Pencombe Hall Ltd

Pencombe Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection carried out on the 20 June 2018, with a further announced visit on the 22 June 2018.

Pencombe Hall is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Pencombe Hall accommodates up to 32 people within one adapted building, and provides care for older people, living with dementia, mental health or physical disabilities. At the time of our inspection, 24 people were living at the home.

A registered manager was in post and present during our inspection. 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 our last comprehensive inspection of the service on 24 November 2017, we identified three breaches of regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, person-centred care and good governance. We gave the service an overall rating of Requires Improvement. Following the last inspection, we asked the provider to complete an action plan, which they sent to us setting out the improvements they intended to make.

At this inspection, we found the provider was still not meeting the requirements of Regulation 9, of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014), regarding person centred-care. The provider had failed to ensure care was appropriate and reflected people's needs. The provider had failed to meet the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regard to the need for consent. They had failed to take appropriate steps to ensure people who lacked mental capacity to give consent to their care and treatment, had decisions made in their best interest in line with The Mental Capacity Act 2005. The provider had also failed to meet the requirements of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, because the provider had failed to effectively assess, monitor and improve the quality of service provided and ensure records were up to date and accurate.

The provider had taken steps to adapt the home for people living with dementia, however further improvements were still required.

The administration and management of medicines was safe.

People and their relatives consistently told us they or their family members were safe living at the home. Safe staffing levels maintained at the home meant people's individual needs could be met.

We saw staff engaging with people in a compassionate and caring manner. People and their relatives confirmed they were involved in decisions about people's care and support needs. People and their relatives felt that staff had the necessary skills and knowledge to meet their needs.

Staff demonstrated a good understanding of people's needs and the importance of encouraging people to be independent.

People and their relatives knew how to raise any concerns and complaints about care at the home. They felt comfortable to raise any concerns or complaints with staff or the registered manager.

You can see what action we have told the provider to take at the back of the full 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?

Good

The service was safe.

People were protected from the risk of harm and abuse.

People received their medicines safely.

There were sufficient staff to meet people's need effectively.

Is the service effective?

Requires Improvement

The service was not always effective.

People who lacked mental capacity to give consent, the legal principles that protect their rights were not always followed.

Although improvements had been made to the environment, further work was required to ensure the home was dementia friendly.

Staff were trained to ensure they could deliver care that met people's needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were treated with respect and dignity.

People were involved in decisions about the care and support provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care was not always appropriate and reflected the needs of the person. Specialist advice was not obtained for people at risk of choking or in need of special diets.

People knew how to raise concerns with the provider.

People were consulted about their end of life wishes and staff had undertaken training in this area.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems were not always effective in highlighting and mitigating risks to people.

People and staff gave positive feedback about how the home was managed.

Staff felt valued and appreciated by management.

Pencombe Hall

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 checked 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 was an unannounced inspection visit carried out on the 20 June 2018, followed by an announced visit on the 22 June 2018. The inspection team consisted of two inspectors, 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.

Before the inspection visit, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with six people who used the service and four relatives. Many of the people at the home were living with dementia and therefore conversations were not in-depth. We spent time observing interaction between staff and people who used the service. As some people were unable to speak to us, we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received.

We reviewed a range of records about people's care and how the home was managed. We looked at five care records, two recruitment and personnel records, medicine administration records, and records relating to the management of the service.

As part of the inspection, we spoke with the registered manager, the deputy manager, one senior member of staff, three care staff and the head chief.

Good

Is the service safe?

Our findings

At the time of our last comprehensive inspection in November 2017, the 'Safe' key question was rated as 'requires improvement.' At this inspection we judge the key question as 'good'.

At our last inspection, the provider had failed to assess the risk to the health and safety of people and had not taken any action to mitigate those risks, specifically in relation to the stairways. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was now meeting the requirements of regulations, having taken action to ensure that the potential for people falling down the stairs had been risk assessed and measures taken to make the stairways safe for people.

