

Whitworth House

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitworth House is a residential care home that provides personal care for up to nine older people, some of whom are living with dementia. There were seven people using the service at the time of our visit.

People's experience of using this service

- We found breaches in relation to staff recruitment, safe care and treatment, consent, staff support and good governance. We served warning notices in relation to the repeat breaches of good governance and staff recruitment.
- The provider did not always ensure recruitment was robust so only suitable staff were employed.
- There were enough staff to support people safely and staff spent time sitting with people.
- The provider did not always assess risk to people's care to ensure they were doing everything possible to reduce the risks.
- The provider had not carried out robust checks of the premises and equipment to ensure risks were identified and reduced. Some food hygiene practices required improvement.
- Records were not always stored securely. The provider struggled to locate documentation we requested throughout our inspection. In addition, we found confidential documentation accessible to visitors in a communal room.
- Staff did not receive supervision to support them sufficiently in their roles. However, staff received the training they need to understand people's needs.
- The provider did not always follow the Mental Capacity Act (MCA) in assessing people's capacity to make their own decisions. This meant the provider may have unfairly determined a person lacked capacity.
- The provider lacked sufficient good governance and had not identified and responded to the concerns we found.
- Some people were unable to express their views due to their advanced dementia, so we carried out observations to understand their experiences better. Most people we spoke with, and both relatives, were positive about the care they received. Everyone we spoke with told us staff and the management were kind and caring.
- The provider supported people to access activities including a local social club. However, some people and relatives felt there were not enough activities to occupy people.
- People received medicines safely.
- We received mixed feedback regarding the food, although most people enjoyed this.
- Staff supported people to see the health and social care professionals they needed to maintain their health and wellbeing.
- A registered manager had been in post for over 20 years and was also the owner. They managed the service alongside two close family members who were deputy managers.
- People and relatives knew how to complain and had confidence the management team would respond appropriately to any issues they raised.

We found the service met the characteristics of a "requires improvement" rating overall.

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

Rating at last inspection: At the last inspection the service was rated as Good [report published on 9 November 2016].

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has declined to "requires improvement" overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Whitworth House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one 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. Their area of expertise for our expert by experience was as a person who had used, and cared for people who used, social care services themselves.

Service and service type

Whitworth House provides care and support for up to nine older people, some of whom are living with dementia. There were seven people living at the service when we inspected it.

The service is required to have a registered manager. 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 the time of our inspection, a manager was registered with us.

Notice of inspection

- Our inspection was unannounced and took place on 9 May 2019.

What we did

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority commissioning and quality monitoring group.
- We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We spoke with four people who used the service and two relatives.
- We spoke with the registered manager, the deputy manager and one care worker.
- We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

Requires improvement: People were not always safe and protected from identified harm. Legal requirements were not always met.

Staffing and recruitment

- ☐ The provider did not always ensure proper recruitment checks were carried out for new staff or that recruitment documents were stored securely on file.
- ☐ Two staff files lacked application forms and for a third the provider had not followed up gaps in employment.
- ☐ One staff file lacked proof of identity, a recent photo and contained only one satisfactory reference.
- ☐ All staff files we looked at lacked evidence the provider checked staff were suitable in terms of their physical and mental health to work in a care home.
- ☐ The provider told us the missing documents were stored elsewhere but was unable to locate these during the inspection. The provider forwarded proof of identification for one staff member along with their application form after the inspection. The other outstanding documentation was not provided as requested.
- ☐ No staff files contained interview notes so we were unable to check how candidates were assessed during the interview process.
- ☐ All staff files we checked showed the provider checked criminal records. One person had a minor criminal record and the provider told us they had assessed any risk relating to this. However, the provider was unable to show us the risk assessment during our inspection as it was not stored securely and did not send this to us afterwards as requested.

These issues were a repeat breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ People, staff and a relative told us there were enough staff, although one relative felt more staff would be beneficial. During our inspection we observed there were enough staff to support people and meet their needs safely. The provider told us there were enough staff and confirmed any staff absences were covered by the family members who ran the service.

