

# Mrs Philomena Chikwendu Okoron-Kwo

## Fouracres Care Services

### Inspection report

47 Fouracres  
Enfield  
Middlesex  
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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Fouracres Care Services is a residential care home providing personal care for up to four people. At the time of the inspection, the service was fully occupied. People using the service were of mixed ages and living with dementia or a learning disability.

Accommodation was provided in an extended semi-detached house in a residential street. At the time of the inspection, there was construction work ongoing at the service which started in June 2019.

The service was operating before the principles and values that underpin Registering the Right Support had been developed. However, the service would be expected to develop in line with these principles and other best practice guidance. Registering the Right Support ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were at risk of avoidable harm as systems were not in place to ensure that medicines were managed safely.

Risks associated with people's health and well-being were not always assessed and clear guidance was not available to staff on how to keep people safe. There was not always evidence of learning from incidents and improving the service accordingly.

Staff recruitment was not always safe or consistent.

People did not always receive individualised care according to their needs and preferences. Care plans were either not in place or reviewed regularly.

There was a lack of managerial oversight of the home. There were no effective audits of any aspect of care delivery.

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. Restrictions on people were not always put in place using the correct legal procedures. Capacity assessments and decisions in people's best interests were not always completed.

The outcomes for people using the service did not fully reflect the principles and values of Registering the Right Support for the following reasons: people were not fully included in decisions about their care and treatment and did not always receive care and support tailored to their individual needs.

Staff received the training they needed to carry out their roles, but some further training was needed around supporting people with learning disabilities.

We received positive feedback regarding how caring staff were.

People were supported to maintain good physical health and were supported to access healthcare.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (report published 23 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to care planning, staff recruitment, safety, consent to care, and good governance at this inspection.

#### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Fouracres Care Services

## **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

This inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in place at the time of inspection who had applied to CQC to register.

#### 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 reviewed statutory notifications and other pieces of information submitted by the provider. 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 this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager and three care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional information such as training data. We spoke with two relatives by telephone and received written feedback from a third.

We liaised with the placing authorities and local safeguarding team.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- Medicines were not always managed in a safe manner. Staff had not been assessed as competent to administer medicines.
- We counted medicines stocks but were not assured that people had received their medicines as prescribed, as medicines stocks did not reconcile with Medicines Administration Records (MAR).
- No documented checks of medicines stocks were kept. Opening dates on medicines packets were not documented.
- A MAR for one person was missing and not located by the conclusion of the inspection. Following the inspection, the manager told us they wrote a new MAR for the person.
- We identified concerns with the management of how 'as required' (PRN) medicines were administered and documented. PRN medicines are medicines that are prescribed to people for things like pain relief and are only given when necessary.
- Guidance was not always available for staff on when to administer PRN medicines. Where PRN medicines were administered, records were not completed to document why the medicine was administered or what the outcome was. For prescribed paracetamol, staff were not documenting whether one or two tablets were administered.
- Medicines were stored in a locked medicines cabinet. We found for one person, discontinued medicines were stored. We found a prescribed medicine for a person who had left the service two days prior following a respite stay. This had not been identified as having not been returned and there was a risk the medicine may have been given to someone else.
- Care records were not up to date with people's prescribed medicines. We had to request that the manager clarify with a health professional for one person whose MAR had been signed for a medicine which they had no longer been prescribed.
- There was an overall lack of oversight of medicines management which meant that there was a risk that people were not supported to receive their medicines in a safe manner.

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

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

- Risks associated with people's care and health were not regularly reviewed and updated. One person who had been living in the service for one year at the time of the inspection did not have a risk assessment in place, despite the person having a known risk which resulted in an incident where they may have come to avoidable harm.

- Another person's risk assessment was last reviewed in February 2018. Overall, people's risk management plans were not sufficiently detailed or person-centred and did not provide staff with specific guidance on how to keep people safe.
- Personal Emergency Evacuation Plans (PEEPs) were not in place for people in the event of an emergency. A PEEP is required if in the event of an emergency such as fire, a person's escape could be impaired by a condition affecting mobility, neurological function, senses, or long-term illness. We requested copies of people's PEEPs and were informed by the manager that it was assessed that people did not require a PEEP. This placed people at risk of harm in an emergency.
- We checked the accidents and incidents records and saw that only one had been documented.
- Following the inspection, we were made aware of a further incident which placed the person with a known risk at risk of avoidable harm. This had not been documented in the incident records shown during the inspection. We contacted the manager after the inspection to request clarification on what had happened and how the incident was handled. The person did not have a risk assessment in place, nor was one completed until this was raised during the inspection.
- The cause of the incident was not investigated. There was no record of trends and patterns and how incidents could be used as lessons learned to minimise future events occurring of a similar nature.

