

Drake Court Healthcare Limited

Drake Court Residential Home

Inspection report

Drake Close
Bloxwich
Walsall
West Midlands
WS3 3LW

Tel: 01922476060

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05 December 2018

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 04 and 05 December 2018 and was unannounced. At the last inspection completed 02 October 2017 we rated the service as 'requires improvement'. At this inspection, we found improvements had been made in some areas. However, poor governance systems had exposed people to the risk of harm.

Drake Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 29 people in one adapted building. At the time of our inspection there were 28 older people living with dementia, many of whom had dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who required a texture modified diet were not always protected from potential harm as the risks to them were not being consistently managed. Care staff did understand how to manage other risks to people effectively although these required actions were not always documented in care plans.

The provider was not ensuring people were sufficiently protected as their governance and quality assurance systems were not always identifying issues of concern within the service. Records relating to people's care were not always fully accurate and complete and this had not been identified.

People were supported by sufficient numbers of staff to keep them safe from harm. However, staff were extremely busy due to the increasing demands of people with challenging and distressed behaviours.

People were supported by a staff team who understood how to protect them from potential abuse. People's medicines were managed safely and were administered as prescribed. We found infection control practices were strong and people were sufficiently protected.

People's rights were protected by the effective application of the Mental Capacity Act 2005 (MCA). People's day to day healthcare needs were met and people were happy with the food and drink they received.

People were supported by a staff team who were kind and caring in their approach. Care staff were committed to their roles, worked well as a team and were passionate about providing a good standard of care to people. People's privacy and dignity was respected and their independence was promoted.

People or their representative when appropriate were involved in the development of their care plans.

People's needs were reviewed on a regular basis and the care they received was updated in line with their changing needs. People were getting access to an increasing range of leisure opportunities.

People understood how to make a complaint if this was required. People were involved in the development of the service and were consulted about any changes being made. People felt the registered manager was approachable and supportive. People were also supported by a care staff team who themselves felt valued and supported in their work.

The provider was not meeting the requirements of the law in relation to safe care and effective governance. You can see what action we told the provider to take at the back of the full version of the 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 consistently safe.

Risks to people in relation to texture modified diet and moving and handling were not always managed consistently.

People were supported by sufficient numbers of staff to keep them safe.

People were supported by a staff team who understood how to protect them from potential abuse.

People's medicines were managed safely and were administered as prescribed.

Is the service effective?

Good 

The service was effective.

People's rights were protected by the effective application of the Mental Capacity Act 2005 (MCA).

People's day to day healthcare needs were met and people were happy with the food and drink they received.

Is the service caring?

Good 

The service was caring.

People were supported by a staff team who were kind and caring in their approach.

People's privacy and dignity was respected and their independence was promoted.

Is the service responsive?

Good 

The service was responsive.

People were involved in the development of their care plans. People's needs were reviewed on a regular basis and the care they received was updated in line with their changing needs.

People were getting access to an increasing range of leisure opportunities.

People understood how to make a complaint if they needed to do so.

Is the service well-led?

The service was not consistently well-led.

People were not sufficiently protected as the provider's quality assurance systems were not always identifying areas of concern within the service.

People felt the registered manager was approachable and supportive. They felt consulted and involved in the service.

People were also supported by a care staff team who themselves felt valued and supported in their work.

Requires Improvement 

Drake Court Residential 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 04 and 05 December 2018 and was unannounced. The inspection team included one inspector and one 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 completing this inspection, we reviewed the information we held about the service. We sought information and views from the local authority commissioning teams. We reviewed information that had been sent to us by the public and information the provider had sent in statutory notifications. A statutory notification should be sent to CQC by law to notify us about significant events and incidents; for example, safeguarding concerns or serious injuries. We also reviewed information the provider had sent to us in their Provider Information Return (PIR). The PIR is a document that allows the provider to share areas of concern or good practice within the service in addition to sharing their plans for improvements. We used this information to help us plan our inspection of the home.

