

# The Heathers Residential Care Home Limited

# The Heathers Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 18 November 2015. At our previous inspection in August 2014 we found the provider was meeting the regulations in relation to the outcomes we inspected.

The Heathers Residential Care Home provides accommodation and personal care for up to 14 older adults in Bromley, Kent. At the time of our inspection the home was providing support to 13 people. The home had 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.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people had not always been properly assessed, and action had not always been taken to manage risks

# Summary of findings

safely. People were at risk of harm because elements of the environment were unsafe and appropriate action had not been taken to effectively address the concerns. CQC has taken urgent enforcement action in response to these issues to ensure that the risks relating to the environment are safely managed.

We also found breaches which related to the good governance of the service because the provider had not always taken action to address issues identified in risk assessments or audits, and had not conducted audits in areas that required improvement such as care planning. Additionally there were no systems in place to monitor and mitigate the risk of people being unlawfully deprived of their liberty. CQC has taken enforcement action to resolve the problems we found in respect of these regulations. You can see the enforcement action we have taken at the back of the full version of this report.

We found a further breach of regulations because staff had not always received refresher training or supervision at the frequency required by the provider. You can see the action we have asked the provider to take at the back of the full version of this report.

There were some arrangements in place to deal with a foreseeable emergency but improvements were required because people did not have personal evacuation plans in place. Appropriate recruitment checks were conducted before staff started work at the service and there were sufficient staff deployed to safely meet people needs.

Staff were aware of the importance of ensuring people consented to the care they received and the service worked within the requirements of the Mental Capacity Act 2005 where people did not have the capacity to consent.

People told us they enjoyed the meals on offer in the home and were supported to maintain a balanced diet. They said that staff treated them kindly and respected their privacy and dignity. People's care was planned to meet their individually assessed needs and they were involved in making decisions about the support they received. They also had access to a range of healthcare professionals when required. Medicines were stored securely and safely administered, but improvements were required to ensure that medicines were consistently stored at safe temperatures and in the recording of medicines administration.

People were protected from the risk of abuse because staff had received training in safeguarding and were aware of the action to take if they suspected abuse had occurred. The provider had a complaints procedure in place which was on display and any complaints received by the service were dealt with appropriately. People told us that the service was well run and that the registered manager was approachable and open. The service held regular meetings for staff and people using the service in order for them to express their views and feedback about the service was positive.

# 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 always safe.

Environmental risks had not always been adequately assessed and identified risks had not always been safely addressed.

Staff were aware of what to do in the event of an emergency, but people did not have personal evacuation plans in place.

Medicines were safely managed but improvements were required in the recording of medicines administration and to ensure medicines were consistently stored at a safe temperature.

Staff were aware of the potential signs of abuse and of the action they would take if they suspected abuse had occurred.

Appropriate recruitment checks had been conducted before staff started work and sufficient numbers of staff were deployed within the service to ensure people's needs were safely met.

Inadequate



### Is the service effective?

The service was not always effective.

Staff had undertaken training in areas considered mandatory by the provider but some staff training had expired and required refreshing. Staff supervision was not always conducted in on a regular basis.

People were at risk of being deprived of their liberty without lawful authorisation because the provider was not aware of the criteria under which the Deprivation of Liberty Safeguards (DoLS) may apply.

Staff were aware of the need to gain consent from people when offering Support. Where people did not have capacity to consent to their support, decisions had been made in line with the requirements of the Mental Capacity Act 2005.

People enjoyed the meals on offer at the service and were supported to maintain a balanced diet.

People had access to healthcare services where required and were supported to maintain good health.

Requires improvement



### Is the service caring?

The service was caring.

People told us that staff were kind and considerate, and we observed staff treating people in a caring and compassionate way.

Good



# Summary of findings

People were consulted about their care needs and were involved in any decisions made about the care they received.

People were treated with dignity and their privacy was respected.

## Is the service responsive?

The service was responsive.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with information about how to raise a complaint and any complaints received had been dealt with appropriately by the provider.

**Good**



## Is the service well-led?

The service was not consistently well led.

The provider did not always have effective quality assurance systems in place to identify issues and drive improvements.

People and staff told us that the service was well run and that their views were taken into consideration. The registered manager was available to people and staff when required and the culture of the service was open.

Regular meetings took place with people and staff to help drive improvements within the service.

**Requires improvement**



# The Heathers 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 18 November 2015 and was unannounced. The inspection team consisted of an inspector 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.