The lack of systems to ensure safe medicine management, the lack of individualised risk assessments, poor monitoring of assessed risks and the poor recording and monitoring of accidents and incidents was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The safety of the building was routinely monitored, and records showed appropriate checks and tests of equipment and systems were undertaken.

#### Staffing and recruitment

- The provider was not always following safe recruitment procedures. Not all required checks were carried out before staff commenced employment.
- For one staff member, a check with the Disclosure and Barring Service (DBS) had not been carried out prior to them commencing employment. We were advised by the manager that this had been an oversight. The manager carried out a check once this had been raised as a concern on the inspection.
- For some staff, full employment histories had not been obtained prior to them commencing employment.
- Where references were obtained, they were not always from the staff members most recent employment. For two staff, employment references on file were not reflective of their declared employment history.
- Some employment references on file were from colleagues and not verified as being from the employment organisation.
- This meant people were not always protected from the risk of being cared for by staff who were unsuitable to work in the care setting.

The inconsistency in ensuring that criminal records checks, and adequate pre-employment information was gathered was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty on the days of the inspection. On the days of the inspection, there were two staff on duty alongside the manager.
- We received mixed feedback from relatives regarding staffing levels with some telling us that at times, there was only one staff member on duty. This meant that when some people became distressed or required staff support, other people were left unattended or unsupported.
- The manager advised us that staff levels were set based on the occupancy of the home. We assessed that



staffing levels were not based on people's assessed care needs, which may change or fluctuate. On review of rotas, there were periods of time in the afternoons and evenings where there was only one staff member on duty.

- When people attended health appointments, additional staff were provided to support this.

Systems and processes to safeguard people from the risk of abuse

- The person we spoke with told us they felt safe at living at the service. They told us, "I get on alright."
- Staff had received training in safeguarding and were knowledgeable around what to do if they had concerns.
- We became aware of an incident which placed a person at risk of avoidable harm, which had not been identified by the management team as a potential safeguarding matter. This had not been reported to the local safeguarding authority.

Preventing and controlling infection

- The home was overall clean on the days of the inspection, despite ongoing construction work which disabled the kitchen. However, we saw that opened food in the fridge had not been covered appropriately or labelled which was a risk of cross contamination.
- Staff had access to personal protective equipment which we saw in use throughout the inspection.

# 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.

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 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.

- There was limited DoLS oversight in the home. We found that one person's expired DoLS had not been re-applied for. The manager told us they had assessed that the person did not require a DoLS, however this decision had not been documented. Following the inspection, the manager confirmed that a DoLS had been reapplied for.
- A condition on another person's DoLS authorisation in December 2018 had required a full MCA assessment to be carried out, however this had not happened.
- We found that consent to care had not been appropriately obtained. Care plans had not been signed by either the person receiving care, where they had capacity to do so, or an appropriately authorised representative.
- Where a person may not have had the capacity to consent to their care, there were no records of any mental capacity assessments. Care files did not contain any documentation to evidence that any aspects of care were being delivered in the person's best interests.

The lack of documentary evidence confirming that the service was working within the principles of the MCA was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in MCA and DoLS and were knowledgeable around how the legislation impacted on the care they delivered.

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

- People's care needs were not assessed regularly. One person's care plan had not been reviewed since February 2018.
- Another person, who had been living at the service for one year had a needs assessment on file completed prior to their admission to the service. A full care plan had not been created to provide staff with guidance on how to support the person in a person-centred way.

Staff support: induction, training, skills and experience

- Staff told us they received regular training and were equipped for their role. One staff member told us, "I did recent training, epilepsy, manual handling and dementia."
- Records in staff files confirmed that staff received training in areas of care such as medicines management, safeguarding adults, mental capacity, dementia awareness and first aid. In December 2018, staff at the time had been provided with training specific to a health condition which had been delivered by a national charity.
- However, we saw from review of staff files and the providers training matrix, that all staff had not received training specifically on how to support people living with a learning disability or autism despite most of the people living at the home having been assessed as such.

We recommend that the service carries out a training needs assessment for staff on supporting people with learning disabilities and associated conditions.

