

Abreu Limited

Claremont 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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Claremont House is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 16 people. The home is set across two floors with a lift and stairs to the first floor. There are some communal spaces such as a combined lounge and dining area, garden and reception area. The office is located inside the home. Each bedroom has a private toilet and sink and there are shared bathrooms available.

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

Most people told us they felt safe and relatives confirmed they believed their family member to be safe and comfortable at the home. One person had complained to the registered manager of poor treatment from staff supporting them.

The provider did not sufficiently check staff history, prior to employment to ensure staff were safe to work in the service. Staff did not always safely manage people's medicines and the management team did not always identify errors.

People did not always experience good cleanliness in the home and the environment was not suitable in décor and design to meet everyone's needs. People's needs were assessed but the information was not always fully recorded meaning staff were not fully aware of people's preferences.

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 but processes were in place to agree what was in people's best interests; the policies and systems in the service supported this practice. People told us they had enough to eat and drink but there was limited choice available.

People did not feel staff supported them to maintain or develop their independence. People gave positive feedback about staff supported people to promote their privacy and dignity when washing and bathing.

People did not feel activities were person centred and did not enjoy staff repeatedly asking them what they liked. Relatives were encouraged to visit but other ways of preventing social isolation were not in place.

People's views on how well staff treated them varied, some felt staff were 'brilliant' and other people felt staff did not always listen to them. Relatives and health professionals were involved in regular reviews of people's care.

People felt happy to complain but the outcomes of these complaints were not always given. People were supported well with end of life wishes.

Most people said they did not know who the registered manager was. However, their relatives gave very

positive praise about the registered manager and the improvements they had made since being in post. People were not given information about outcomes of incidents when things had gone wrong.

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

Rating at last inspection

The last rating for this service was good (published 27 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines, failure to notify the commission of serious incidents and cleanliness, décor and suitability of the environment. We also found breaches in relation to poor record keeping and assessment of risks, lack of personalised care and unsafe staff recruitment processes at this inspection.

These shortfalls lead to a breach in relation to provider and registered manager oversight of the service delivery. This was a breach of regulation and we have imposed positive conditions on the providers registration to drive improvement in these areas.

The provider had failed to notify the CQC of serious incidents. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Claremont 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 Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Claremont House is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, activity co-ordinator and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the Inspection

We spoke to the registered manager to clarify some aspects of care in relation to end of life support. We also spoke further with a health and social care professional who works with the service to discuss management of the service and external audits of quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

- People were not always safe because the records to support risks in relation to manual handling, nutrition and sensory needs were not always up to date and fully completed. One person's risk assessment had contradictory guidance in relation to manual handling within the same document.
- Staff had training in safeguarding adults and had some knowledge of how to keep people safe. However, staff were unclear about how to identify areas of less visible harm such as psychological and institutional harm. The registered manager did not always report or fully address incidents of alleged harm.
- Staff and the management team were unaware of how to ensure safe management of medicines. They were not able to tell us about specific guidance required for the safe administration of medicine for one person. We identified a medicine error for this person on the day of the inspection. The registered manager and senior staff were also unable to tell us how they ensured the stock of medicines was correct and how they safely managed stock control.

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

We spoke with the registered manager about this. The deputy manager acted to follow up on the medicine error and seek the correct guidance from a health professional. The registered manager agreed to review processes and instructions and ensure staff awareness of risks and medicines.

Staffing and recruitment

- The registered manager had not followed up on previous unsafe recruitment processes to safeguard people living at the home. One staff member was working at the service without any checks on their character. The registered manager had not followed up on gaps in staff's previous employment history. This meant staff working in the service had not been suitably checked to ensure they were safe to support vulnerable adults.
- One staff member who did not have their full employment history checked was accused of alleged abuse by a person living at the service. A second staff member who did not have their employment history checked was implicated in a medicine error at the service. Full employment checks help to establish if there is a history of poor performance or allegations of abuse previously which might have helped prevent these incidents occurring.

