

Heartwell Care Ltd

# Heartwell House Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Inadequate 

### Overall summary

This was an unannounced inspection that took place on 21 May and 11 June 2015.

Heartwell House Residential Care Home provides care and support for up to 13 people with learning disabilities or mental health conditions. It is situated in a detached house in Leicester City. The home has two lounges and a dining room. There are 11 single bedrooms and one double bedroom situated on the first and second floors with stairs for access.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety was being compromised in a number of areas. The provider's safeguarding and whistleblowing policies were not fit for purpose. Staff did not know how to report abuse internally or externally. People's risk

# Summary of findings

assessments were unsuitable and some safeguarding incidents had not been referred to CQC or the local authority. Staff had not always been safely recruited and improvements were needed to medication management.

Some people using the service had restrictions placed on their liberty. However the management and staff were not aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had not followed this legislation. This meant that some people may have been unlawfully deprived of their liberty at the home.

There were no records of staff being trained in MCA/DoLS, personalised care, dignity, or moving and handling. This meant we could not be sure that staff had the skills and knowledge they needed to support people effectively. People's health care needs had not always been appropriately identified, assessed, or met.

Care workers were well-meaning and kind but did not always use appropriate language to discuss their work. The home had CCTV in communal areas and it was not clear if the people using the service had given informed consent to this.

It was not clear from care plans how staff supported people using the service. There was little information in records about people's daily routines or preferences. Staff were unclear about what was meant by personalised care. Staff were not seen to encourage people in take part in meaningful activities.

The provider's complaints procedure contained misleading information about how people using the service and their representatives could make complaints. The provider had not followed their quality assurance policy and no internal audits of the service had been carried out.

Records showed that accidents and incidents had occurred in the home, but these had not been properly documented or referred CQC as 'notifications'. Some records were contradictory or incomplete which made it difficult to check if certain aspects of the service met requirements.

All the people we spoke with, who were able to give their views, said they felt safe living at the home and liked the food served. There were enough staff on duty to meet people's needs. People told us the staff were caring and kind. Relationships between staff and the people they supported appeared good.

The atmosphere in the home was relaxed and friendly and the staff we spoke with had a caring attitude towards the people they supported. People told us they enjoyed some of the activities provided and were encouraged to practice their religions if they wanted to.

Following this inspection we took enforcement action including issuing two warning notices demanding the provider makes improvements to meet national standards of care.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe.

The provider's safeguarding and whistleblowing policies were not fit for purpose.

Some people's risk assessments were incomplete or non-existent.

Safeguarding incidents had not always been reported to the appropriate authorities.

Staff had not always been safely recruited.

Improvements were needed to medication management.

There were enough staff on duty to meet people's needs.

Inadequate



### Is the service effective?

The service was not effective.

The registered person had not acted in accordance with the Mental Capacity Act 2005.

Improvements were needed to how some people's health care needs were met.

Staff training was provided but was incomplete in some areas.

People said they liked the food and staff knew their likes, dislikes and favourite items.

Inadequate



### Is the service caring?

The service was not consistently caring.

People told us the staff were caring and kind. Relationships between staff and the people they supported appeared good.

People were not always consulted when decisions were made about the service.

Some of the staff used inappropriate language when referring to people's mental health needs.

Requires improvement



### Is the service responsive?

The service was not consistently responsive.

Care plans did not promote personalised care and staff were unsure how to provide this

Although some activities were provided people were not encouraged to develop their individual hobbies and interests.

Requires improvement



# Summary of findings

The provider's complaints procedure was in need of improvement to make it clear how people could take complaints to external agencies if they wanted to.

## Is the service well-led?

The service was not well-led.

There was no established system or process in place to enable the provider to assess, monitor and improve the quality and safety of the service.

Records were not always sufficient or accurate enough to demonstrate that the home was well-led.

The provider had failed to notify us of some significant events and incidents at the service.

**Inadequate**



# Heartwell House Residential Care 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 21 May and 11 June 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had language skills appropriate for the people using the service, and expertise in the support of people with learning disabilities.

Prior to the inspection we contacted commissioners for social care, responsible for funding some of the people who live at the home, and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

During the inspection we spoke with five people using the service. We also spent time with three people who were unable to give their views. We observed people being supported in the lounges and in the dining room at lunch time. We spoke with the registered manager, the deputy manager, and four care workers.

We looked at records relating to all aspects of the service including care, staffing, and policies and procedures. We also looked in detail at four people's care records and the recruitment files of four care workers.