Assessing risk, safety monitoring and management

- ☐ The provider did not always assess risks relating to people's care. The provider assessed some risks such as those relating to moving and handling, although these were not always reviewed regularly to ensure they remained accurate and sometimes contained contradictory information. This meant they were unreliable for staff to follow.
- ☐ The provider did not always assess other risks common in older people such as those relating to falls, pressure ulcers, malnutrition and dehydration, choking, medicines management and medical conditions such as diabetes. The provider had some care plans in place to guide staff on managing people's risks,

although in one case we found this contained unreliable information to guide staff and had not been updated as their needs changed. The lack of formal risk assessments meant the provider could not be sure they were managing people's risks in the best ways to ensure people's safety.

- When we discussed our concerns with the provider they told us they would review their risk assessment process to ensure they assessed people's risks in a better way.
- The provider carried out some health and safety checks on the premises and equipment including fire, gas and electrical safety. However, some checks were lacking.
- The provider had not carried out a Legionella risk assessment to ensure the risk of this water-borne infection were as low as possible. When we raised this with the provider they arranged for an external company to check for any Legionella in the water, although this does not replace the need for specialists to carry out a full risk assessment of the home, in line with national guidance.
- The provider told us they monitored the temperature of hot water outlets to reduce the risk of scalding, but no evidence of this was available during our inspection.
- The provider had not taken prompt action regarding fire safety. In May 2018 the provider's fire safety contractors found half the fire sensors were not working and recommended immediate action. The provider told us they were still reviewing quotes for the work. This meant the provider had not taken prompt action to keep people safe and we reported these concerns to the London Fire Commissioner (LFC).
- The provider had not assessed the safety of the premises thoroughly. We identified there was no system to alert staff if a person left the service via the first-floor fire escape. This meant a person disorientated to space and time could come to harm without staff being aware. The provider told us they would install an alarm on this fire escape as soon as possible.
- The carpets across communal areas were thin and presented a possible slip hazard. When we raised this with the provider they informed us they had already scheduled to replace them shortly.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not always store people's records securely. We found some confidential documents were stored inappropriately under a computer in the dining area. When we raised our concern with the provider they agreed it was inappropriate and told us they would remove the documents immediately.

These issues form part of the repeat breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- In February 2018 the service received a food hygiene rating of '1', meaning major improvement was necessary. This was because of poor checks in place to ensure food was safe to eat and a lack of staff training.
- The provider and staff told us they carried out daily checks of food hygiene, including the temperature of food being served and stored. However, the provider was unable to show us records for the day of our inspection. The provider showed us records for two weeks in February 2018 and told us recent records had been misplaced. This meant records were not stored securely, and we could not evidence the provider was carrying out these checks. The provider sent us more recent records after our inspection.
- We checked the kitchen and found it was clean and staff generally followed good practice. However, food was not always stored safely and systems to dispose of food which had gone off required improvement.

These issues form part of the repeat breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found staff had received food hygiene training in the past year and the provider told us this would be refreshed annually.
- People were protected from the spread of infection as staff received training in infection control to keep their knowledge current and followed suitable practices. For example, staff wore personal protective equipment (PPE) such as gloves and aprons when providing personal care. Staff carefully separated soiled linen and washed them at suitable temperatures in industrial washing machines.
- The service was clean and free of malodours. However, one person's bedroom required dusting and the provider told us they would do this immediately.

Using medicines safely

- People did not raise any concerns regarding medicines management.
- We observed medicines administration and saw staff followed best practice.
- Staff recorded medicines administration appropriately and we found no gaps in recording.
- We found stocks of medicines were as expected which showed people received their medicine as expected.
- Staff received training in medicine management to keep their knowledge current.
- Staff told us the registered manager checked all new staff were suitable to administer medicine by observing them. However, the provider did not carry out formal competency assessments which included checking staff knowledge. When we discussed this with the provider they told us they would introduce competency assessments to be reviewed each year.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people felt safe with the staff who supported them. One person told us, "I feel safe here, I am never worried." However, one relative told us they had observed staff shouting at people in the past. We raised these concerns with the provider who told us they would investigate and raise a safeguarding alert if necessary.
- The registered manager and staff understood their responsibility to safeguard people from abuse and neglect and received regular training in this.
- The registered manager told us there had been no safeguarding allegations in the past year although they knew how to report concerns to the local authority safeguarding team.

