

Bakewell Vicarage Care Home Limited

The Old Vicarage

Inspection report

Yeld Road
Bakewell
DE45 1FJ

Tel: 01629814659
Website: www.bakewellvicarage.com

Date of inspection visit:
12 November 2019

Date of publication:
01 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Old Vicarage is a residential care home providing accommodation and personal care to 22 people at the time of the inspection. The service can support up to 24 older people, people living with dementia, sensory impairment or physical disability.

The home is close to the centre of Bakewell and set in its own grounds. It is one building with a lounge, dining room, conservatory and secure garden. 22 of the 23 bedrooms have en-suite bathrooms.

People's experience of using this service and what we found

Governance and performance management was not always reliable or effective. Accidents, incidents and complaints were not always investigated, and not audited so the registered manager and provider did not identify themes and trends to prevent recurrence.

Safeguarding was not always given sufficient priority. We found some incidents that should have been referred to the local safeguarding authority, but this had not been considered. Improvements had been made to medicine management and medicines were administered as prescribed.

The assessment and management of risk was not always effective. We made a recommendation that the provider reviewed their systems and processes to ensure people were protected from the risk of avoidable harm.

People were not always supported to follow their interests or take part in activities that were relevant to their lifestyles. People's needs, and choices had been explored and documented but care was not always planned or delivered in a person-centred way.

The physical environment of the home was not designed or decorated to a consistent standard to meet people's needs. There was a lack of dementia friendly signage to assist people living with dementia to navigate the building.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The service has been rated as requires improvement for one previous inspection (published December 2018). At this inspection we found they were in breach of regulations and the overall rating for this service is

Requires Improvement again. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

We will ask the provider to give us information about how they plan to improve the quality and safety of the service and the experience of people using it.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance and leadership of the service, person-centred care and safeguarding people from abuse and improper treatment.

We have served a warning notice against the provider. This means we explained the reasons we found they were not compliant with regulations. We set a time frame of 12 weeks for improvements to be made.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

The Old Vicarage

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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.

Service and service type

The Old Vicarage 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we sought feedback from the local authority commissioning and safeguarding team. We reviewed information we hold about the service, including notifications that the provider is required by law to submit to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, acting deputy manager, senior care workers, care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, menus and rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding was not always given sufficient priority. For example, some people had been victim of verbal and physical abuse from another person, the registered manager assured us that no physical injuries were sustained. There was no evidence within the documentation that demonstrated that people had been emotionally supported during these incidents. The registered manager had dealt with the situation and the risk to safety and well-being had been mitigated. However, they had failed to liaise with the local safeguarding team to discuss the people who had been victims of abuse. The documentation did not include the names of the people who had been affected, the registered manager said she would have to check with the care staff who were on duty that day to see who was affected. This showed that the registered manager did not have the oversight to ensure all people were safeguarded effectively.

Systems were not robust enough to demonstrate safeguarding was effectively managed. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure medicines were managed safely and robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

Using medicines safely

- Improvements had been made to medicine management. Since the last inspection the provider had installed a digital system to record the ordering, receipt, storage, administration and disposal of medicines. The system guided staff how to safely administer medicines and would flag up immediately if a medicine was missed. We completed a stock check of some medicines we picked at random and found these to be correct.
- People were assisted to take their medicines by staff who had been trained to do so and their competency had been assessed.

- People told us they received their medicines as prescribed. One person said, "They do remember the drugs I need, it's a good system."

Assessing risk, safety monitoring and management

- Improvements had been made in the way risks were assessed since the last inspection. People had risk assessments in their care plans that identified potential risks to safety and guided staff how to mitigate such risk. However, one person had contradictory information within their care plan that could have caused staff to make mistakes. We discussed this with the registered manager who agreed to review this documentation immediately and ensure the information was consistent.
- Throughout the inspection we saw a door that led to steep steps to the cellar was unlocked. We raised this with the deputy manager who agreed this posed a risk to people's safety as the door was within a corridor that people who were independently mobile used. There was a key coded lock on this door, but the deputy manager informed us that staff had forgotten to use this. During the inspection all staff were reminded of the importance of locking this door and a sign was placed on the door.
- Some people had not been weighed regularly. We identified some people had lost weight that had not been noted or investigated. One person had refused to be weighed because they felt uncomfortable using the scales and no thought had been given to sourcing a different type of scale that would be more comfortable. This posed a risk as weight loss or gain could be an early sign of illness. The registered manager agreed to review this during the inspection.
- People told us they felt safe, one person said, "I am safe, but I don't think there are enough staff." Relatives told us they thought their relation was safe but expressed concern that they weren't always informed of accidents. One relative said, "They didn't immediately tell me about my family member's fall, but [Name] is safe here."