Prior to the inspection we reviewed the information we held about the service and the provider. This included

notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection planning.

During this inspection we spoke with twelve people using the service, six relatives, a visiting district nurse, and six members of staff, including an activities co-ordinator and the registered manager. We looked at records, including the care records of three people using the service, six staff records, including training and supervision records, and recruitment files, and other records relating to the management of the service. We also spent time observing the care and support being delivered, and undertook observations of the safety of the environment.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living in the home and that they were happy with the care they received. One person said, "I feel quite safe." One relative commented, "I know [their loved one] is well cared for and safe there." Another relative told us, "It's very safe: we don't worry now." However, despite the positive views we received about safety in the home, we found that risks to people's health and safety had not always been assessed and action had not always been taken to manage risks safely.

We noted that the latch mechanism on a fire exit door within the home was faulty, and that the door could sometimes be opened without having to turn the handle. The fire exit was in close proximity to an occupied bedroom and the fire exit door opened directly onto a descending flight of stairs with no handrails to offer people support. Records showed that a person placed in the nearby bedroom for respite earlier in the year had suffered a fall down the stairs and sustained injuries requiring hospital treatment. The provider had taken some action to replace the door handle and introduce additional signage. However, we found that some people living in the home had a diagnosis of dementia and were at risk of disorientation. Therefore there remained a significant risk that a disorientated person could mistakenly attempt to use the fire exit door and suffer a fall down the stairs. This risk was increased further by the faulty door latch.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC took urgent enforcement action in response, requiring the provider to fit an appropriate locking mechanism to the fire exit door so that it cannot be opened, except in the event of a fire when it will automatically release. The provider has written to us to confirm that this action has been taken. However we have been unable to assess this ourselves at this point and will check on this when we return to inspect the service.

Where environmental risk assessments had been conducted, we found the provider had not always taken appropriate and timely action to address any identified issues. For example, a fire risk assessment conducted in February 2015 had identified a number of actions required in order to reduce the risk of fire within the service, but we found that in some cases the actions had not been

completed within the recommended timescales. We also found that some environmental risks had not been assessed at all. For example, the registered manager could not identify when the last legionella risk assessment had been conducted at the service to ensure the risk of legionella bacteria was being adequately controlled. There was no record that an assessment had been conducted in at least the last year.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

Improvements were required regarding the arrangements that were in place to deal with emergencies. Staff we spoke with knew the correct action to take in the event of an emergency and told us they had been involved in regular fire drills. The registered manager told us at least one fire drill had been conducted in 2015 although she was unable to find a record of this during the inspection so we were unable to determine the frequency at which fire drills had been conducted. We also found that people did not have personal evacuation plans in place in order to identify the level of support they needed to evacuate safely, although we noted the registered manager had an action in plan in place which included the need to address this issue. We spoke to the registered manager about these issues and she told us that she would implement the evacuation plans and ensure future fire drills were recorded but we were unable to check this at the time of our inspection.

People's care files included risk assessments covering areas including mobility, nutrition, skin integrity and falls. We saw control measures had been introduced where risks had been identified which provided guidance to staff on how to support the people so that the level of risk could be minimised. Risk assessments had been reviewed on a regular basis to ensure they were up to date and reflective of people's current conditions. However, we found that one person did not have risk assessments in place relating to their condition of diabetes and their identified risk of falls which were referred to in their support plan. We spoke to the registered manager about this and she implemented risk assessments covering these areas during our inspection.

## Is the service safe?

The provider undertook appropriate recruitment checks of staff before they started working for the service. Staff files contained completed application forms which included details of their full employment history and any qualifications they held. Each file also contained proof of identification, two employment references, a declaration of fitness to work and evidence of criminal records checks having been conducted by the service.

There were sufficient numbers of staff deployed within the service to safely meet their needs. When asked whether staff were available to support them when needed, one person told us, "I don't wait long." Staff we spoke with also told us there were enough staff to support people safely in an unhurried way, and a visiting healthcare professional told us, "Staff are always to hand for the residents when I visit." We observed there to be the correct number of staff on duty according to the rota and that they were available to support people promptly when needed throughout the course of our inspection.

Medicines were safely managed in the home, but improvements were required to address risks around the safe storage of medicines and to ensure that medicines administration was always accurately recorded. We observed trained staff administering medicines to people safely during our inspection. Medicines were stored securely in a locked trolley which was stored in a secure office within the home. However we noted that the temperature checks of the office storage area for the last two months had on occasion been very slightly above the maximum recommended storage temperature, which meant there was a risk the medicines may become

ineffective or unsafe for use. We spoke to the registered manager about this and they confirmed that they would ensure the room was properly ventilated so that temperatures consistently remained within the recommended range. They put a fan in place within the storage room during our inspection but we were unable to check whether this would be effective in the long term while we were there.