During our last visit, we raised concerns about the cleanliness of the home and the need for improvements in respect of the environment. During this visit we found that on the whole, the home was clean and free from unpleasant smells apart from small a lounge area next to the office. The room smelt strongly of an unpleasant odour. We spoke to the senior member of staff in charge, who explained that one person had had an accident with a leaking urine bag. We subsequently saw the room being cleaned with an industrial carpet cleaner. We saw improvements to people's bedroom and bathrooms had been made, and found that upgrading work was still in progress at the home. Several bathrooms were out of service due to improvement work being undertaken, however other serviceable bathrooms were available for people. The registered manager told that the home was still subject of an improvement programme by the provider, which involved upgrading rooms, replacing carpets and decoration and improving the garden area.

Measures were in place to protect people from the risk of infection. All staff were encouraged to maintain standards of cleanliness and hygiene, and made appropriate use of personal protective equipment, such as disposable gloves and aprons. The registered manager explained they regularly reviewed infection control measures as part of their quality assurance audits, which included laundry and domestic services.

People told us they felt safe and were happy living at the home. One person told us, "I love it here. It's just the job. It suits me very well, and they look after me." One relative said, "It's very nice, the staff always seem very friendly. Our relative always looks nice and clean and tidy. I truly haven't noticed any nasty smells here. We went around other homes in the area, and this is definitely the best, the location and the atmosphere. I can see how well staff treat other residents, I've no concerns." Another relative told us that their family member had settled down almost immediately, and much better than they would have hoped. They also said "staff would do anything for you," and they had seen how gentle they [staff] were with people. They said what really impressed them was the absence of unpleasant smells and here, "it's as fresh as a daisy." A third relative said, "A very nice place, they look after my relative and they look after me. My relative is always clean and tidy when I come here, in coordinating clothes, not just anything they've slung on. The staff are lovely."

Risks to people's safety had been assessed and plans were in place to minimise these risks. These risks related to people's health, safety and welfare and been assessed, recorded and kept under regular review by the management team. This included consideration of people's mobility and risk of falls, their continence

needs, and risks of malnutrition or dehydration. Staff were able to tell us of individual risks that people faced and the methods they used to manage such risks. For example, one person who was high risk of falls, was checked three times during the night and assisted with their personal care needs to prevent them from trying to take themselves to the bathroom and falling.

We checked to see how people who lived at the home were protected from abuse. We spoke with staff about their knowledge of safeguarding procedures and how they would respond if they had any concerns. Staff told us they had received guidance and training in protecting people from harm and abuse and were able to describe the different forms and potential signs of abuse.

During our last inspection, we found the registered manager did not always follow the provider's recruitment procedures. During this inspection, the provider had appropriate recruitment procedures in place, which the registered manager followed. This ensured staff were suitable to support people who used the service. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

We checked to see how the service managed and administered medication safely. People and their relatives told us they were satisfied with the assistance and support they received from staff with their medicines. We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely. We spoke with staff and looked at a sample of medication administration records. These records were up to date without omissions. Staff confirmed they had received training on administering medication safely and were subject of regular competency checks by managers.

We found there were sufficient staff meet people's needs. Staff were present in the communal rooms on the ground floor, and as they went about their duties frequently exchanged pleasantries with the people there. Staff had time to engage, sit and chat with people during our visit. Staff told us there were sufficient numbers of staff on duty to enable them to care for people. We saw examples of potentially 'challenging behaviour,' where staff quickly intervened and deescalated the situation by distracting the person concerned. We saw staff distract a person when they began to argue about the ownership of items in the possession of another person by gently taking the person by the hand and leading them into another room.

Requires Improvement

Is the service effective?

Our findings

At the time of our last comprehensive inspection in November 2017, the 'Effective' key question was rated as 'requires improvement.' At this inspection we judge the key question to remain as 'requires improvement.'

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

During this inspection, we found the management team did not have an appropriate understanding of, or fully promoted, people's rights under the MCA. In the care files we looked at for people who lacked mental capacity, a covering statement had been included, which stated, "Decisions may need to be made in best interests." Rather than reflecting the assessment of capacity on a decision-specific basis, we saw no evidence that best interest principals had been adopted for best interest decisions currently in place. For example, a person had received their flu vaccinations this winter. We asked the registered manager how the decision had been reached to give this treatment to the person who lacked capacity. They confirmed they were not fully aware of their responsibilities under the MCA and of any best interest meetings having taken place, or records retained around these decisions. This did not reflect the requirements of the MCA that any significant decisions made on a person's behalf must be subject to a formal best interest process.

