, training, supervision and appraisals were not in place for staff to enable them to deliver safe and effective care and support to people.

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 Risks to people were not always assessed, monitored and managed to keep them safe. People were at increased risk because medicines were not always managed in accordance with national guidance.

The enforcement action we took:

We issued Warning Notices on 14 December 2022.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems were either not in place or robust enough to demonstrate there was adequate oversight of the service. This placed people at risk of harm.

The enforcement action we took:

We issued Warning Notices on 14 December 2022.