# Is the service safe?

## Our findings

The provider's safeguarding and whistleblowing policies, both dated December 2014, were not fit for purpose. This was because they did not explain to staff the role of social services in any safeguarding investigation, and did not tell staff what to do if they felt they needed to report abuse to someone independent of the home.

We spoke with four care workers. All said they had had previous safeguarding training and were due to have more in the near future. None were clear about the different types of abuse a person using the service might be subjected to. None knew how to report abuse internally or externally. This left people vulnerable to abuse as staff were not confident about how to raise concerns.

We looked at people's risk assessments. Records showed that one person using the service had a history of risk in a number of specific areas but there were no risk assessments in place to address these. This meant that staff may not have had the information they needed to keep this person, and others, safe. Staff were advised to 'only provide 1:1 support [to this person] when it's safe to do so'. There was no explanation of what this meant.

Another person was identified as having episodes of 'challenging behaviour' however there was no information on what might trigger these or any advice on how staff should respond if this occurred. This person's records also stated they were at risk of leaving the home without telling anyone. But there was no other information for staff with regard to this risk, for example whether or not this person could go out unaccompanied, or what staff should do if they left the home unexpectedly.

Another person had a risk assessment listing five areas where they, and others using the service, were potentially at serious risk. However staff were only given advice on how to minimise risk with regard to two of these. And in each case the guidance was not specific enough to assist staff in reducing risk. For example, staff were advised to check on this person when they were in their room, but they were not told how often to do this. They were also told to monitor this person for 'unusual behaviour' but this was not defined so it was unclear what was meant.

The risk assessments we checked also referred to incidents of abuse involving the people using the service. However there was not further information about these incidents, no

referrals made to the local authority or CQC, and no suitable care plans or risk assessments in place to reduce the likelihood of such incidents occurring again. This meant that people may have been subject to abuse at the service without appropriate action being taken in response to this.

These are breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment. The provider did not have effective systems and processes in place to ensure people using the service were protected from abuse.

We looked at the recruitment records of four people employed at the home. These showed that staff had not always been safely recruited as the provider had not carried out the necessary checks to ensure staff were suitable to work with the people who used the service.

We found that all had current DBS (Disclosure and Barring Scheme) certificates on their files.

However two people had no references in place. One had supplied the names of two referees but there was no evidence that the provider had requested references from these people. Another member of staff had no references and had failed to supply the names of referees on their application form. One person had gaps in their work history that had not been explained. Another person had supplied no work history whatsoever.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. The provider had not obtained satisfactory evidence of staff conduct in previous related employment, where applicable. Nor had they obtained a full employment history, together with a satisfactory written explanation of any gaps in employment, from all staff employed by the service.

Improvements were needed to medication management as medicines were not always safely administered. Medication was stored in a wooden cupboard in a communal area. The registered manager told us their contract pharmacist had approved these storage arrangements. When we arrived on the second day of inspection the keys were in the medicine cupboard unattended. This meant that medicines were not secure at this time.

## Is the service safe?

The provider's medication policy contained little information about self-administration and controlled drugs. It did not include reference to the need for staff training and competency checks.

Medicines records were not always fit for purpose. One person's records showed that when one of their medicines was dispensed from a local hospital this was not recorded on their MARs (medication administration records). Some people using the service had been prescribed a particular PRN (as required) medication. However there were no PRN protocols in place to alert staff to the individual signs and symptoms which could mean this needed to be administered.

A staff member informed us that liquid medicines, creams and eye drops were dated when opened. However we found a bottle of liquid medicine that was opened and not dated. When staff completed the MARs chart for reasons medicines were not given they were writing 'o' (for 'other' [reason]) but they were not recording what 'o' meant in each individual case. This meant it was not clear why some people had, on occasions, not had their medicines.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The provider had not ensured that medicines were properly and safely managed in the home

All the care workers we spoke with confirmed they had had medication training. One care worker said, "I watched the manager and she watched me for about one month." One care worker told us that if they found a medicines error had been made they would, "Report it to the manager and they would do the rest."

Records showed medication training was provided every two years. We saw that staff had training certificates in place from July 2013, with the exception of one staff member.

The care workers and the deputy described the shadowing of medicines administration which took place during induction for new staff, but there was no record of this. We brought this to the attention of the registered manager who said he would look into this.

We saw a pharmacy audit was carried out by the provider's contract pharmacist on 19 May 2014. This showed there were no outstanding issues at that time.