Other examples included the use of bed rails, which can act as a potential restraint, alarm mats, and special diets. Where people lacked the mental capacity to make these decision, there was no evidence of appropriate best-interests decision-making.

This was breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regard to the need for consent.

Staff we spoke with confirmed they had received training in the MCA, and were able to explain the principles of the MCA legislation. Throughout our visit, we saw staff seeking consent from people before undertaking any routine tasks, such as personal care. They were observed explaining to people what they wanted to do, such as how they would support people mobilising. They ensured people were happy before proceeding with any support and provided reassurance while undertaking the task.

At our last inspection, we saw limited evidence of dementia-friendly resources or adaptations in the home's

communal areas or people's bedrooms. We recommended that the service explored the relevant guidance on how to make environments used by people with dementia more dementia-friendly. At this inspection, we found the provider had taken steps to adapt the home for people living with dementia, however further improvements were still required. Signage had been introduced to help people better orientate themselves within the building, however there was no evidence of dementia-friendly activity resources. The registered manager told us about the provider's improvement programme, which involved upgrading areas of the home. They explained that they intended to increase the size of the garden and make it secure for people. This would allow people to visit the garden when they chose, as opposed to the currently, where people needed to be supported by staff to prevent them wandering away from the home. The registered manager told us they intended to make further changes to ensure the environment was more suitable for people living with dementia.

During our last visit, we raised concerns regarding the choice and quality of meals available for people. During this inspection one person told us, "The food's very good, it's not always the same and they put the menus up every day". One relative said, "The food's excellent, there's a good choice and people can eat anything".

We observed the lunch time experience for people. Staff offered a choice of drinks, such as orange, blackcurrant, cranberry, lemonade, or water. Although people choose their main course earlier in the morning, staff still showed people the choices of meals available, which enabled people to select what they wanted. One person said they did not want either of the dishes available and staff offered alternatives, which they accepted. Most people ate their meals without staff support, and where staff did provide support, we saw that staff sat beside the resident, talking quietly to them, and offering the food at the person's own pace. The food was freshly cooked on the premises and plated up in the kitchen before being delivered to the dining room in a heated trolley. Overall, lunch service was quiet, calm, and relaxed.

People and their relatives felt that staff had the necessary skills and knowledge to meet their needs. One relative told us, "The staff seem to know what they're doing. I see how they treat people." Staff told us they had undertaken an induction programme when they had first started, which included completion of the care certificate. The care certificate is a nationally recognised qualification in adult social care. Following induction, they undertook a further on-going programme of training and refresher training. Staff spoke positively about the training provided.

Staff we spoke with confirmed they received regular one to one supervision and annual appraisals. Staff told us they felt valued and supported by the management, who were always available to provide advice and guidance. One member of staff said, "I do feel valued and supported in what I do. The manager is excellent and the owner is about often."

Good

Is the service caring?

Our findings

At the time of our last comprehensive inspection in November 2017, the 'Caring' key question was rated as 'requires improvement.' At this inspection we judge the key question as 'good'.

People told us that staff treated them with kindness and compassion. One person told us, "I love it here. The staff are excellent." Another person said, "This place is so nice and cosy, the staff are very good, they're very nice." One relative told us, "It's very nice here, the staff always seem very friendly, and people look nice and clean and tidy." Another relative said, "The staff are lovely." One member of staff told us, "When I go home, I know the residents are all well looked after. I like the interaction with residents. This is their home where relatives can come and stay and each person gets the care that they want or need. This might be the last place that they'll be in and we want to make it as homely as we can."

We found the interactions between staff and people was caring and respectful at all times in a homely environment. People looked clean and well-groomed. Staff addressed them respectfully by name. People were comfortable in the presence of staff, who promoted their dignity by asking people quietly if personal care was needed. Staff supporting people to eat or drink did so quietly and calmly. Staff told us how they protected people's privacy and dignity by ensuring they locked toilet doors during personal care, ensuring people were covered to protect their modesty.

Staff we spoke with demonstrated a good understanding of people's needs and the importance of encouraging people to be independent. Staff were able to explain how they supported one person with their communications needs. They told us how a person experienced difficulties in expressing themselves clearly, and how by giving time and patience the person was able to articulate words. The person would also be provided with a pen and paper, which again facilitated communication.