During the inspection we spoke with eight people who lived at the home and three relatives. Many of the people living at the service were unable to share their views in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI) as a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, the cook, two domestic staff and five care staff, including senior care staff. We spoke to the nominated individual. The nominated individual is a senior member of staff appointed by the provider with CQC to ensure the service is compliant with the requirements of the law. We also spoke with one healthcare professional who gave positive feedback about the quality of care provided to people. We reviewed records

relating to medications and five people's care records. We also reviewed records relating to the management of the service including audits and quality assurance records.

Is the service safe?

Our findings

At the last inspection completed in October 2017 we found the provider had made improvements but further improvement was required in certain areas; including recruitment, medicines management and risk management. At this inspection we found while some areas of concern had been addressed, not all required improvements had been made which resulted in people being exposed to the risk of harm.

We found one person's needs around a texture modified diet were not being met which had resulted in them being exposed to the risk of harm. While reviewing records around people's care we found a letter to the service dated in April 2018. This outlined the need for someone to have a texture modified diet. The person required a pureed diet to minimise the risk of them choking while eating. Neither the registered manager or the staff team were aware of this requirement and the person had been eating a regular diet. While the registered manager took immediate steps to ensure this risk was addressed, the person had been exposed to the risk of harm for an extended period of time. We identified a second person was receiving a texture modified diet in the service. This person was receiving a pureed diet as required; however, additional instructions to ensure the person was supported to eat at a pace of half a spoon at a time were not being followed. Where care staff saw the person was coughing they offered support to encourage the person was eating slowly but this was not being done in a practice way. The registered manager had requested the person's needs were reassessed by healthcare professionals as they had identified additional support may be needed. However, not ensuring the initial guidance given by healthcare professionals was fully followed exposed the person to the risk of harm.

While we saw some good practice around supporting people to move safely, we did see someone moved in a way that increased the risk of injury to them. We saw a person supported to turn and move from their wheelchair to a chair by a staff member in a senior position holding them under their arms. This increased the risk of injury such as skin tears or dislocation. Sufficient steps had not been taken to understand the person's mobility needs and to ensure the person was supported in a way that minimised the risks to them.

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

People we spoke with told us they felt safe living at the service. One person told us how the ability to lock their own bedroom door and care staff checking on them during the night helped them to feel safe. Relatives also told us people were safe. One relative said, "[My relative] is safe and secure in her room. You have to get staff to let you out [of the building]. Only they have the code". We saw some good practice within the service around the management of risk and how people were involved in discussions around how they could remain safe. For example; one person told us they had been spoken with around the potential risk to them falling and how they could reduce these risks. We saw risk assessments for equipment such as bed rails were in place. We found care staff understood risks to people and how to use equipment safely although risk assessments were not always present or only contained basic information. We found accidents were reported and recorded and information was used positively to reduce the risk of reoccurring events and future harm. For example; where concerns were identified around falls, referrals were made to the falls

prevention team and the use of equipment such as crash mats and sensor mats was considered.

At the last inspection we found pre-employment checks were in place although the employment history of potential staff members was not being sufficiently considered. Any gaps in a staff member's employment history had not always been accounted for. At this inspection we found this remained a concern. We saw reference checks and a Disclosure and Barring Service check (DBS) were being completed. However, start and end dates of employment were not always checked and gaps in employment history again had not always been identified and accounted for. We raised this concern with the registered manager who immediately took steps to begin to resolve the issues we found. We did see that once in employment staff members were supervised appropriately and disciplinary action was taken where required to ensure people were protected.

At the last inspection people told us there were not always enough care staff available to support them. We found the registered manager had no formal method of assessing how many care staff were required to support people safely. At this inspection we found the registered manager had introduced a system of assessing how many care staff were required on each shift. They had also taken steps to adjust staffing levels at certain times of the day so there were more staff available at peak times; for example, when people wanted to get up in the morning. People told us there were enough staff available to keep them safe and this mirrored what we saw during the inspection. One person told us, "I press the buzzer and they come. I don't wait long". Care staff also told us they felt staffing levels had improved.