We found evidence that at least one person had been harmed. Systems were not robust enough to demonstrate safe recruitment processes. This placed people at risk of further harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed.

We spoke to the registered manager about this. They were not aware they should follow up on the actions of previous managers. They agreed to act to follow up on these cases and ensure the required checks on staff take place in the future.

- There were enough staff on duty to meet the needs of people. Staff had a good awareness of how to recognise the more visual type of harm. They knew how to report concerns and were happy to do so, including escalating to external regulators if needed. People did not have to wait more than a minute for staff to respond to their call alarms.

Learning lessons when things go wrong

- There were no clear systems in place for sharing lessons learnt and analysing themes of incidents. As a result, there was no improvement plan in place. The registered manager had not followed reporting processes for serious incidents. There was also confusion between the provider and the registered manager over who should follow up on performance concerns with staff. Staff agreed they attended staff meetings but were unclear about how lessons learnt were shared.

Preventing and controlling infection

- The environment was not always clean in all areas and the walls had black marks in many areas from furniture rubbing against them. A fire extinguisher in the kitchen was very dirty. Staff used colour coded chopping boards and mops and buckets to help prevent cross contamination. Staff were aware of methods to prevent the spread of infection and the provider used the safe food, better business guide. The provider gave free access to staff of one-use disposable gloves and aprons.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had not repaired and redecorated the ceiling on the first floor from previous water damage, it was left discoloured with a crack and three bore holes in it. One relative told us their family members bedroom also had an undecorated area of damaged ceiling from a separate water leak. Five light bulbs were missing from the chandeliers in the main lounge and dining area which affected the lighting for people to see clearly once it became dark.
- There was rubble and piles of bricks at the front of the home and staff were not able to tell us a date this was due to be collected or how long it had been there. The location of the rubble was at the side of the garden entrance and was a trip hazard to people with poor sight or mobility. The building inside was not clean and required a deep clean all over. One relative told us the home was, "A bit tired and shabby looking."
- The provider encouraged people to bring in their own furniture and personal items but the environment was not suited to meet the needs of people living with dementia; 12 out of 15 people living at the service were living with dementia of varying types and stages. All the bedrooms looked the same from the corridor meaning people would struggle to orientate themselves, which could lead to people going into the wrong bedroom or becoming distressed. There was no signage for different rooms or colour contrasts for equipment, walls or floors. People living with dementia find it difficult to tell the difference between walls floors and equipment of a similar colour and risk walking into them or tripping up.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure good standards of cleanliness and an environment that meets the needs of people living in the service. This placed people at risk of harm. This was a breach of regulation 15 (Equipment and premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about these concerns who said they had recently refurbished some areas and had plans for others but did not have the resources for further improvements at the moment.

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

- The provider was now using an electronic system for recording all care records. This was a work in progress with staff not being fully clear on how the system worked and how to ensure information was up to date in all areas. As a result, assessments were either not fully completed or the information was often incorrect.
- Examples of incorrect information included records stating one person who loved company, 'preferred to be by themselves' and one person who was registered blind showing as not having any sensory

impairments. Assessments were mainly 'tick the box' or short sentence stating things such as 'at risk of malnutrition' but no further information to guide staff as to how staff managed and monitored it. This person had also been left alone to eat in their bedroom and would not have eaten half their meal due to being unable to manage to cut it up had inspectors not intervened.

- Assessments were not very person centred and the registered manager was unaware of the latest best practice guidelines or of protected characteristics. As a result, they were not able to ensure people with protected characteristics such as age, gender and disability were protected from discrimination in the assessment and delivery of their care needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people's needs were effectively identified and managed. This placed people at risk of harm. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about this and they explained the contradictions in records and assessments were due to staff getting used to correctly inputting into the new electronic records system. The registered manager explained staff training and development was taking place and standards in this area being monitored.