All the people we spoke with, who were able to give their views, said they felt safe living at the home. One person told us, "I am not scared of anyone; staff are OK." Another said, "I feel safe; I fully trust them; I haven't seen staff raise their voice with residents".

The care workers we spoke with thought there were enough staff on duty to meet people's needs. They told us some people did need 1:1 staffing to go out but there were enough staff to do this. One care worker said that if necessary the registered manager and deputy manager also helped out. Staff told us they had not come across an occasion where a person wanted to go out and there were not enough staff to facilitate that.

We checked staffing levels immediately on arrival during both days of our inspection and they appeared adequate. On each occasion there were enough staff on duty to meet people's needs. We asked three people using the service about staffing levels in the home and all said they were satisfied with them.

# Is the service effective?

## Our findings

There were no policies or procedures in place for the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had not had training in this legislation and there was no information in the home about it. The registered manager, the deputy manager, and the four care workers we spoke with told us they were not aware of this legislation.

Records showed that some people using the service had restrictions placed on them and staff confirmed this. Several people using the service were only allowed to leave the home if they were accompanied by staff. Two people had one-to-one staffing at times so were subjected to continual supervision. Staff kept some people's cigarettes locked away. One person's room and personal items were searched when they did their own shopping.

There were no mental capacity assessments in place for people using the service, nor had any best interest's decisions been made on their behalf. People who had restrictions placed on their freedom and liberty had not been referred to the DoLS team for authorisation. This meant that people using the service may have been unlawfully deprived of their liberty.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent. The registered person had not acted in accordance with the Mental Capacity Act 2005 and people's human rights may have been compromised as a result.

Some people's health care needs were not effectively met. It was noted on one person's records that they were declining blood tests for a health condition that needed monitoring. The note was undated so it was not clear when this happened or whether it was an ongoing issue. It was not clear from the records what action staff needed to take in response to this, if any, and whether the person was putting themselves at risk by declining blood tests.

One person's records stated they had personal hygiene issues which had resulted in a skin condition. Although staff were advised to assist this person to wash, there was no other information on what staff should do to address this issue. The skin condition was not identified and there were

no instructions for staff on how to treat or prevent it. Staff were not told how best to support or work with this person, or whether there were different approaches they could use to try to support the person in question.

One person was using incontinence aids at night but there was no explanation in their records as to why this was. The registered manager said it was 'just in case' but there was no recorded evidence from health care professionals to support this action.

This are breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care. The registered person had not ensured people's health care needs were appropriately met.

We saw that staff had taken appropriate action following two recent incidents when people had been unwell. In one case a person using the service had become unwell in the night. Staff had offered to call an ambulance for them but the person had refused so staff had assessed that they were safe and kept them at the home. They had then taken them to the GP the following morning where their medicines were changed leading to an improvement in their health.

During our inspection another person said they felt unwell. Staff assessed the situation and, with the permission of the person in question, arranged for a paramedic to come the home. This person was then effectively treated.

Care workers told us they had one month's induction training when they started work at the home. The deputy manager told us, "[The induction] looks at training, policies, care plans, understanding the clients and medication. Looks at care day by day. They [new starters] always work with a senior."

Records showed that staff had had training including medicines management, infection control, health and safety, COSHH (Control of Substances Hazardous to Health), schizophrenia, challenging behaviour, and safeguarding. Other training certificates on staff files included food hygiene, fire safety, first aid, and autism. There were no records of staff having training in MCA/DoLS, personalised care, dignity, or moving and handling, restraint, or managing behaviour that challenges us.

## Is the service effective?

There was also some evidence that staff may not have understood all of the training they had undertaken. For example, staff had been trained in safeguarding but did not understand their responsibilities in this area (see also 'Safe').

This meant we could not be sure that that staff had received appropriate training and professional development as was necessary to enable them to effectively carry out the duties they were employed to perform. We discussed this with the registered manager who agreed to review and improve staff training as necessary.

All the people we spoke with said they liked the food served at the home. One person told us, "I like everything they make. They make nice curries." Another person commented, "I am a vegetarian; they make good food for me."

People also told us they had enjoyed a recent barbecue held at the home. One person said, "Yes I liked it, I enjoyed

eating corn on the cob." We also heard people talking to staff about the barbecue in the dining room and saying they would like another one. Staff told us this would be arranged.

The staff we talked with knew people's likes, dislikes, and favourite foods. They said the menu was flexible and if people wanted something different the staff would make it for them. Staff said there was always enough food and people could have drinks and snacks between meals whenever they wanted.