People did however tell us care staff could be very busy. One person said, "They can get busy. They can always do with more staff". Another person said, "I think more staff would improve this place, but I can't run it down. It is good". A relative told us, "You seem to see people (staff) busy all the while". This reflected our observations during the inspection. We saw care staff were very busy and were not always able to provide one to one support that was needed by those with distressed behaviours. People told us the staffing levels sometimes meant they could not go out as much as they would like to. One person said, "I only wish I could get out more. I'd love to be able to go out more... There aren't enough staff to be able to go out." We confirmed with the registered manager that the increasing demands on the service and staff team due to distressed or challenging behaviour had not yet been considered when calculating staffing levels. This was something they were reviewing.

People told us they were happy with the support they received with their medicines. One person told us, "At bed time I have [pain relief] to help me sleep better". We found improvements had been made to medicines management systems. We saw the amount of medicine available within the service matched the quantities outlined on medicines administration records (MARs). We found the administration of medicines was safe and it was appropriately recorded. We found MARs were in place for the administration of creams and these were being completed as required. We also found where concerns about people's medicines were identified these were reported to doctors and appropriate reviews were arranged.

We looked at how the provider was safeguarding people from potential abuse. Care staff we spoke to were able to describe the signs of abuse and how they would report these concerns. We saw where concerns had been identified about people, these had been reported to the local safeguarding authority and the police where appropriate. This had enabled investigations to be commenced or completed and plans were put in place to protect people from the risk of further harm.

People told us they felt the home was very clean and this reflected what we saw. We also saw one feedback questionnaire said; "Mom's room is always spotless and in good condition". We found good infection control practices were in place and the provider's recent infection control audit completed by the local

authority was positive. The service had also received a strong food hygiene rating following an inspection completed in September 2018.

Is the service effective?

Our findings

At our last inspection completed in October 2017 we rated the provider as 'good' for this key question. At this inspection we found the provider remained 'good'.

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. 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.

People we spoke with told us care staff would ask their consent prior to offering support and we saw this in practice during the inspection. Care staff we spoke with understood that people's mental capacity could fluctuate and their ability to make choices, provide consent or to complete certain tasks may change on a day to day basis. We saw where one person's capacity had reduced and they were encountering challenges with making meal choices, the registered manager had considered their capacity across a number of days as they understood this could fluctuate and change. We found where people were not able due to make choices or provide consent, the registered manager was ensuring that decisions were made in their best interests in line with the Act. Care staff were involving relatives, medical professionals and other relevant individuals in decision making and were considering factors such as past preferences and choices before making decisions on people's behalf.

People who had capacity to speak with us, told us they were very happy with the support they received from the service and the staff team. A relative told us, "That is one thing I don't worry about. I know [my relative is safe and being looked after]". People felt care staff had the skills required to support them effectively. Care staff told us they were well supported, they worked well as a team and were given the training and development required to be effective in their roles. Care staff told us they used the work they did with people to aid their learning. One staff member told us, "You learn from [the people] every day. Every day is different". We found from training records that regular training was provided. The registered manager also monitored the competency of care staff from the care being delivered to people. We saw the improvements in the skills of the staff team reflected in the care we saw provided during the inspection.

People told us they enjoyed the food that was available to them in the service. One person said, "Food's wonderful. We can have soup and the main meal and a sweet. You can have anything you want for breakfast". We saw that different options were available to people to select from and menus were designed around people's preferences. We saw feedback was gained at meetings with people around what food they enjoyed and if they wished for anything to be added to the menu. People also told us any special nutritional requirements they had were catered for. One person said, "I have special sugar so I don't get fat. I have to

keep walking around so I don't get fat". We found care staff were aware of who was losing weight unintentionally and they considered various ways to minimise the risks associated with malnutrition. For example; the cook told us how they had tried to encourage someone to eat more by changing the consistency of their food. We saw where there were concerns about people referrals to healthcare professionals such as dieticians and speech and language therapists were made. Where people needed equipment such as adaptive cutlery or plate guards in order to eat independently these were made available where required.

