

Total Care Homes Limited

Phoenix House Care Home

Inspection report

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Formby
Liverpool
Merseyside
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23 February 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Phoenix House is located in a residential area of Formby. The home provides accommodation and support support for up to 30 people. There is disabled access and car parking. Communal areas include lounges, dining room and enclosed back garden. The home is owned by Total Care Homes Limited.

This unannounced inspection of Phoenix House took place over two days from 22 & 23 February 2016. At the time of our inspection 19 people were living in the home.

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'.

At previous inspections people living at Phoenix House Care Home have not been protected against the risks associated with the unsafe use and management of medicines. Following the last inspection in August 2015 we issued a statutory notice requiring the provider not to admit any further people to Phoenix House Care Home. At this inspection we found the breach of regulation for the safe management of medicines we identified in August 2015 was now met. People living at the home were now protected against the risks associated with the safe management of medicines. Staff received medicine training and their competencies were checked to ensure they were able to administer medicines safely. In light of these improvements we have now lifted the statutory notice which we served in December 2015.

We found some concerns regarding the routine maintenance of the home's environment which left people exposed to unnecessary risk.

Monitoring/checking systems in place were in place though they were not robust to ensure the home's environment was maintained safely.

People were supported by sufficient numbers of staff to provide safe care and support in accordance with individual need.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident. The registered manager has demonstrated they liaise and work with the local authority safeguarding team

We found that the home was operating in accordance with the principles of the Mental Capacity Act 2005 (MCA).

Staff involved people where possible in discussions about their care and encouraged them to make decisions. People told us staff consulted them about their care and support.

People had care plans to support the care delivered. We found it difficult to track on-going care as the care plans did not have any written evaluations.

Recruitment procedures were robust so that staff were suitable to work with vulnerable people.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Formal qualifications in care were on-going for the staff.

People's nutritional needs were monitored by the staff and their dietary preferences taken into account. People told us they liked the food.

People were able to see external health care professionals to help monitor and maintain their health and welfare. Risks to people's safety were recorded and measures were in place to keep people safe.

The staff interacted well with people and demonstrated a good knowledge of people's individual care, their needs, choices and preferences. During the course of our inspection we saw that staff were caring and respectful of people's wishes.

We found people were provided with social activities and encouraged to continue with their preferred interests and hobbies.

Some adaptations were in place to promote a dementia friendly environment. This was to ensure the comfort and wellbeing of people who lived at the home.

We found the home to be clean though we observed staff not always wearing protective equipment, such as aprons, when serving meals to promote good standards of food hygiene.

Staff were aware of the whistle blowing policy and they told us they would use it if required.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home. This was carried out by satisfaction surveys, day to day contact and formal meetings.

There was information available about the home for people to refer to. This included a complaints' procedure which was displayed so that people had access to this information should they need to raise a concern.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We found some concerns regarding the routine maintenance of the home's environment which left people exposed to unnecessary risk.

There were sufficient numbers of staff on duty to help ensure people were cared for in a safe manner.

Staff recruitment procedures were robust to ensure staff were suitable to work with vulnerable people.

People living at the home were protected against the risks associated with the use and management of medicines.

Staff were aware of what constituted abuse and told us they would report an alleged incident.

Risk assessments had been undertaken depending on each person's individual needs.

We found the home to be clean at the time of the inspection though we observed staff not always wearing protective equipment, such as aprons, when serving meals to promote good standards of food hygiene.

Is the service effective?

Good 

The service was effective.

People had access to external health care professionals to monitor their health and wellbeing.

People's health care needs were monitored effectively to ensure their care needs were met.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and

preferences were taken into account. People told us they liked the food.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

We observed good interactions between staff and people they supported. Staff support was given in a respectful and caring manner.

Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences. This helped to ensure people's comfort and wellbeing.

People and relatives we spoke with told us the staff consulted them about their care and decisions around daily living.

People's dignity was observed to be promoted in a number of ways during the inspection.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff we spoke with had a good understanding of people's needs and how people wished to be supported.

We saw care was personalised, taking into account how people wished to be supported to meet their individual needs.

People had care plans to support the care delivered. We found it difficult to track on-going care as the care plans did not have any written evaluations.

A process for managing complaints was in place and people we spoke with were confident they could approach staff and make a complaint if they needed.

Arrangements were in place to seek the opinions of people and their relatives, so they could share their views and provide feedback about the home.