Staff support: induction, training, skills and experience

- The registered manager held individual supervision sessions for staff. However, these were irregular and performance related concerns had not taken place. Staff who had been at the service for just a few months, told us they had not yet received supervisions at all.
- Staff confirmed they had an induction, but records showed everything was signed off in just one day. This would not be enough time for a new staff member to understand and absorb all the required information. Staff completed health and social care qualifications if they did not already have them.
- Records of checks on the competency of staff were just a tick box without comment or date and sometimes without a staff name. The registered manager was unable to confirm who the competency check was related to and how the information was used to drive improvement.

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

- The weather was very hot on the day of the inspection and we saw people constantly encouraged to have drinks and ice lollies to help keep them hydrated. Staff placed drinks on tables throughout the home for free access and recorded what people had eaten and drank for people at risk of dehydration or nutrition. However, there were no targets for food and fluid intake identified and so it was unclear if people were getting enough for their individual needs.
- There was a pictorial menu on the wall but one picture was missing so it was not clear what was for lunch. Staff did offer people a choice of two options at lunchtime but it was served up from a trolley instead of people being able to help themselves from serving dishes on the table. The tables had table cloths, napkins and drinks but no condiments. People told us they had plenty to eat and drink and staff supported people with this if they needed or wished it.
- People's views on the food were varied, some people told us the food was not very exciting. One person commented, "It's nothing special but it's hot and I ate it so must be ok." Another person told us the food was very nice and staff had gone out of their way to find things they were willing to eat. The cook had a good awareness of each person's needs for any specialised diets such as blended food.

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

- The service sometimes worked with agencies to provide temporary staff to cover any shortages. They also worked with outside entertainers to provide twice monthly entertainment for people.
- People had regular access to most health and social care professionals and the doctor visited with one person on the day of the inspection. Relatives confirmed staff were quick to act when their family member became ill or needed to attend hospital. People did not receive dental care. The registered manager told us this was down to the NHS dentists refusing to visit people and they were in talks with families about paying for a private dentist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had followed the correct processes for assessing people's mental capacity and applying for DoLS for people. Staff had a good awareness of how to give people choice and assess for the ability to consent.
- One person had a condition on their DoLS for ensuring a regular review of their health which was being met. Some people were supported to make decisions by their family and copies of the relevant legal documents were in people's care records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People gave mixed views on the care provided by staff but overall it was positive. One person told us, "I am not impressed. It used to be friendly but not now." While another person said, "It is brilliant here, staff are so good and kind." Some people were unable to communicate with us clearly and so we also spoke with relatives about their views of the service. One relative told us, "Staff cannot do enough and are very caring."
- People did not always feel listened to by staff and in ways that promoted respect. For example, some people still had food on their face after lunch because staff had not assisted them to wipe their faces. One person told us staff sometimes made them feel rushed when being supported to have a wash or shower.

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

- We saw one relative arrive for a review of their family member's care. One relative we spoke with commented very positively about the staff and the registered manager saying their family member was, "The best they have been." Another relative confirmed they had regular reviews with the service and the council, they felt they were listened to and their family member's needs and preferences considered.
- The registered manager had provided leaflets on tables in the reception area about support from external agencies such as advocates, health services and the local authority should people or their relatives wish to seek additional information and support.
- We saw staff ask people their choices during the inspection but these were mostly in relation to daily tasks such as food and drink.