Learning lessons when things go wrong

- The registered manager told us there had been one accident/ incident in the past year. We found this was recorded appropriately. The provider told us they would review any further accidents/ incidents to identify any patterns and check people received the right support.

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

Requires improvement: People's outcomes were not always good although people were satisfied with their care. Legal requirements were not always met.

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

- ☐ 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.
- ☐ The provider had not trained staff to understand their responsibilities in relation to the MCA and our discussion with a staff member showed they lacked understanding. The provider told us staff received some training as part of a recent dementia course, although they would train staff in greater depth after new MCA legislation has passed.
- ☐ The provider did not always assess people's capacity in relation to the care they provided in line with the MCA. For example, the provider had not assessed whether people had capacity to consent to medicines being managed by staff.
- ☐ We viewed a general capacity assessment for one person where the provider determined they 'lacked capacity'. However, the MCA requires providers assess capacity in relation to specific decisions and not generally which meant the provider went against the MCA in assessing this person's capacity.
- ☐ One member of staff told us when a person refused their medicines they sometimes hid them in food. This is known as 'covert medicine administration'. When we asked the provider about this first they told us they sometimes used covert practices for administering medicines, then later told us this was not the case. The person's care plan did not set out what staff should do if they refused their medicine. The provider had not carried out a mental capacity assessment to check whether the person had capacity to refuse their medication. The provider had also not consulted others involved in their care, such as relatives and professionals to check covert administration was in the person's best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Several people were being deprived of their liberty at the time of our inspection and the provider had applied for appropriate authorisations for them.

- Staff did not always understand their responsibilities in relation to DoLS. Staff were not always able to tell us which people were being deprived of their liberty and any conditions on depriving them of their liberty. This information was also not available in people's care plans for staff to refer to.

Staff support: induction, training, skills and experience

- Staff did not receive regular formal supervision to review their work and development needs. Of the three staff files we checked there was no evidence of supervision for two staff and a third had received one supervision in the past two and a half years. There was no evidence staff received appraisals to review their performance and set targets for the coming year. The provider told us they had a plan in place to improve staff supervision.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had confidence in the staff. One person told us, "I am very happy with the job they are doing. They have competency and confidence in things they do." A relative told us, "I don't have any issue with staff skills." Staff told us they felt supported by management and said they could discuss issues with the registered manager at any time.
- People were supported by staff who received the training they needed to understand people's needs. Staff told us training was comprehensive and of good quality, and we viewed some staff training records. However, not all staff training records were available during our inspection and they were not securely stored.
- The deputy manager was completing a course to enable them to train staff themselves in the future.
- The provider supported staff to complete diplomas in health and social care to further their knowledge.

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

- Most people were positive about the food and told us they received food of their choice although one person was not happy with the meals. Comments included, "The food is good, I get to eat what I want", "I enjoyed my lunch", "The food is alright" and "I don't like the food, it is tasteless."
- The service also provided food to meet people's religious and cultural needs. We observed people were encouraged to drink throughout our inspection. One relative told us, "People receive good food and fluid intake."
- People were supported to have enough to eat and drink although records to allow effective monitoring required improvement. The provider told us they weighed people each month and checked their Body Mass Index (BMI). However, one person's weight chart had not been completed since February 2019. When we queried this with the provider they told us weights had been recorded elsewhere and then they filled in the chart.
- If staff were concerned about people's weight they referred them to specialists such as dietitians through their GP. The provider included guidance from dietitians and also speech and language professionals in people's care plans for staff to refer to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs prior to admission by speaking with them and their families and reviewing professional reports. The provider created care plans based on these assessments which they reviewed each year.
- People were supported to see the healthcare professionals they needed to maintain their health such as

GPs and hospital specialists and staff followed their advice. Staff supported people to see medical professionals promptly if they became unwell. One relative told us, "They are quick to notice [if my family member is ill]". A second relative told us their family member went to hospital much less since they had been living at the service.