Is the service well-led?

The service was not always well led.

Monitoring/checking systems in place were in place though they were not robust to ensure the home's environment was maintained safely.

The home had a registered manager in post; their approach was open and caring.

Staff were aware of the home's whistle blowing policy and said they would not hesitate to use it.

Requires Improvement 

Phoenix House 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 unannounced inspection took place on 22 & 23 February 2016. The inspection team consisted of two adult social care inspectors and a pharmacist inspector.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the CQC had received about the service and we spoke with the Local Authority's contracts' team who have previously been involved with the service.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We were able to speak with five people in total who were living at the home and one visitor.

We spoke with seven staff members which included care staff, maintenance person, a domestic member of staff, the registered manager and the owner (provider) of the home. We looked at the care records for five people who lived at the home, two staff personnel files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the communal rooms and external grounds.

Is the service safe?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Phoenix House. This was because the people who used the service communicated in different ways and we were not always able to directly ask them their views regarding their experiences and support. We did receive some comments and this included, "I feel very safe here, the staff are on hand always" and "Yes, I am safe, I like it here."

We inspected the home in August 2015 and a breach of regulation was identified that led to the key question, 'Is the service safe?' being rated as 'Requires Improvement'. This comprehensive inspection took into account the action the provider had taken to address the breach.

In August 2015 the following breach was identified:

People were not protected against the risks associated with the management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found improvements had been made in the safe management of medicines and this requirement was now met.

We found the home had made a number of improvements including daily checks of the Medication Administration Record Sheets (MARS) and regular medication audits. The audits were concise and action plans had been put in place where improvement was required. Staff had received in depth training around the safe management of medicines and their competencies had been checked to ensure they had the knowledge and skills to administer medicines safely. This was confirmed when looking at the staff training logs and also talking with the staff.

We checked the medicines and medicine administration records (MARS) for all 18 people who were living in the home at the time of the inspection. We spoke with five members of staff including the registered manager, one senior carer and three carers. We found all of people's records had photographs and their allergies had been recorded. This reduces the risk of medicines being given to the wrong person or to someone with an allergy, and is in line with current guidance.

We checked the quantities and stocks of medicines for three users and found the stock balances to be correct. The home had a clear ordering and checking process to ensure the correct medicine had been delivered. This process had highlighted an error where one of the directions of one medicine had changed. The home had identified this before the new cycle of medicines had started and this was a good example of how the home's processes had improved. The levels of stock were not excessive and were well maintained.

At the previous inspection the covert administration of medicines (for example hidden in food or drinks without the person's knowledge or consent) were not appropriately managed. During this inspection we looked at two people who were given their medicines in a covert manner and the documentation was

completed fully. The home had also documented on the front of the MARs how the person preferred to have their medicines administered to ensure their care was person centred

We asked the staff if there were enough staff on duty to provide care and support for people. They told us having an extra member of care staff on duty in the morning to serve breakfast and support people with this meal was working well. At the time of our inspection the registered manager was on duty with four care staff and a domestic staff member who also undertook maintenance work. A relative told us there were enough staff around the home to look after people well.

Throughout the inspection we observed that people's personal care and support needs were met in a timely way by staff. Staff were regularly in-and-out of the lounges supporting people and/or checking on their safety. There was a calm atmosphere and people were not rushed when being supported by staff.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

The care files we looked at showed how risks to people's safety were assessed and how this information was used to record a plan of care. Risks assessments identified possible risks and the level of support required to help protect people from unnecessary hazards, thus ensuring people's safety and promoting independence where possible. We saw this in areas such as, falls, nutrition, mobility and pressure relief.

Incidents that affected people's safety were documented and audited (checked) to identify trends, patterns or themes. Any actions or recommendations made had been taken in a timely manner to reduce the risk of re-occurrence and help ensure people's ongoing safety and wellbeing.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training though refresher courses were now due for some staff. The staff we spoke with were clear about the need to report through any concerns they had.

We looked at the arrangements in place for checking the environment to ensure it was safe. We did a tour of the home and we were concerned that there were a number of outstanding maintenance issues that had not been dealt with. Some of these exposed people living in the home to unnecessary risk. For example, a fire exit door was blocked with a walking frame and shower chair (removed by the owner when we pointed it out). We also saw a fire extinguisher being used to prop open a fire door on a landing rendering this ineffective in case of a fire and exposing people to risk. We saw that not all fire extinguishers were mounted on brackets. This makes them easier to move so that staff may not be aware of their whereabouts. We observed a fire door on the landing that was badly damaged and could not be closed. It had the door handle missing exposing a hole in the door. We spoke with the provider (owner) and registered manager who could not tell us how long this had been damaged.