Respecting and promoting people's privacy, dignity and independence

- People told us they did not always feel staff allowed them to do what they could for themselves such as doing what they could to manage maintain their mobility, while being supported to have a wash or shower or using a telephone.. Sometimes this was due to confusion or because the person was not yet ready to accept they could no longer safely do something for themselves.
- One person gave positive praise for the support by staff in terms of how they maintained their dignity and privacy. "During personal care they place a towel over me and make sure there is only one staff. Staff talk to you the whole time so you don't feel humiliated."
- We saw some staff interact with people very positively, they were polite, patient and thoughtful. For example, taking time during one task to stop and re-adjust a person's pillows and leg support as they appeared uncomfortable.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had employed an activities co-ordinator who had a rolling programme of in-house activities such as singing, music, art, being in the garden, and indoor bowls. Staff told us they altered activities on the day depending on people's preferences. The registered manager had also arranged a programme of entertainers to come to the home twice a month for short periods. The artwork on the walls in the lounge and dining area was very child-like and not very valuing of people. This included large coloured in pictures of Winne the Pooh, hand prints and children's masks.
- On the day of the inspection there were no activities planned except for a person who came in for an hour in the afternoon to encourage armchair exercises using a large ball. Some people engaged with this and others did not. There were lots of books and games around, but people told us they never used them. Staff told us about a 'magic table' for people living with dementia which uses technology to be interactive. However, this was not in use as we were told people did not like it.
- Peoples choices, preferences and history were not fully recorded on their care records, this impacted on staff's ability to know people well. Some staff knew what some people liked but it was inconsistent. One person told us how they did not like. "Being questioned all the time because staff do not know what I like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People mostly used verbal communication and facial expression to communicate. There were some menu items in pictorial format but not all. The registered manager was unaware of the AIS and people's records in relation to communication and sensory loss were incomplete or incorrect. For one person who was registered blind, staff did not suggest other options such as talking products.

Supporting people to develop and maintain relationships to avoid social isolation;

- Relatives told us they were able to visit at any time and felt very welcome since the current registered manager was in post. We saw relatives come and go in the service on the day of the inspection. We also saw that some people had developed friendships within the service and enjoyed spending time together chatting.
- However, there were no external links with the community or opportunity for people to access community facilities to avoid social isolation. One person told us how they preferred to stay in their bedroom as the one

time they had come downstairs another person had been very rude and made them feel unwelcome. They told us they had not complained about it as staff were too busy and just, "go past you."

- The service did not offer opportunities for people to build on the interests and hobbies they had before moving in to the service. People were not able to do any work or maintain friendships from where they used to live. Some people had a phone, but one person said their phone had gone missing and another person was unable to access social media to stay in touch with friends and family as the service did not offer Wi-Fi.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints and compliments system in place. People, their relatives and staff all told us they would be happy to approach the registered manager or staff team to make a complaint. Relatives and staff also understood they could go outside of the service to complain to external agencies such as the local authority.

- We saw a complaint from one person about the cleanliness of the service and another person who complained they had moved bedrooms without their discussion or consent. Another person also told us how they did not like to keep getting moved to different bedrooms. People told us they did not get a response about their complaint and we could not see evidence of outcomes. We asked staff about this and they said people were moved due to maintenance and refurbishment in the service.

End of life care and support

- The home was not currently supporting anyone receiving end of life care. However, they had done so in the past supporting the person's wishes to have their vicar present at the end. Staff had assessed everyone's needs in relation to end of life care wishes and the registered manager said they organised for district nurses to come in and offer support and pain relief if required.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager did not ensure staff were aware of a clear vision and set of values for the service. Staff were not sufficiently trained and developed to fully understand the requirements of their roles and how to use equipment such as the electronic care record system and identify all forms of abuse awareness.
- The registered manager had quality assurance systems in place but there was no evidence of how they used this information to drive improvement. They confirmed they did not analyse the information or look at trends and patterns. This impacted negatively on all areas of the home such as the cleanliness, the maintenance, staff files, care records and medicines as highlighted throughout this report. These issues had not been identified by the registered managers own systems and action had not subsequently been taken.
- The registered manager was not able to demonstrate an understanding of the responsibilities and requirements of their role. They were not up to date with latest best practice and guidance and had not followed policy and procedures for reporting and recording incidents.
- The provider did not support the registered manager to understand their role. The owner was training another staff member to act as support for the registered manager, but this had led to confusion over accountability and roles. The provider has a history of poor ratings and has failed to achieve a good standard of care for people for the last four inspections. Where some improvements have been made following past inspections, these have not been sustained and have never achieved good in the key question of well-led.