- Information about people's health conditions were recorded in their care plans for staff to refer to.

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

- The deputy manager understood some people with dementia view the world differently. They replaced a weighing scale when a person appeared afraid the black surface was a hole. They placed some dementia-friendly signage around the home to help people find their way around the building. The provider told us when they replaced the carpet they would consider options without patterns to be dementia-friendly.
- The provider told us people were not able to use the garden at present because it was unsafe, and they had a plan in place to improve this as soon as possible.
- The provider also had a plan to redecorate areas of the home including repainting communal areas and people's rooms, and told us they would consult with people on their preferred colour schemes.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People were positive about the staff. Comments from people and relatives included, "The care is beyond comparison", "The care is good, I can't fault anything", "Everyone here is friendly, they are all nice people", "The staff are kind, they treat me well. Staff have a caring attitude", "Staff are very caring. This is shown by things they do for me and with me", "They are all lovely people" and "They are 100% caring. You can tell from the way they interact with [my family member]. If I go out of here I know I left [my family member] in the best place possible." Staff told us how they celebrated a person's birthday recently and a relative said, "The [registered manager] makes sure she remembers each birthday."
- ☐ We observed staff treated people with kindness through the inspection, spending much time sitting and talking with them and using appropriate ways to comfort them. A person living with dementia was soothed by holding a doll which they 'looked after' and we saw staff encourage this.
- ☐ Most people and relatives told us staff understood people's needs. Comments included, "Staff know my needs and help me meet them", "Staff understand me" and "Staff know people's needs and take care of them." However, one person told us, "Here they don't know what I want." Our observations and discussions with staff showed they understood people's day to day needs and preferences as well as their cultural and religious needs.

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

- ☐ People were involved in most decisions about their care such as when and how they received personal care and their choice of clothing. However, we observed staff did not give people a choice to stay at an activity at the local church during our inspection. We observed people were enjoying the music and watching people dance. But when one person wanted to go home all people were then told they had to leave with them.
- ☐ Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff described to us the different ways people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.

Respecting and promoting people's privacy, dignity and independence.

- ☐ People were supported to maintain their appearance. A relative told us, "They keep [my family member's] haircut and groom them well". We observed people were well dressed in clean, matching clothes appropriate for the season.
- ☐ People and relatives told us staff treated them with respect. We observed staff spoke to people pleasantly and used their preferred names.
- ☐ Staff told us how they maintained people's dignity when providing personal care, such as ensuring people remained covered as far as possible and that doors and curtains were closed.

- ☐ The provider welcomed visitors to the service and kept family members up to date with people's progress. This helped people maintain important relationships.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People and relatives told us their support met their needs and preferences.
- ☐ People's care plans were personalised, setting out the best ways for staff to care for people in line with their needs and preferences. They kept care plans under review so information in them remained reliable for staff to follow.
- ☐ The provider understood the Accessible Communication Standard and noted people's communication needs and preferences in their care plans and how staff should meet them.
- ☐ People were provided with some activities to occupy themselves although one person and some relatives told us there was not enough to do for their family member. The person told us, "I used to do various things, but I don't get the chance here...there is nothing exciting to do here." A different person told us how staff often took them out to do an activity they enjoyed. A relative told us, "My [family member] needs more stimulation than just TV."
- ☐ During our inspection we observed several people went to a social group at a local church. People could participate in this social group twice a week and staff supported them to attend. Other activities in the service included bingo, singing and arts and crafts. The provider took people on day trips during the summer months and supported a person to walk in the local community most days. The provider told us they planned to increase activities in the home.

Improving care quality in response to complaints or concerns

- ☐ People knew how to complain and who to complain to or raise concerns. Comments included, "If I had something to complain about, and I don't have anything to complain about, I would tell the manager", "If I had anything to say I would say it" and "If I had to complain I would complain to [the registered manager], but I could never envisage that happening."
- ☐ The provider told us they had not received any complaints in the past year. However, the provider had a system in place to investigate any complaints they received.