- Staff told us they received regular supervisions and were supported by the management team. A staff member told us, "Yes with the manager. We just discuss if any changes in service user. How do I see the care? I explain everything." Supervision sessions were documented on staff files.

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

- On the days of the inspection, we did not observe a mealtime as people were either at daycentre or eating meals at the provider's other service. One person told us that they were supported to choose what meals they had.
- Care plans did not always document people's dietary likes and dislikes and how they were supported at mealtimes if they required assistance. For example, one person's care plan stated that they were at risk of choking. There was no information in their care file about how staff should support the person during mealtimes to reduce this risk.

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

- People were supported to attend health appointments, both routine and for the management of medical conditions. On the days of the inspection, one person was supported by staff to attend a hospital appointment. However, care records were not always updated with outcomes of appointments or guidance from health professionals.

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

- At the time of the inspection, there was significant construction work taking place at the service to increase accommodation and communal areas including a new kitchen and staff rest areas. The work started in June 2019.
- As a result of the ongoing work, the kitchen had been disabled. There was no cooking or washing facilities in the kitchen other than a microwave, kettle and fridge/freezer. We were advised that people were taken to a nearby supported living service operated by the provider for meals and activities or food was prepared at

the other service and brought over.

- The provider and manager told us that people and their families had been consulted about the work and interim plans. However, we heard mixed feedback on what people and relatives were told with one telling us that they were not advised of the scale of the work involved in the project and that the noise distressed their loved one at times.
- There were no documented impact or risk assessments on how people may be affected by the work being undertaken and how they would be supported by staff if distressed, for example by noise.

# 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

- Relatives told us staff were respectful towards people and their needs. One relative told us, "The staff are very respectful of [person]." A person told us, "I get on alright with all the staff."
- Relatives spoke positively of how the small setting of the service meant that there was a feeling of family and staff knew the people they supported.
- Staff spoke positively of the relationships they had built with the people living at the service. A staff member told us, "We always give them choice and treat with dignity and respect." We observed that staff interacted with people in a kind and caring manner.
- Staff had received training around equality and diversity and people's cultural and religious background was documented on their care records. Where people wanted to attend a religious service, this was facilitated.
- The language used in care records was not always appropriate. For example, care records contained terms such as 'unacceptable' or 'inappropriate' and reminding a person to be 'good.' This did not show a respectful or compassionate approach.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A relative told us they were involved in planning their loved one's care and advance care planning. Other relatives told they were not always involved or kept up to date on significant events, for example, episodes of hospitalisation.
- Care plans did not evidence that people, or their relatives had been involved or regularly consulted about their care needs or preferences.
- Staff told us people could make decisions about their care daily. For example, a staff member told us how they communicated with a person who required support to communicate. They told us, "There is one [person] who can hear and make a sign. They demonstrate to me [they] wanted a shower."
- People's privacy was respected, and people and relatives commented that they were treated with dignity.

## 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 provider lacked consistent systems to ensure people received personalised care. At the time of the inspection, not all people had a care plan in place. One person did not have a care plan, despite having lived in the service for one year. We requested that a care plan was completed and sent to us after the inspection, which was done.
- People's support plans were not written to a standard that would enable a consistent approach for all staff to know how to meet each person's needs. Care plans were in a tick box format which listed whether the person required support with a task, such as washing or dressing.
- However, care plans lacked detail on how staff should support that person in a person-centred way with that task. People were not supported to identify any goals or aims as part of their care plan. We saw care plans referred to what support people needed in areas such as dressing, toileting, eating and drinking, washing and showering. However, care plans did not identify any goals or areas of achievement for people to work towards with the support of staff.
- Care plans were not reviewed on a regular basis and one person's care plan was last reviewed in February 2018.
- Feedback received from relatives indicated that people's social care needs were not always met due to the differing mix of people's care needs and staffing levels which meant that some people had more staff support than others which placed that person at risk of isolation.

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.

- There were inconsistencies with how care records detailed how staff should support a person with a communication. For example, one person's care plan stated that staff should 'use suitable words that I will understand.' There was no further elaboration on what those suitable words were.
- Care plans were not created in an easy to read or accessible format. Where care plans were in place, they were handwritten over a tick box format and were at times not easy to follow or understand during the inspection.