We found evidence that one person had been harmed. Systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about this and they accepted they needed to be proactive in learning and understanding the requirements of the role and ensuring regulations were met.

- Relatives gave very positive feedback about the registered manager. They told us while there were improvements still to be made, the home had improved in terms of cleanliness, activities and how welcoming they felt. One relative told us, "The atmosphere is calm and I am glad my family member is in a small home and generally they are a very good staff team. Staff are clearly experienced, and I trust them."

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 registered manager had not reported two serious incidents to the required regulatory bodies where people had been harmed. One incident was reported to the local authority but not to the CQC. The second allegation of alleged abuse by a staff member towards a person living in the service had not been reported at all outside of the home nor had it been appropriately managed. This meant people were not safeguarded from the risk of abuse and at least one person was harmed. Information and outcomes were not shared with the relevant people involved.

We found evidence that one person had been harmed. Incidents of concern were not reported to the regulatory bodies and were not managed to safeguard people from future harm. This placed people at risk of harm. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

We spoke to the registered manager about this and they did accept they needed to act and ensure this did not reoccur in the future.

- The registered manager displayed the previous CQC report and rating in their home for all to review.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they did attend staff meetings and could share their views although there was not an agenda available for them to review or contribute to prior to the meeting. The service used to hold residents' meetings, but these had stopped in 2015. There was evidence of relative's meetings, but these had stopped in 2016.

- Relatives confirmed they had received feedback surveys from the registered manager, to seek their views on the service. Relatives also said they felt able to call anytime or would discuss anything they wanted to with the registered manager or staff team when they visited. However, again, there was no evidence of actions and outcomes in response to any of this feedback.

Continuous learning and improving care

- The registered manager told us they were currently undertaking training for leadership and management and staff were encouraged to undertake health and social care qualifications. The staff team were currently learning how to utilise the new electronic care record system.

- There was no continuous learning in the service as lessons learnt were not shared and outcomes of incidents and quality assurance information not analysed.

Working in partnership with others

- The staff team worked with other health and social care professionals for audits of the service quality and to support people with their health care needs. Doctors and nurses visited regularly, and the local authority had been working with the service to help guide improvements but these had not been sustained once the input stopped.

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 18 Registration Regulations 2009 Notifications of other incidents There were incidents of alleged harm not notified to the required regulatory bodies.

The enforcement action we took:

We have issued a letter for breach of regulation 18, notifications showing intent to prosecute for failure to notify the commission of serious incidents.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There were no opportunities for activities and events outside the premises. Some activities were in place but some of these were very child-like. People supported in their bedrooms only had the tv to watch and in some cases the remote controls did not work or they were unable to use them.

The enforcement action we took:

We will be imposing a positive condition on the providers registration to promote best practice in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was not sufficient recording and monitoring of medicines for staff to be aware of errors. Staff and the registered manager did not know about specific instructions for the safe administration of medicines. Internal systems failed to pick up an errors. Risk assessments were incomplete and/or incorrect.

The enforcement action we took:

We will be imposing a positive condition on the providers registration to promote best practice in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 15 HSCA RA Regulations 2014 Premises

personal care

and equipment

The house required a deep clean. Areas damaged from water leaks were in need of repair and redecoration. The environment was not suitable for people living with dementia.

The enforcement action we took:

We will be imposing a positive condition on the providers registration to promote best practice in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not understand the requirements and responsibilities of their role. The recording of activities and care records was inconsistent with gaps, poor and sometimes contradictory information

The enforcement action we took:

We will be imposing a positive condition on the providers registration to promote best practice in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured sufficient recruitment checks had taken place to ensure staff were suitable and safe to work with vulnerable adults.

The enforcement action we took:

We will be imposing a positive condition on the providers registration to promote best practice in this area.