One person was recorded as being at potential risk of choking but there was no evidence of any further assessment or referral being carried out. Their food and fluid charts did not detail the recommended daily intake for this person and staff did not total the daily fluid intake or always record the quantities of food eaten. It was therefore unclear whether their swallowing, nutrition, and hydration needs were being met. We discussed this with the registered manager who agreed to review and improve this person's health care as necessary.

# Is the service caring?

## Our findings

All the people using the service we spoke with said the staff were caring and kind. One person told us, “The staff are very nice and look after me well.” Another person commented, “The staff care for us nicely.”

Relationships between staff and the people they supported appeared good. People seemed to be at ease with the staff that were on duty when we inspected. Some of the people using the service called certain staff members ‘brother’ and ‘sister-in-law’ which they told us is a convention in Indian subcontinent culture. It indicated that people saw the staff as family members.

The atmosphere in the home was relaxed and friendly and the people living there seemed to get on well with each other during our inspection. Staff helped people to keep in touch with their families and took them to visit them if the families weren’t able to come to the home themselves.

The staff we spoke with had a caring attitude towards the people they supported. One staff member said, “I think we want to give the best care.” Another commented, “I am proud of caring for them, I feel good. People are living well together here.”

Although the care workers we met appeared well-meaning and kind, some of the language they used was

inappropriate. For example one staff member, when discussing a person who occasionally became distressed, referred to this as ‘a tantrum’. Another staff member said that when they were telling a person something they would, “Try and explain it to them as if they were a small child.”

This may have been a training issue as staff were not trained in how to respect and promote people’s privacy and dignity. (See also ‘Effective’.)

The home had CCTV in communal areas. This was made clear in the statement of purpose and there were stickers in the home telling people where cameras were being used. Two people using the service said they thought they had been told about this at a residents meeting. A third person said they couldn’t remember if they had been told about them but said they didn’t mind the cameras.

It was not clear from records whether all the people using the service had been consulted about the use of cameras. Minutes of a residents meeting showed the issue had been raised. However some people, due to their disabilities, may not have understood the implications of this. We discussed this with the registered manager who agreed to ensure that everyone using the service had the opportunity to formally consent to the use of cameras. This might include best interests meetings if people were deemed unable to give informed consent.

# Is the service responsive?

## Our findings

Some people told us staff supported them to manage their own day to day routines. One person said, "I'm independent and I do what I want but the staff are here if I need them."

It was not clear from care plans how staff supported people with their daily lives. There was little information in records about people's routines or preferences. Life histories mainly focused on the negative events in people's lives. There was no evidence in records of people being involved in planning their own support. Some people using the service helped with shopping and cleaning but this was not referred to in their care plans so it was not clear as to the extent of this or how it was being used to encourage independence.

When we spoke to staff about how they provided personalised care they did not appear to understand what we meant. They found it difficult to describe the particular ways people liked to do things, or how to support them to lead fulfilling lives.

We discussed personalised care with the registered manager who said he was in the process of re-writing and improving care plans to make them more personalised.

People told us they enjoyed some of the activities provided. One person told us, "I go out in the home's minibus. I like watching TV. I also play [a board game] with the staff and other residents." Another person commented, "I like walking in the park [...] it is good exercise for me. The staff take us out for drives and to visit places in the minibus."

One person showed us their room which they said they were proud of. The room was personalised and staff had helped the person to decorate and furnish it in the way they wanted.

During our inspection some people went out alone, or with staff in the home's minibus, while others stayed inside the home. There was little stimulation for the latter group. Two people spent most of their time sitting in the TV lounge where the TV was on, although they did not appear to be

watching it. One person was seen standing alone in a corridor for long periods of time. Another person walked round the home looking into various rooms but not entering them.

Staff spoke with people as they (the staff) cooked and cleaned, but we did not see them encourage people to take part in activities, with the exception of one board game session lasting half an hour. Care plans did not include details of people's individual hobbies and interests or any suggestions about how staff could support people to develop these. The registered manager said this was being addressed.

There was a programme of activities displayed in the home but staff said this was not followed as the people using the service preferred to decide spontaneously what they wanted to do. Staff said people went out in the minibus nearly every day to different places including to the shops and to parks.

People were encouraged to practice their religions if they wanted to. They told us staff took them to places of worship and put on the radio so they could listen to religious programmes.

People using the service told us that if they had any complaints they would tell the staff. Care workers said they would report any complaints to the registered manager.