We found people's day to day health needs were considered and met. We saw people were supported to access to a range of healthcare professionals including doctors, dentists, chiropodists, opticians, nurses and community psychiatric nurses. One healthcare professional we spoke with gave us positive feedback about the support care staff provided to people. They told us concerns were escalated to them appropriately and where instructions were given to support people's health these were always followed and records maintained where needed.

People told us they were happy with the areas of the building they used. We saw the registered manager was developing the use of the space available to them in order to enhance the experience of people living at the service. We saw the registered manager consulted people about decoration and proposed changes. The service had limited outdoor space but had developed this to add fountains and benches to give people and their families a space to enjoy. We saw space was available if people wished to spend time with friends and family in private.

Is the service caring?

Our findings

At our last inspection completed in October 2017 we rated the provider as 'good' for this key question. At this inspection we found the provider remained 'good'.

People told us they felt care staff were kind, caring and respectful towards them and we saw this reflected in the care being delivered during the inspection. One person told us, "It's a good job I've got some good [care staff]". A third told us how care staff were very friendly and accommodating towards them. We saw numerous thank you notes had been sent to the service thanking the registered manager and staff team for the kindness and compassion they had shown to people. For example; one thank you card said, "Thank you for your care, kindness and affection you gave to [person's name]". Another said, "Words can't express the appreciation". A third said, "Thank you for all the care and kindness you gave to [my relative]". Care staff we spoke with had a good understanding of people's life histories, preferences and needs. Care staff spoke compassionately about the people they supported. We observed some excellent interactions between care staff and people and saw that small gestures reflected the caring intentions the staff team had. For example; we saw one staff member holding someone's hand while they supported the person to eat. We saw despite care staff being very busy and their time in demand, during one to one interactions care staff were calm and patient and focussed on meeting the person's needs.

We saw care staff placed an importance on people's choices and preferences. For example; we saw one staff member carefully checking with someone new to the service how they liked to take their tea. We saw that people were involved in making choices about the service, their environment and how they spent their time. Where people weren't able to express their choices, care staff were considering their past history and known preferences and took steps to ensure people's dignity was not compromised. For example; one staff member described how a person may not be able to use a mug every day but this wouldn't automatically mean they would be given a plastic beaker every day. The staff member understood the importance of assessing this ability on a daily basis. People told us their dignity was always respected and promoted. One person told us, "I always try to look better than I feel and the staff help me do that". A relative said, "[Person's name] has had dignity all her life and she isn't going to suffer now". We saw dignity was respected and promoted during our inspection.

People also told us their independence was being promoted. One person said, "I am a very independent person and the staff help me stay independent. I do as much as I can. They know that. They know me". We saw people's independence was also being promoted. People were being encouraged to mobilise independently. Care staff tailored the support provided with personal care and tasks associated with daily living to meet the individuals own needs and capabilities.

We saw the registered manager was developing a positive caring culture within the service. They were identifying areas of poor practice and were taking steps to make improvements. For example; we saw staff meetings were used to drive improvements. The registered manager had used these meetings to discuss areas such as how staff provided support while assisting people to eat. This was supporting the development of a culture that placed importance on things such as dignity and respect.

We found people were supported to maintain relationships and to receive support from people who were important to them; such as friends and relatives. We found visitors were able to spend time with people without unnecessary restrictions. Where people wished for certain individuals to support them in decision making or managing their care these choices were respected and understood.

Is the service responsive?

Our findings

At our last inspection completed in October 2017 we rated the provider as 'good' for this key question. At this inspection we found the provider remained 'good'.