The provider failed to ensure that people's care was being delivered in a person-centred way which was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the inspection, we observed people leave the service to attend a day-centre, attend hospital appointments, watch television or sit in their bedroom and spend time at the neighbouring service.
- We did not observe any activities delivered by staff in the home. We were advised that at this was due to the ongoing construction work. The manager showed us photographs from a recent art and crafts session and a birthday party.
- Feedback from people and relatives that they had opportunities to go out and about for walks and trips to the shops and were supported by staff to do this. However, some relatives felt that more could be done within the home environment. Feedback included, "There are three very good staff who understands [person's] needs and they will stimulate [them] with puzzles, reading, helping and discussing cooking etc which [person] enjoys doing but this is not happening on a regular basis" and "[Person] could do with stimulation."
- Where there were activity timetables or schedules in people's care files, these had not been reviewed in many months to ensure it was current.

Improving care quality in response to complaints or concerns

- No complaints had been recorded since the last CQC inspection. A person told us if they had any concerns they would speak with staff. Relatives said similar, they had been provided with the contact details of the management team to discuss any concerns.
- There was information on how to raise a complaint on display.

End of life care and support

- The service did not routinely provide care for people at the end of their lives. However, we saw that staff had worked with a person, their family and health professionals to ensure that their wishes for the end of their life was planned for.

# 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 good. At this inspection this key question has now 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.

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

- A manager had not been registered at the service since February 2019. The current manager commenced employment at the service in the same month. At the time of the inspection, the manager had applied to register with Care Quality Commission (CQC).
- There were ineffective governance processes in place at the service at both manager and provider level. When we last inspected there was a range of checks carried out by the management team to ensure quality of care. At this inspection, such systems were no longer being used.
- Quality checking and audits were lacking across all areas of care which meant that people were at risk of receiving poor care because the risks to their safety and wellbeing were not mitigated to protect them from harm.
- There was a lack of understanding of best practice guidance, legal requirements and oversight of risks to people's safe care and treatment. A notification that the provider was required to send to us by law had not been completed and sent to the CQC.
- Records were not always accurate and had not been updated to reflect changes in people's needs. Care files were disorganised, and information was not always readily available to view. One person whose skin condition was checked daily had no documented checks after 30 August 2019, the week prior to the inspection.
- There was a lack of monitoring of daily care records to ensure people's needs were met. For example, in the days prior to the inspection, a staff member had recorded that a person had bruising in areas of their body. However, there was no documented follow up such as an incident form or body map. We were advised that this person was taken to the GP, however this was not appropriately documented in their care records.
- Learning and improving care from accidents and incidents was not embedded at the service.

People were placed at risk of harm as systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke positively of the management team in place and the support they received. Feedback included, "The manager is okay. He is always available. If you need any help, he is there to support us" and



"They [management] are supportive and work as a team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people and relatives on the overall service provision was mixed with the consensus was that staff were doing their best but there had been a decline in the overall quality of care in recent months. Feedback included, "There has been a change in the care and interaction."
- Relatives told us that they could contact the management team when they had any queries or concerns and were provided with contact details.
- Feedback was requested from families and health professionals and was documented on file by the previous manager. Feedback seen was positive with one family commenting in September 2018, 'Everybody truly does care, and they really go above and beyond.' No recent feedback or quality assurance with people, families or professionals was on file.
- We saw a sample of minutes of staff and residents' meetings. The last staff meeting was in June 2019 and subjects such as medicines, communication, menu planning and health and safety was discussed.
- The last documented residents meeting was in August 2019 and topics such as fire safety, personal safety, activities and menus were discussed.

Working in partnership with others

- The service worked in partnership with other healthcare professionals and sought advice when specialised support was required.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure that all risks to the health and safety of the people who used the service were assessed and mitigated. The provider also failed to ensure the proper and safe management of medicines.</p>

### The enforcement action we took:

We imposed conditions on the provider's registration on 30 October 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person as the registered provider was not always acting in accordance with the Mental Capacity Act 2005.</p>

### The enforcement action we took:

We imposed conditions on the provider's registration on 30 October 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>The provider did not ensure the safe management of medicines.</p>

### The enforcement action we took:

We imposed conditions on the provider's registration on 30 October 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The service did not have effective systems in place to record and monitor the quality and safety of service provision in order to improve, learn and develop.

**The enforcement action we took:**

We imposed conditions on the provider's registration on 30 October 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure a robust recruitment procedure by ensuring staff employed were of good character and had the skills and experience which were necessary for the work to be performed by them.</p>

**The enforcement action we took:**

We imposed conditions on the provider's registration on 30 October 2019.