The provider's complaints procedure was in the statement of purpose. It contained misleading information, implying that people could take complaints directly to CQC for investigation. This is incorrect as CQC cannot deal with formal complaints about a service. However people can take complaints to the local authority who commission with the service, although the complaints procedure did not mention this. There was also no mention of how people using the service could get advocacy support to make a complaint if they needed to.

We discussed this with the registered manager who said the complaints procedure would be amended and updated so it gave the people using the service the correct information about how to complain. There was no record of any complaints being received at the service.

# Is the service well-led?

## Our findings

The service had an undated Quality Assurance policy. This stated, 'the named quality rep ... carries out a quarterly internal audit on each of the following areas: catering, housekeeping, care and administration and the results of these audits may be recorded on the [...] form below'. We asked to see records relating to the audits but were told they had never been carried out.

We asked to see the provider's record of accidents/incidents in the home. We were shown a record that detailed one incident in August 2013 when a person fell and sustained a minor injury. There were no details of any other accidents/incidents contained in this record. However other records showed that accidents and incidents had occurred in the home, but these were not documented in the accident/incident record. For example we saw in one person's records that they fell in October 2014 sustaining a fracture. This was not recorded in the accident/incident record (nor was it reported to CQC as a Notification, see below).

Other records were not sufficient or accurate enough to demonstrate that the home was well-led.

For example, it was difficult to ascertain what actual staffing levels were as records were contradictory. We looked at staffing records from 9 May 2015 to 22 May 2015. These consisted of rotas and timesheets. However some staff appeared on the rota and not the timesheet, and vice versa. Without accurate records we were unable to ascertain the numbers of staff on duty at any one time.

The registered manager and deputy manager said the timesheets differed from the rota because one staff member had been sick and this had led to changes. However this did not explain other discrepancies, for example the management team (consisting of the registered manager, the deputy manager, and the general manager) all appeared on the rota but not on the timesheets so there was no record of them actually working in the home.

Records showed that some service user questionnaires had been completed in 2014. Although the feedback was generally positive, there was no underlying analysis. The same was true of the 'visitor questionnaires' which had been returned.

Records showed that residents meetings took place regularly. CCTV, activities, personal hygiene, and a fire practice were among the topics discussed. There was no record of people being asked for their views of the service or being given the opportunity to raise any complaints or concerns. There was no evidence of any action taken as a result of any of the meetings.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The registered person did not have an established system or process in place to enable them to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Nor had they maintained accurate records in respect of the service.

Registered persons are required to notify CQC of certain changes, events and incidents at the service including allegations of abuse and serious injuries to the people who use the service. Our records showed that CQC was not notified of the incident referred to above where a person using the service fell in October 2014 sustaining a fracture. Nor had CQC been notified of incidents of alleged sexual abuse recorded in risk assessments (see also 'Safe'). This meant that CQC had not been made aware of untoward incidents in the home even though the registered person had a duty to do this.

This is a breach of Regulation 18 (1) (2) (e) of the Care Quality Commission (Registration) Regulations 2009. The registered person did not notify us of significant events and incidents at the service including allegations of abuse and serious injuries to people using the service.

People using service told us they were satisfied with the support provided. One person said, "There are not any problems with residents, staff, and management. Everything's OK." Staff said they felt supported by the management. They said there were staff meetings and that they received supervision.

Records showed that staff meetings also took place regularly. The registered manager told us that staff were able to add items to the agenda. There was no evidence of any action taken as a result of any of the meetings.

The registered manager told us he would address these shortfalls.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not have effective systems and processes in place to ensure people using the service were protected from abuse.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not obtained satisfactory evidence of staff conduct in previous related employment, where applicable. Nor had they obtained a full employment history, together with a satisfactory written explanation of any gaps in employment, from all staff employed by the service.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not acted in accordance with the Mental Capacity Act 2005 and people's human rights may have been compromised as a result.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not ensured people's health care needs were appropriately met.

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have an established system or process in place to enable them to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Nor had they maintained accurate records in respect of the service.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person did not notify us of significant events and incidents at the service including allegations of abuse and serious injuries to people using the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not have effective systems and processes in place to ensure people using the service were protected from abuse.

#### **The enforcement action we took:**

We issued a Warning Notice to the provider due to their failure to comply with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment. This must be met by 7 August 2015.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have an established system or process in place to enable them to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Nor had they maintained accurate records in respect of the service.

#### **The enforcement action we took:**

We issued a Warning Notices to the provider due to their failure to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. This must be met by 17 August 2015.