People's medication administration records (MARs) included a photograph of each person and a record of their known allergies to help reduce the risks related to the administration of medicines. We saw that most people's MARs had been completed correctly and were up to date. However, we found two examples where people's MARs had not been signed by staff to indicate that the medicine had been correctly administered. We brought this to the attention of the registered manager and confirmed that the people in question had been given their medicine correctly by conducting a review of the remaining doses.

There were procedures in place to protect people from the risk of possible abuse. Staff had undertaken safeguarding training and were aware of the different types of abuse that could occur. They knew the correct action to take if they suspected that someone was at risk of abuse and told us they would escalate their concerns, in line with the provider's whistleblowing policy if they felt appropriate action had not been taken. The registered manager was also aware of the procedures to follow if they needed to report any allegations of abuse to the local authority safeguarding team.

# Is the service effective?

## Our findings

People and relatives told us they had confidence that the staffing team had the knowledge and skills to meet their needs. One person told us, “I believe they understand (my condition). They are all very good here.” A relative said, “I think they deal with all of the residents very well.” Another relative confirmed, “We are very happy with the care, and with it all!” However, although people commented positively about the competency of staff, we found that some improvement was required.

Staff we spoke with confirmed that they had completed an induction and undertaken a range of training to enable them to undertake their roles competently. One senior staff member told us, “We’re well trained and I’m always happy to support younger members of staff.” Another staff member said, “We do a lot of training here, and I feel it’s given me the skills to do this job well.” Records showed that staff had undertaken a range of training in areas considered mandatory by the provider, including moving and handling, safeguarding, dementia awareness, health and safety, and infection control. However, we found that staff were overdue refresher training across approximately 30% of the training courses they had completed. We saw that the registered manager had plans in place to cover some of the overdue training, but some staff were only recorded as being on a waiting list with no indication as to when the overdue training may take place.

We also found that whilst staff told us they felt supported in their roles through supervision, five of the six staff whose records we reviewed had not received supervision on a quarterly basis, in line with the provider’s policy. For example, one staff member had not received any supervision in 2015 and a further three had only attended one supervision session each.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have asked the provider to take at the back of this report. The registered manager told us that staff would receive an annual appraisal of their performance before the end of the year, but we were unable to check this at the time of our inspection.

Staff were aware of the importance of seeking consent from people when offering support. One staff member told us, “I always check people are happy with what I’m going to do

for them before I do it.” Another staff member said, “We always respect people’s choices. If someone doesn’t want to do something at a particular time, then I will respect that and offer again later.” We observed staff seeking consent from people when offering them support during our inspection. People we spoke with did not comment specifically on the area of consent but did confirm they were happy with the way in which support was offered to them.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) but improvements were required in respect of DoLS. We saw mental capacity assessments had been conducted, and best interests decisions made in key decision making areas. For example one person’s care plan included a mental capacity assessment relating to the administration of their medicines. Where they had been assessed as not having capacity to make this decision, we saw records of a meeting involving the person’s next of kin, a GP and a pharmacist in order to establish that administering the person’s medicines covertly was in their best interests.

The registered manager was not aware of the current criteria under which a person may be defined as being deprived of their liberty and when we discussed this, she told us that some people in the home may subsequently be deprived without appropriate authorisation. We also found that a submitted DoLS application for one person had only been made several weeks after the existing



## Is the service effective?

authorisation had expired. There was no system in place to ensure authorisations were renewed in a timely manner, and that the risk that people were being unlawfully deprived of their liberty within the service was addressed.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

People's nutritional needs were met. One person commented, "It is very good food here. It's a set meal, but I've been asked what I like." Another person told us, "The food is quite pleasant and it varies: if they've made something special then we all have it, but there are options if people don't want it." A relative we spoke with confirmed, "The food is good, and fresh and another relative commented that if their loved one was hungry "there is a sandwich or something there within minutes, whatever time it is."

Kitchen staff were knowledgeable about people's specific dietary needs and whether they had any medical conditions that needed to be taken into consideration when preparing meals, for example, following the guidance

from a speech and language therapist for one person, or an awareness of those who had a condition of diabetes within the home. The menu was prepared with people's involvement and staff were able to accommodate alternative options for people at short notice if so required.