We saw that other maintenance had not been carried out. In one bedroom the ensuite toilet light did not work. The pull cord was broken. This meant if the occupant used the toilet at night they would have reduced visibility. A soap dispenser in a bath room had fallen off the wall and was placed on the side of the bath. In the first floor shower room the handrail was rusty and a possible source of infection and the safety chain on the sluice/boiler room door was broken. The boilers were hot to the touch.

We asked care staff about routine maintenance and the system for reporting and any jobs needed. Care staff told us, 'we report it to the maintenance man'. We spoke with the maintenance person who confirmed this arrangement. The maintenance person was only aware of the light in the ensuite being broken however and was not aware of the other maintenance jobs. We were told there was no written maintenance record for staff to request jobs and therefore no audit of jobs needing attention or being completed.

We brought these observations to the attention of the provider during the inspection. The provider explained that they tour the home monthly and review the home's environment including safety issues. We saw an audit carried out on 20 January 2016 but none of the issues we saw had been identified. Following our inspection we contacted the fire service to advise them of our concerns around fire safety in the home.

This is a breach of Regulation 15 (1) (c)(e) HSCA 2008 (Regulated Activities) Regulations 2014.

The provider has since contacted us to tell us they have addressed a number of the safety issues we identified during the inspection.

We checked some specific maintenance and safety records. A fire risk assessment had been carried out and personal evacuation plans (PEEP's) were available for the people resident in the home. They were clearly displayed. We spot checked other safety certificates for example, electrical safety, gas safety, fire, legionella, risk of scalding from hot water temperatures and infection control. These were in date.

A coloured coded system for buckets and mops was in place to clean different areas of the home. We found the mop heads needed to be replaced due to general wear and tear. Following the inspection the registered manager informed us this had been actioned.

We saw cleaning records for the home though these had not always been completed to evidence the areas cleaned. The communal areas, bathrooms and bedrooms we saw were clean; a relative told us their family member's room was cleaned each day and staff told us about the daily cleaning carried undertaken.

During the inspection we saw members of staff serving lunch without wearing protective personal wear, such as aprons, and hair not tied back. This did not promote good standards of hygiene when serving meals to people. We brought this to attention of the registered manager and this was rectified during our visit.

Is the service effective?

Our findings

We talked with people about their care. A person told us they felt the staff looked after them well.

We looked at the training and support in place for staff. The provider told us new staff received an induction and worked alongside a more experienced staff member as they got to know the service and became familiar with people's needs. They told us no new staff had been employed since the last inspection.

Staff support included a programme of ongoing training, supervision and appraisal. Supervision meetings were held every six months. We spoke with the registered manager regarding the need to increase the frequency of these meetings should this be required. Staff did not raise any concerns regarding the frequency of these meetings.

We saw a copy of the staff training matrix which identified training for staff in 'mandatory' subjects such as, health and safety, first aid, medication, safeguarding, food hygiene, infection control and fire awareness. Staff also attended other courses, for example, person centred care and specific training to support people with dementia. Three staff had completed a three day first aid course to qualify them as first aiders.

Staff needed to undertake refreshed training in a number of mandatory courses and the provider told us these courses were now being set up by the staff's e-learning accounts. Following the inspection we received confirmation from the provider that staff had started their refreshed training. When talking with staff some comments were made regarding a preference for 'face to face' an alternative method of learning. We brought this to the attention of the registered manager.

Staff received a handover at shift changes to inform them of people's needs and any change in care of treatment. The need for a more detailed handover was raised by staff as they did not always feel they had all the information they needed. They told us further clarification would be sought however and this was not to the detriment of the people they supported.

A number of care staff had obtained formal qualifications in care as part of their on-learning and the owner told us the training offered to the staff was aligned with the QCF (Qualifications and Certificates Framework). The owner told us that 76% staff had a NVQ (National Vocational Qualification) in Care at Level 2 and above. This demonstrates a commitment to formal learning to help provide a good standard of care.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

We saw examples where people had been supported and included to make key decisions regarding their

care. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice. For example, one person we reviewed had bedrails in place. We saw these had been assessed as needed to help ensure the person's safety. The assessment included a test of the person's mental capacity be involved in this decision and why the bedrails had been put in place in the person's 'best interest'.