We recommend the provider review their systems and processes for assessment of risk and safety monitoring to ensure people are protected from avoidable harm.

Learning lessons when things go wrong

- When things went wrong investigations were not always thorough and did not always include the relevant people. For example, where people had had accidents or been involved in incidents with other people, there was no thorough investigation or clear documentation about these. Staff completed incident forms, but these did not address the reasons for the accident or behaviour or contain an investigation. We discussed this with the deputy manager who advised us the provider had instigated a new method of incident reporting and investigating. The registered manager had received the training but had failed to implement this system within the service. This is explored in more detail in the Well-led section of this report.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their physical needs. Staff responded to call bells in a timely manner throughout the inspection. We did not see anyone waiting for their care needs to be met.
- Staff had been safely recruited and were subject to appropriate pre-employment checks such as criminal records clearance and references from previous employers.

Preventing and controlling infection

- The service managed the control and prevention of infection well. The home was clean and free from malodours throughout. Staff were knowledgeable about current best practice guidelines and wore the appropriate personal protective equipment such as disposable gloves and aprons appropriately.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The physical environment of the home was not designed or decorated to a consistent standard to meet people's needs. For example, one person's bedroom was at the end of a corridor that was used to store trolleys and had memos for staff and a staff notice board on the wall. This meant the area felt impersonal and industrial.
- There was a lack of dementia friendly signage and pictorial images used to help people living with dementia or sensory impairment to navigate the building. As the building was old the layout could be confusing. We read in some people's care plans that they had difficulty finding their way around the building or locating the bathroom, or their bedroom. No consideration had been made to researching and implementing dementia friendly signs or decoration to assist people to find their bedrooms.
- People's bedrooms had been personalised with their own belongings, photographs and ornaments. People told us they liked their bedrooms and felt comfortable and relaxed in them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices were assessed and documented, and staff appeared to know people well. However, assessment and monitoring of people's health was not always done in line with evidence based best practice guidance. For example, people's oral care needs were not always documented and weights were not always recorded, where people's weight had been recorded a recognised tool to assess weight gain or loss was not used. The documentation did not enable staff to easily note if someone's weight had changed which led to a risk that weight loss or gain would not be identified and addressed. Recognised tools were used to assess and monitor other areas of need, for example, skin integrity.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in line with the MCA. People had their mental capacity assessed and reviewed. DOLS applications were made appropriately and relevant conditions were adhered to.
- We saw people were offered choices in a way they could understand and consent to care and treatment was gained, however, not all staff could demonstrate an understanding of mental capacity and DOLS. We saw that all staff had received training in this area. We discussed this with the registered manager and deputy manager who agreed to have discussions with staff and ensure all staff received support to understand the legislation.

Staff support: induction, training, skills and experience

- The provider understood the importance of staff training and development but did not ensure this led to improvements being imbedded in the service. Since the last inspection the provider had implemented a new training programme. There was a training manager in post who designed, delivered and co-ordinated training. Most training was done face to face in a classroom environment and staff specific learning needs were accounted for. During the inspection we identified occasions where things the registered manager and staff had learned in training sessions were not carried forward and used at the service.
- New staff completed an induction which included training the provider deemed mandatory and a period of shadowing experienced staff. Staff told us they felt the training equipped them with the skills to do their job properly.
- Staff were supported by supervisions and appraisals where they were given both positive and constructive feedback about their performance.