People told us care staff understood their needs and provided support that met these needs. One relative told us, "I couldn't praise them enough for the care they give". People told us they were consulted about their care and relatives told us they were involved in care plans where appropriate. One relative told us, "I have got no complaints. If I did I would take it straight to the top and I know it would be fine." Care staff we spoke with understood that each person within the service was individual and their needs may change on a daily basis. One staff member told us, "Needs change every day here". We saw care plans were containing more personalised information than seen during prior inspections. We also saw care plans and reviews demonstrated people's involvement in their care and that their views were sought and heard

Care staff were able to describe people's backgrounds and how their needs had changed. They understood known risks to people and how they needed to provide individualised support to meet these people's needs. For example; care staff were able to describe changes to people's mobility, support required to eat and drink and how new equipment should be used. We saw care provided reflected what people told us they required and the changes that care staff described.

People's needs around their care at the end of their life were sensitively considered and people were cared for in a dignified way. We saw thank you notes had been sent into the service acknowledging the support that was provided. One relative had written, "Special thanks to [the deputy manager] for being with me when [my relative] died". People were supported to maintain their cultural or religious beliefs where this was desired. One person told us, "I am Catholic. The priest will come in here and I attend service but I am not interested in religion". People's individual preferences were considered and steps were taken to ensure their needs were met. While the written care plans for these aspect of people's care required further development, we found people's needs were being understood and met.

We found people's preferences around leisure opportunities and activities were being considered and an increasing range of options were becoming available to people. Relatives told us the registered manager was working to develop the activities available to people. They told us, "They are always thinking of things to do for the residents". We saw people were being consulted during residents meetings and reviews around how they would like to spend their time. Where preferences were identified the registered manager took steps to ensure these were met. For example; we saw people had expressed a wish to visit a local carnival and this was met. We saw a programme of activities was available that included things such as singalongs, exercise to music, quizzes, arts and crafts in addition to events within the home. We saw people were also encouraged to participate in every day activities such as needlework or household duties if they wished to do so. We saw that events such as a pantomime had been held within the service for people and an activities person was working with people during the inspection completing activities. We also saw the registered manager was trying to develop the use of space to enhance leisure opportunities. For example; they were using 'Rempods' to create new environments for people to enjoy. We saw a sweet shop had been created

which people gave very positive feedback about. The registered manager was recording people's enjoyment in various activities to help inform their future plans; in particular where people did not have capacity to share their views.

People told us they did not have any complaints about the care provided or the service in general. Relatives told us they did not have any complaints but would feel confident they would be responded to if necessary. One relative told us, "I have got no complaints. If I did I would take it straight to the top and I know it would be fine." Another relative told us, "You can go to anyone and the problem or query will be dealt with". We saw a complaints policy had been made available in people's rooms and people were happy with how they would make a complaint if required. We saw no complaints had been recorded for the twelve months leading up to our inspection.

Is the service well-led?

Our findings

At our last inspection completed in October 2017 we found the registered manager had made improvements to quality assurance and governance systems although some further work was still needed. At this inspection we found the outstanding areas of improvement needed within these systems had led to some errors and omissions exposing people to the risk of harm.

The provider's audit and governance system had not been sufficiently developed to ensure that all aspects of people's care were sufficiently monitored. Not all issues and concerns were being identified. We found two people's needs in relation to texture modified diets were not being fully met. The registered manager and staff team were unaware of the needs relating to one person due to a letter being incorrectly filed and important healthcare instructions consequently not being carried out for a period of seven months. This had exposed the individual to the risk of choking while eating. We found healthcare instructions relating to another person's food were being followed in relation to the food texture. However, they outlined how care staff should support the person to eat at a certain pace. This element was unknown to the staff team and was not being followed. This had increased the risks to the person while they were eating. The registered manager took immediate steps to ensure these individuals were safeguarded from any further harm; however, the provider's governance systems had not identified these concerns about the care provided. The provider's systems had not identified five people had refused oral care in the ten days leading up to the inspection. Again, the registered manager took steps to ensure these people's needs were met but systems had not identified this concern prior to our inspection.