Staff were able to talk about aspects of the workings of the MCA and how they considered this when supporting people with their daily lives.

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). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. 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. We found that related assessments and decisions had been properly taken and where authorisations had been made the provider was complying with the conditions applied in the authorisation.

We found senior staff had been trained and prepared in understanding the requirements of the MCA in general and (where relevant) in the specific requirements of the DoLS.

We saw lunch being served. Staff were present in the dining room to assist people with their meals and their support was given in a calm and unhurried manner. People were able to eat their meals at a pace that suited them. A four week menu was in place (in word and picture format) and staff went over the menu choices with the people they were supporting. Alternatives were available should a person not want the menu of the day and people's menu choices were recorded for staff to refer to. A relative told us the food was very good and there was plenty to choose from.

People were offered plenty of hot and cold drinks and snacks at different times of the day. The staff catered for special diets and people's dietary preferences and requirements were recorded in a plan of care and known by the staff. The main meal of the day was cooked at another care home (owned by the same provider) and then transported to Phoenix House. The lunch time meal was served hot and was nicely presented. Breakfast, lighter meals for tea time and snacks were prepared at Phoenix House by the care staff. A person told us how much they enjoyed the meal and the portion size was just right for them. They also told us they could choose something different from the menu if they wanted.

We looked round the home to see if the environment was suitable for people living with dementia. We found the home to be brightly lit and not cluttered. The home had three lounges, including a lounge/dining room; there was plenty of space for people to walk freely or to walk with staff support. Signs at eye level for key areas such as, toilets and bathrooms were displayed. There was plenty of seating areas in the communal rooms and avoidance of reflective floors. Brightly painted bedroom doors helped to provide a contrast in colour to orientate people and bright coloured crockery helped to provide a contrast with the colour of the meal. The crockery was light weight to help people eat independently.

Is the service caring?

Our findings

Phoenix House provides care and support for people living with dementia. People with dementia need support that is given in a timely unhurried manner. Our observations showed staff had a good understanding of this. We asked people to tell us about the staff. Their comments included, "Very good help", "I think the staff are excellent, helpful", "Always there when you need help" and "I like the staff." A relative told us they felt the staff worked hard and did everything they could to help.

There was a relaxed friendly atmosphere and people appeared comfortable and at ease with the staff. We observed staff promoting people's dignity. For example, using the correct form of address and providing help with personal care in a polite and caring manner. This support was given at a pace to suit the individual and staff had plenty to chat whilst offering assistance. We saw this over the lunch time period when staff sat down next to the people who needed support, they took time to advise the person what was on their plate, checked to make sure people were enjoying their meal and providing assistance at right pace. We saw over lunch staff providing plenty of encouragement to people with their meal.

In the afternoon staff sat with people in the lounges and talked about their families, their hobbies and daily news for example. People appeared to enjoy this interaction. A person told us, "I like the fact the staff take an interest in me and what I did when I was younger".

The staff demonstrated a good knowledge of people's individual care, their needs, choices, preferences and how they wished to be supported. We saw staff involving people in making decisions, seeking their consent before proceeding and respecting their choice.

Staff discussed with us people's care needs and how they wished to be supported. This was in accordance with people's plan of care. Staff spoke about people with warmth and demonstrated a positive regard and understanding for the people they supported. Staff took into account people's wishes about their routine, for example, some people preferred to have their breakfast in bed and we saw staff supporting people with this choice.

There were a number of visitors during the inspection and there were no restrictions around when to visit. Staff told us they knew the families well and that and this played an important part in getting to know the people they supported.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so with or without staff support.

Is the service responsive?

Our findings

We saw some involvement by people and their relatives in respect of their plan of care. A person told us the staff had spent time with them talking about their care and support needed and wished to receive. They told us the staff checked to make sure they were happy with the care they were receiving. A relative said the staff had 'gone over' the care and support their family member needed and they were informed about any changes.

Staff told us they made sure people's views were listened to and respected when making decisions about their care and involvement in day to day tasks. We saw an example of this for a person who had a specific routine. They told us the staff were aware of the time they liked to go to bed and retire at night and staff made sure they provided support at the preferred times.