We observed the lunchtime meal which was conducted in a relaxed and friendly atmosphere. Staff were available to support people where required and offered people a choice of drinks. Staff responded quickly to people's needs where required, for example moving quickly to offer dessert to one person when they became restless and supporting them to move to another location to finish their meal as they so wished. We also saw that one person was able to eat their meal privately in their room which they told us was their choice.

People were supported to maintain good health and had access to a range of healthcare professionals when required, including a GP, district nurse, chiropodist and optician. One person confirmed that they'd seen a GP when needed, telling us, "The manager took me to the GP herself." A relative said, "They always get a doctor straight away." We also spoke with a visiting district nurse who told us, "We have great communication with the staff here; they know when to get us involved."

# Is the service caring?

## Our findings

People and relatives told us they were happy with the care and support provided by the service. One person said, “They are very nice staff; all helpful.” Another person commented, “They are very nice here. Helpful, of course; the ones that I’ve met are very polite.” One relative told us, “We are extremely happy with the care; the staff are compassionate and try to give [their loved one] as much independence as possible,” and another relative commented on the service being “a friendly home.”

Throughout our inspection we observed staff interacting with people in a friendly and caring way. Staff took their time when supporting people and offered appropriate encouragement while they did so. Conversations between staff and people demonstrated that they had a good understanding of people’s life histories and the things that were important to them. For example we heard one staff member kindly reminding a person of the names of some of their relatives whilst in discussion.

People were provided with information about the service in the form of a service user guide. The guide included information about the service’s aims and objectives, and the standard of care that people could expect. It also provided people with details about the facilities and services on offer, and advised them on how they could raise any concerns if they needed to do so.

People and their relatives were involved in decisions about their care and treatment and confirmed they had been consulted about the level of support they needed. One relative told us, “We meet regularly to discuss [their loved one’s] progress.” Another relative said, “There is always someone around to answer my queries.” Staff we spoke with were aware of people’s preferences in the way they liked to be supported and confirmed that they worked in such a way as to respect people’s day to day decisions about the care they received. This was confirmed by our observations during the day. For example we observed staff being happy to support one person with an aspect of their personal care at a time of their choosing, having declined the offer of help earlier in the day.

People were treated with dignity and respect and their privacy was maintained within the service. One relative we spoke with told us, “I’ve gone in at all different times of the day, without saying and I’ve been 100% happy with what I’ve found.” Staff we spoke with described the ways in which they worked to ensure people’s privacy was respected. For example, they told us they always knocked on people’s doors before entering their rooms and ensured any discussions about the support people received were conducted as discreetly as possible. This was confirmed by our observations during the inspection.

# Is the service responsive?

## Our findings

People and relatives told us they had been involved in discussions with staff in order to contribute to the planning of their care. One person said of their daily routine, “A member of staff helps me get ready for bed at about half past seven. That’s my choice.” A relative told us, “They asked us about our family history first. They are definitely getting to know [their loved one].” Another person described how they were mostly independent but that they were happy that “the night staff pop their heads in at night to see if I’m okay,” as this was their wish.

We saw that people’s health care and support needs were assessed before they moved into the home. These assessments were used as the basis for developing their care plans in conjunction with the view of people and their relatives. Care plans included information about people’s likes and dislikes, their life histories and the things that were important to them. We saw plans had been developed for people in areas including personal care, eating and drinking, medication and night time preferences. In each case the plans were specific to the individual and included information about what each person was able to do for themselves, what they found difficult, and how staff could support them. People’s independence and right to make choices about their care were also highlighted throughout the care planning.

We noted that care plans had not always been regularly reviewed earlier in the year, but the registered manager told us that this was an issue she had identified and had taken action to address. This was confirmed by the care plans we reviewed which were up to date and showed an increased frequency in reviews over the previous couple of months.

People were supported to follow their interests and undertake a range of activities. One person said, “There’s something going on most mornings, quizzes and things.” Another person commented, “They do have activities, and I sometimes join in, although I also like to read, play my

music, do crosswords.” A relative told us. “They have activities every day really,” and a visiting healthcare professional said, “They always have a lot on to keep them stimulated, whenever I visit.”

Activities on offer included arts and crafts, quizzes, and regular exercise and reflexology sessions. We saw several examples of people’s craft work on display in the lounge and observed a craft session run by the service’s two activities co-ordinators. This started slowly with the co-ordinators offering encouragement to people to join in, but worked well; resulting in the evident satisfaction of the people involved who were pleased with what they had achieved.