Staff were aware of the need to promote independence as a means of retaining a person's dignity and to encourage people to do as much as they could for themselves. Staff recognised the importance of providing people with choices in order to encourage greater independence and showed a good insight into people's personalities and individual needs. We saw staff responded promptly to people's specific needs. People were encouraged to be active and socialise. Staff were seen engaging with people in the lounges, encouraging them to join in group activities likes snakes and ladders.

Most people and their relatives told us the provider involved them in decisions about the care and support provided. People told us the care provided reflected their or their relative's wishes. They told us they had been involved in determining the care they needed and that some had had been consulted and involved when reviews of care had taken place. People had been asked about their likes and dislikes, personal history, and medication needs. One relative told us how they had supplied information for a care plan and had been provided with a copy, but were unaware of any reviews having taken place

Requires Improvement

Is the service responsive?

Our findings

At the time of our last comprehensive inspection in November 2017, the 'Responsive' key question was rated as 'requires improvement.' At this inspection we judged the key question to remain as 'requires improvement.'

At our last inspection, the provider had failed to ensure care was appropriate and reflected the needs of the person. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was still not meeting the requirements of Regulation 9.

We were not assured people always received person-centred care and support that reflected their individual needs. For example, the care files of two people we looked at indicated that staff were required to monitor blood sugar levels. No information was available to highlight to staff safe glucose levels or what action to take in the event of levels not being safe. In another example we looked at, records indicated high blood sugar levels recordings. When we spoke to the senior member of care staff, they said that significant improvements had been made on previous readings and that the GP was pleased with progress made. However, there was no evidence of what previous readings had been, no evidence of consultation with the GP that these readings were safe for the person, and no diabetic reviews records had been completed to reflect the improvements.

One person had sustained a fracture following a fall. The falls risk assessment had not been updated to reflect the fall and whether changes to care were required. The falls risks assessment recorded 'no falls in last 12 months.'

People's dietary requirements had been assessed by the provider, and where people had been identified as experiencing swallowing difficulties, the consistency of food had been determined, such as pureed or soft. However, the majority of these decisions had been made by the provider without consultation or reference to a health care professional. This placed people at risk of not having their needs met appropriately, as the provider and care staff were not medically qualified to determine people's specialist dietary requirements.

We also saw examples of people experiencing weight loss without appropriate referrals being made. We asked the registered manager whether they had sought specialist advice from the GP, speech and language therapy team or dietician, in assessing and meeting people's needs. The registered manager told us they had not. This meant the provider had not obtained specialist advice for people assessed as being at risk of choking or malnutrition. The registered manager assured us immediate steps would be taken to address these concerns.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, because the provider had failed to ensure care was appropriate and reflected the needs of the person.

The registered manager was aware of people's protected characteristics under the Equality Act 2010. They

assured us people's related needs, including their religious beliefs, and sexuality were now considered as part of the assessment and care planning processes. The registered manager told us a person's sexuality would form part of the pre admission assessment and people would be supported to live the life they wanted by staff, who were understanding, and non-judgemental. 'Diversity, equality and inclusion' was a standing item at team meetings, where scenarios were discussed to increase the knowledge of staff. It was also included at staff supervisions, and annual appraisals. The provider told us to their knowledge they had not cared for a person from the lesbian, gay, bi-sexual and transgender community (LGBT). However, should this occur in the future they were confident that staff could provide person centred care to meet people's specific needs.

The registered manager showed insight into the Accessible Information Standard, and we saw people's communication needs had been assessed. The provider worked closely with the mobile Library service, which provided a service to promote accessible information, such as talking books, large print, braille and an audio service. The home also used pictorial information, and a 'loop system' for people with hearing difficulties. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

There was a weekly activities schedule for people, which was displayed on the notice board, however these were limited. There was nothing in the programme to indicate any resident involvement in the choice of 'activities'. Daily activities included lawn games, musical entertainment, arts and crafts and 'day at the beach', which meant beach balls in the lounge. One person was overheard in the main lounge saying they would be glad to go to bed as they were bored. One relative told us, "[Relative] won't join in any activities. They have some local ladies who come in and do some reminiscence and some flower arranging. [Relative] did do a bit of that". Another relative told us that they loved one got a bit bored now and again. People were given a flag and a glass of bubbly for the Royal Wedding. They also had musical afternoons, which people sang along to. Although 'arts and crafts' was scheduled for the afternoon of the inspection visit, it was replaced by 'snakes and ladders' (floor game). Few people participated in the game and a number of people declined to be involved when approached by staff. We saw limited opportunities for stimulation during our visit.