We looked at the care records for five who lived at the home. We found that care records and care plans were well maintained. They were individualised as they recorded people's preferences, choices and reflected aspects of their current care and associated risks. Care plans viewed included details of a person's life history. We saw that family members were included in gathering information and had contributed to the record. There was a resume of each person's care needs at the beginning of the care file and these showed evidence of being reviewed with the person's family members.

The care plans did not contain written evaluations or reviews. The registered manager explained that if care needs changed these were updated on the care plan and a new plan was printed off and put in the file. Existing care plans were re dated on a monthly basis and likewise replaced if there were no changes. The lack of a written evaluation of the care meant that it was sometimes difficult to track care. For example, one person had sustained a fall but there was no reference to this in the care plans (there was a record in the daily record sheet which had been archived and had to be retrieved). The previous care plan had simply been recopied and redacted as an 'evaluation'. This person had been under the care of the district nursing team following the fall but there was no reference in the care planning to this or any follow up that may (or may not) be needed. We discussed with the registered manager ways of better recording care evaluations to improve the records held.

The social activities were staff led and an activities board provided information about the daily social activities. Staff told us a number of people preferred to spend time with the staff on a 'one to one basis' and they had time to do sit with people during the afternoons. We saw this during our inspection and noted good interactions at this time.

Social activities included arts and crafts, music, the use of a memory box and trips out in the home's minibus during the warmer weather. Gentlemen were able to attend a barber shop run by a member of staff at the home. Holy Communion was offered to people at the home in accordance with their chosen faith. A person told how important this was to them and this had helped them settle into their new surroundings.

The complaints procedure was displayed for people to refer to should they need this information. We

received a recent complaint about the home around the cleanliness and staffing numbers. The Local Authority's contracts team subsequently conducted a monitoring visit of the home and at the time of their visit found the home to be clean and well staffed. On our inspection we found the home to be clean and there were sufficient numbers of staff to support people safely.

A relative told us they would not hesitate to speak with the staff if they were worried at all or had a complaint.

Arrangements for feedback about the service included satisfaction surveys for families and people who lived at the home.

Is the service well-led?

Our findings

There was a registered manager at the service and staff told us the registered manager had worked hard to improve the medicine practices over the last six months. We found the registered manager to be open and caring in their approach. This was confirmed when talking with a relative.

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. We saw a number of audits in areas such as, care needs and associated risks, infection control, medicines, incidents and falls.

We found that some areas of concern we identified on the inspection had not always been picked up in the internal audits conducted. For example, the monthly audit completed by the provider had not identified basic maintenance issues and the 'in house' verbal reporting system for routine maintenance was also ineffective. The lack of written evaluation of the care meant that it was sometimes difficult to track people's care. We discussed the need to review some of these internal audits regarding their effectiveness.

This is a breach of Regulation 17 2(b) of the HSCA 2008 (Regulated Activities) Regulations 2014.

People who lived at the home and relatives were provided with satisfaction surveys in September 2015 to gain their views about the home. The owner advised us these would be sent out again shortly.

Staff knew their role and who to go to should they have any concerns. Staff were aware of the whistle blowing policy and they told us they would use it if required. The last staff meeting was held in December 2015. We saw minutes from staff meetings which were held to share information about the service.

External monitoring included an environmental health inspection in June 2015. The home scored four stars based on how hygienic and well-managed food preparation areas were on the premises (the highest score being five).

We talked with the registered manager regarding the ongoing development of the service and the appointment of designated roles such as, a dignity champion or dementia champion. The registered manager said they would consider these as a way of developing specific roles for the staff. The home had an enclosed spacious garden at the rear of the property. The registered manager said they would like to develop part of this space as a sensory garden for people to enjoy.

The provider advised us that the deputy manager was 'on call' and that they and the registered manager could be contacted at any time in the event of an emergency. Staff told us there was always someone senior available should their support be needed.

The manager had notified CQC (Care Quality Commission) of events and incidents that occurred in the home in accordance with our statutory notifications.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The inspection report was available for people to read and following discussion with the provider the rating was displayed for people to see. This enables to see how the home is performing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 17 HSCA RA Regulations 2014 Good governance Monitoring/checking systems were in place though they were not robust to ensure the home's environment was maintained safely. This was a breach of Regulation 17 2(b) of the HSCA 2008 (Regulated Activities) Regulations 2014.

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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Routine maintenance of the home's environment was not maintained and this left people exposed to unnecessary risk. This was a breach of Regulation 15 (1) (c)(e) HSCA 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We served an enforcement (warning) notice