The governance systems were also not identifying where there were issues with documentation and records relating to people's care or where documents and care plans were not present. We found while multiple people within the service were displaying behaviours that were either challenging or demonstrated distress. Daily care records did not reflect the distressed behaviours we were told people demonstrated or that we saw during the inspection. While we saw some good examples of care staff supporting these people, systems to audit had not identified that there were no care plans in place to provide guidelines to the staff team. Systems in place to monitor had not identified that care plans did not outline people's individual wishes around how they would like to be supported at the end of their life.

The providers audits had not identified that care plans and risk assessments did not fully outline people's needs or the care being provided. For example; one person had a new chair to aid their comfort and mobility although this was not referred to within their care plans or risk assessments. Another person's circumstances had changed following a safeguarding concern being identified. The changes of circumstance had not been reflected in the person's care plan. The audits in place had not identified that the recording of decisions made under the Mental Capacity Act was inconsistent and not always present. For example, we found sensor mats were in place for a number of people who did not have capacity to provide consent although no documentation was in place to outline how the MCA had been complied with and this decision had been made in the persons best interests. The provider had not identified these issues through their own systems and therefore steps were not being taken to make improvements.

We found the provider's systems had not identified further issues with documentation and records within the service. For example; accident records were being completed but they did not always contain details about the nature of the incident and any action taken such as medical assistance sought. The providers systems to monitor the service had not identified that the accessible information standards were not been met and documents or policies to be made available in accessible formats. For example; the complaints policy was not available in an accessible format despite someone being in the service with a visual impairment.

We found the provider had failed to ensure there were sufficient resources to address all of the concerns that we identified at our prior inspection. For example; where we had identified concerns around the recording of risk and ensuring new staff member's employment histories were fully checked. The provider's information return (PIR) submitted in advance of the inspection also did not identify the areas of improvement within the service. The PIR had not outlined the areas that needed to be improved and the steps that were being taken to make these improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

While the provider's quality assurance and governance systems needed further improvement, we did see the registered manager had been taking steps to develop the systems in the service. They had improved record keeping in some areas and were now recording and auditing things such as emergency call outs and healthcare appointments in addition to medicines and the environment within the service. The registered manager was now completed spot checks and competency checks for care staff. The success of these checks was reflected in the improved standards of general care within the service. We saw where the registered manager had identified concerns around care delivery or staff performance these were addressed promptly and improvements were made.

People we spoke with felt the registered manager was approachable and understanding. One person told us, "[Registered manager's name] is the manager here. She is very good!". A relative told us, "I would give the management and the staff 10 stars". People felt they were involved in the development of the service and were consulted about changes that were made. We saw people were involved in decisions through residents meetings and their views and opinions were being sought. Feedback questionnaires were sent to people and relatives on a periodic basis. These also reflected that the registered manager listened to people's views. One questionnaire said, "We always feel listened to". We saw where any areas of improvement had been identified through feedback surveys these were listened to by the registered manager and addressed.

Staff also told us they felt the manager was supportive of them. One staff member said, "[Registered manager's name]'s brilliant!...She's a really good manager". They told us the registered manager was open to change and would listen to their ideas. One staff member said, "[The registered manager] has changed a lot...She's open for ideas...We all work together well as a team". A third staff member said, "I have an opinion and whether it's right or wrong I should be heard". Staff told us they had regular staff meetings and that these were valuable in terms of sharing ideas, talking about what needed improving and what could be done better. We found the registered manager had developed a strong staff team who were keen to learn, improve the service and who were working well together as a team. The registered manager was open to feedback during the inspection, talked about issues and concerns openly and demonstrated a desire to address the concerns found.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that risks to people were being consistently managed and therefore they had been exposed to potential harm.</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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured their governance systems were picking up all issues and areas of improvement within the service. Records were not always fully complete or accurate and this had not been identified.</p>

The enforcement action we took:

We issued a warning notice requiring the provider to be compliant by a specific date.