People’s diversity, values and human rights were respected. People’s religious and cultural needs were taken into consideration in the planning of their care. One relative told us they were very pleased that staff supported their loved one to regularly listen to music specific to their cultural background. We also saw that regular church services were available for those that wished to attend, although people we spoke with described themselves as not being religious.

People were supported to maintain relationships that were important to them. Relatives we spoke with confirmed they were able to visit their loved ones whenever they wished. One relative said, “We are very welcome at any time.” Another relative told us, “They call me if [their loved one] is missing me and wants to speak to me. Sometimes I’ve only just left, but [their loved one] forgets.”

The service had a complaints system in place, and information on how to raise concerns was displayed within the home for people to refer to. Further information on how to make a complaint was also included in the service user guide. People and relatives told us they knew about the complaints procedure and would talk to the manager if they had any concerns. One relative told us of an incident that had caused them distress but said, “They sent flowers and apologised profusely,” as well as taking steps to ensure the incident wouldn’t happen again, which they felt had been appropriate. Records also showed that where concerns had been raised, the registered manager had taken action to investigate and respond in order to resolve the issues in line with the provider’s complaints procedure.

# Is the service well-led?

## Our findings

People and their relatives told us that the atmosphere within the home was friendly and welcoming and that there was a positive culture amongst the staff. One person told us, “The manager is available to talk to if needed.” A relative commented, “The manager is lovely. You can talk to her. I am definitely listened to here, if I have an opinion about something.” Another relative said of the registered manager, “She is very approachable, always on call, and the owners are there most of the time as well.” However, although people viewed the leadership of the service positively, we found that some improvements were required.

The provider did not always have effective quality assurance systems in place. Audits and checks had been conducted by staff in a limited number of areas, including audits of people’s medicines and checks of the kitchen area. However, we found that in other areas there were no systems in place to identify and manage risks relating to health, welfare and safety of people using the service.

For example, the registered manager confirmed that no audits had been conducted of people’s care plans which would have helped identify the issues we found regarding one person’s missing risk assessments. We also found that whilst people had sustained a significant number of falls at the service over the previous six months, these incidents had not been analysed with a view to determining whether there were any trends or action that could be taken to reduce the frequency or level of risk. Additionally, there was no system in place to monitor staff training and supervision which would have helped identify the issues we found in those areas.

Action had not always been taken to address issues found where audits had been conducted. For example, we found that the registered manager had developed an action plan to address issues found during a recent monitoring visit from the local authority. When we discussed this, the registered manager confirmed that she had not always been able to meet the timescales she had proposed to address the identified issues and so some were now overdue.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

There was a registered manager in post at the time of our inspection. Staff told us that the registered manager was open and approachable. One staff member said, “This is a small service and we work well as a team. I can talk to the manager whenever I need to and get all the support I need.” Another staff member commented, “I feel well supported. She [the registered manager] encourages me to do well and it’s nice to be appreciated for the hard work I’ve put in.” All of the staff we spoke with also confirmed that the registered manager worked to address any concerns they may have if they felt the need to raise them.

The registered manager demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2014. Information about the day to day operation of the service was shared with staff during handover meetings between shifts and at regular staff meetings. The minutes from a recent staff meeting showed that areas of discussion had included feedback about overall staff performance in some areas, as well raising awareness about key policies such as the provider’s whistleblowing policy, to ensure that staff felt empowered to use it if they needed to.

People were invited to offer their views and feedback on the service through regular residents meetings. The registered manager told us that they did not conduct an annual survey because the service was small, but that she regularly sought the views of people and relatives informally, and this was confirmed in our conversations with people during the day. Areas of discussion during residents meetings included discussions about the activities on offer, the menu, staffing and the laundry, and showed that feedback in these areas was largely positive.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>Regulation 18 HSCA (RA) Regulations 2014 Staffing</b> Staff had not received appropriate training and supervision as necessary to enable them to carry out their duties. Regulation 18 (2)(a)

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not provided in a safe way.

(1)(2)(d) The premises used by the service was not safe.

Regulation 12 (1)(2)(d).

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

We served an urgent Notice to Impose Conditions on the provider on 20 November 2015. The provider is required to fit an appropriate locking mechanism to the fire exit door so that it cannot be opened, except in the event of a fire when it will automatically release.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Regulation 17 (1)(2)(b)

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

We served a warning notice on the provider and registered manager.