The day of the inspection was dry and sunny, however people were not allowed to wander outside as the garden area was insecure. The registered manager told us improvements for the garden were planned to increase the size and create a secure area. However, we did not see staff take people outside to enjoy the rural views or for walk in the garden area.

We found the service routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were unhappy with aspects of their care. People told us they felt comfortable to raise any concerns or complaints with staff or the management team. The home had sent out an annual customer care survey, and was still collating returns for analysis.

At the time of our inspection visits, no one living at the home was receiving palliative care. The home had access to palliative care professionals. Efforts had been made to establish and record people's preferences and choices for their end of life care. The registered manager told us that as a person entered their 'end of their life,' an advanced care plan was organized with the involvement of the person, and if appropriate, with their loved ones and any other professionals, such as GP, District Nurse Team. In one care plan we looked at, it discussed whether the person wished to donate their organs and where they wanted to live in the event of terminal illness. A number of staff had received training in end of life care.

Requires Improvement

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in November 2017, the 'Well-led' key question was rated as 'requires improvement.' At this inspection we judged the key question to remain as 'requires improvement.'

At our last inspection, the provider had failed to effectively assess, monitor and improve the quality of services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was still meeting the requirements of regulations.

Since our last inspection, the provider had introduced systems to monitor the quality of care provided. These included, training, catering, medication, domestic services, laundry, maintenance and infection control audits. However, these were not always effective. Care plan audits were undertaken; however, these failed to identify the lack of information available about safe glucose levels or what action staff were required to take in the event of unsafe levels. Audits failed to identify the need to update risk assessments following an incident such as a fall to ensure information reflected the person's current needs.

Records were not always up to date and accurate. For example, in one care plan we looked at, the record indicated a person had minor problems with chewing and swallowing. When we spoke to the deputy manager about this, we were told the entry was an error. One diabetic review record we looked at had not been completed to reflect the person's current needs.

Where people's dietary requirements had been assessed by the provider, people were at risk of not having their needs met appropriately, as the provider and care staff were not medically qualified to determine people's specialist dietary requirements. There were no systems in place to ensure referrals to external health care professionals were made in a timely manner.

The management team did not have an appropriate understanding of, or fully promoted, people's rights under the Mental Capacity Act. They were not aware of their responsibilities under the MCA and of the need for the formal best interest process, with regard to any significant decisions made on a person's behalf. This included the retention of records around any decisions made in order to reflect the requirements of the MCA,

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because the provider had failed to effectively assess, monitor and improve the quality of services provided and ensure records were up to date and accurate.

Fire safety checks and audits were in place together with water temperature monitoring and legionella. The provider had sent out questionnaires to people and had undertaken 'service user meetings' to capture feedback and concerns from people to improve services. Steps had been taken to improve the environment, which were subject of an on-going improvement plan. The provider could demonstrate they had processes in place to address people's requirements in respect of equality, diversity and human rights and were aware

and promoted 'accessible information standards.'

During our inspection we found people were relaxed in an inclusive atmosphere and were at ease with their surroundings and staff. People and staff told us that the home was well run with a clear focus on supporting people. One person referred to the registered manager as a "huge support, exceptional," with regard to personal issues they experienced. The registered manager told us they promoted an inclusive culture and 'open door approach' to the management. This enabled people, their relatives, staff and health professionals to approach them or staff at any time. Staff told us the culture of the home was open and transparent and were confident that they would be listened to if they raised any concerns. Staff felt confident about challenging working practices within the service, or decisions taken by the provider. They were aware of the provider's whistleblowing policy and told us they would follow this.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that we had received all the required notifications in a timely way from the service.

CQC rating of the service was appropriately displayed in line with the requirements of regulations.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure care was appropriate and reflected the needs of the person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to take appropriate steps to ensure people who lacked mental capacity to give consent to their care and treatment, had decisions made in their best interest in line with The Mental Capacity Act 2005.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively assess, monitor and improve the quality of services provided and ensure records were up to date and accurate.

The enforcement action we took:

The provider and registered manager were served with a warning notice, which required compliance with Regulation 17 by the 30 July 2018.