End of life care and support

- ☐ The deputy manager recently completed training with the local hospice on best practice in end of life care. The deputy manager told us they planned to encourage people to think about how they would like to receive care at the end of their lives and record this in care plans. This would be done sensitively, in consultation with their relatives and others who were important to them.

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.

Requires improvement: The service was not always consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care. Legal requirements were not always met.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements.

- Although the provider had some quality assurance systems in place, these had not identified or resolved the issues we found. Quality assurance systems included the management team working with people and staff each day which meant they understood the culture of the home well. However, the provider lacked good oversight of the services which meant they were in breach of regulations relating to: staff recruitment, staff support, safe care and treatment, MCA compliance and good governance. The provider had also not identified and resolved other poor practices we found such as those relating to food hygiene.

These issues were a repeat breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were introducing an electronic system to improve their record keeping and oversight of the service.
- The service is required to have a registered manager. 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. A registered manager was in post.
- The registered manager was also the owner of the service and had managed the service for over 20 years, alongside their close family members who were both deputy managers.
- People, relatives and staff had confidence in the registered manager and her two deputy managers. Comments included, "The manager is doing a good job, managing the place very well, there is nothing to change or improve", "I can't praise the registered manager and her team enough", "The registered manager is a nurse so she knows what she is doing" and "The registered manager has a rod of iron and a heart of gold."
- However, our inspection findings showed the provider did not always understand regulatory requirements and the risks to people from their lack of oversight of the service.
- The deputy manager completed a level 5 diploma in leadership and management in health and social care and planned to register as manager in the future.
- Staff understood most parts of their role in caring for people, although we identified more support and training was required in relation to MCA.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility

- The provider had involved people in reviewing their care, along with their relatives and healthcare professionals. People's preferences, hopes and aspirations were reflected in their care plans. People and relatives found the staff and management were open and communicated well with them.
- The registered manager had not notified CQC appropriately of a serious injury to a person at the home as required by law. The deputy manager explained this was an oversight and sent the notification to us after the inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- ☐ Although staff felt supported by the management team the provider lacked robust systems to help staff understand their roles. Staff did not receive regular supervision meetings or annual appraisals. The provider held regular informal meetings with staff to keep them up to date.
- ☐ People and relatives were overall satisfied with their care and communication. One relative told us, "Whenever I come in they tell me if there is anything we need to do or if there is any problem. Communication is ok, we chat all the time, it's informal." A second relative told us, "They are very good at communicating."
- ☐ However, the provider lacked robust systems to gather feedback from people living in the home and their relatives.
- ☐ The provider worked with other health and social care professionals involved in people's care to maintain their wellbeing. The deputy manager also attended forums held by the local authority for managers of adult social care services to share learning.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not notify the Commission in a timely manner of an injury to a person which required treatment by a health care professional to prevent in order to prevent prolonged pain.</p> <p>Regulation 18(2)(b)(ii)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always ensure they acted in accordance with the Mental Capacity Act (2005) if people were unable to give consent.</p> <p>Regulation 11(3)</p>
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 responsible person had not established recruitment procedures which always ensured staff were of good character, had the skills and experience necessary, and were, by reason of their health, to carry out their roles. Information specified in Schedule 3 was not always kept by the registered person in relation to staff along with any other required information.</p> <p>Regulation 19(1)(a)(b)(c)(2)(a)(b)(3)(a)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The responsible person did not always ensure staff received appropriate supervision and appraisal to enable them to carry out their duties.</p> <p>Regulation 18(2)</p>

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The responsible person did not always ensure care and treatment was provided for people in a safe way by: assessing the risks to the health and safety of people of receiving care; doing all that is reasonably practicable to mitigate any such risks; ensuring that the premises and equipment were safe to use for their intended purpose and were used in a safe way; preventing the spread of infections.</p> <p>Regulation 12(1)(2)(1)(a)(b)(d)(e)(h)</p>

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always ensure systems and processes were and operated effectively to ensure compliance with this regulation by assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); maintain securely records as are necessary to be kept in relation to staff and the management of the service.</p> <p>Regulation 17(1)(2)(1)(a)(d)(i)(ii)</p>

The enforcement action we took:

We served a warning notice on the provider.