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

- People told us they enjoyed the food. One relative said, "The same meals are repeated throughout the two weeks." One person said, "The food is always lovely, I enjoy it, we get two choices." People were offered choice and the cook explained they would provide whichever food people requested if the ingredients were available. We did not see anyone request food that was not on the menu for that day. The menu was on a two-week rota and we saw that some food was repeated, this meant that people who were not able to request different food weren't always given variety.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw there was open communication with healthcare professional teams. Staff referred people to the appropriate healthcare professional in a timely manner. Clinical advice was documented and followed.
- Relatives told us the staff were proactive at referring concerns to healthcare professionals. One relative said, "They [staff] worked well with the mental health team to support [Name]."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not recognise the importance of ensuring staff had the time and skills to offer people compassionate support. Staff did not sit and talk with people for a meaningful length of time. Staff were caring and spoke to people with kindness, feedback from people and most relatives confirmed this. However, staff were busy, and task orientated so did not have time to spend with people and provide companionship.
- One person we spoke with said, "Staff are very friendly, but they could with some more." Another person said, "I don't think there are enough staff, it's a very busy job." A relative we spoke with told us, "Staff are never not busy, there isn't time to chat."
- We saw prolonged periods of time where staff were not present in communal rooms and when they were present this was predominantly in a supervisory capacity rather than to provide companionship to people. We observed breakfast and saw one person was taking other people's breakfast off their plate, this happened on several occasions that staff did not see because they were busy. There were two occasions that staff did see, and they reacted with kindness and patience.
- People's care plans did contain information about their life history, likes and dislikes, social and cultural needs and preferences. The registered manager told us that if people had any particular diverse needs or preferences they would do what they could to support them to continue to live their life in the way they chose.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always promoted. For example, when observing breakfast, we saw one person was unsure how to use the cutlery and was wiping their mouth with the table cloth and banging their head on the table whilst other people watched them. Staff were not present in the room so were not available to help. When staff were present it was for short periods of time as they had tasks to complete.
- At breakfast we saw people were not offered a choice of where to sit. There were four tables laid out, but staff guided people to sit together on one table. A drinks trolley was placed in front of another table which meant people couldn't access that table if they wanted to.
- Some people were supported to be independent. One person went out daily, preferred to keep their room locked and keep a fridge with food and drink in their room. Where people were unable to have this level of independence, little thought had been given to ways their independence could be promoted. For example,

people were not given the option of regular trips out unless this was arranged by their relatives.

- People's privacy was maintained. Records were stored in locked cabinets. Staff were discreet when discussing people's personal care needs.

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

- People and families were offered the chance to be involved in making decisions about their care.

However, we received mixed feedback about how meaningful this was. Some relatives told us they were listened to and felt they helped plan their relations care. Other relatives told us they were involved but didn't always get updates when things changed. One relative said, "I have to ask quite a few times before [staff] will provide me with an update." Another relative said there had been occasions where their relation had had accidents and they had not been informed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to follow their interests or take part in activities that were relevant to their lifestyles. Care was at times, task focused and did not consider a person's whole life needs.
- People and relatives told us there was not much to do. Our observations and reviews of documentation also confirmed this. Group activities were provided in the afternoons between 2pm and 4pm. However, there was not a person-centred approach to this as they had not been designed with people's likes, dislikes and lifestyle preferences in mind. We read in one person's care plan that this person felt they should help out or be going to work. No thought had been given to providing this person with a purpose and tasks to complete to enhance their feeling of purpose and well-being.
- People told us they were bored and there was little to occupy their minds. Comments we received included, "We don't do that much here." Another person said they enjoyed a quiz but hadn't done anything else they enjoyed.
- Staff told us they thought people didn't have enough to do. Staff felt they did not have time to provide activities and care for people and that it had been more difficult since they stopped employing dedicated activities staff. Comments included, "There isn't much to do here, it's hard for us to do things because there aren't activity staff." The registered manager explained they were recruiting for activities staff, however, there hadn't been activity staff for more than a year.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs, and choices had been explored and documented but care was not always delivered in a person-centred way. For example, there were some people who were known to become frustrated or display behaviour that could be perceived as challenging to others. Their care plans did not document what could trigger a person to feel this way, how their behaviour could present or how staff should respond if this happened. This meant there was a risk that staff would not know how to make sure a person didn't become distressed and may respond in a way that increases a person's distress rather than reduces this.
- We observed a number of occasions where staff told people to, "Go and sit in the lounge and wait for a cup of tea." No consideration was given to if people wanted to sit in the lounge or if there was a reason they had chosen to walk away from the lounge.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had not fully implemented the AIS. We asked the registered manager how people living with disability or sensory loss would be provided with information and they told us they would address people's needs at the time and there were no people requiring this at the time of inspection. However, people told us they were not aware they could request documents be in different formats.

End of life care and support

- During the inspection there was no-one using the service approaching the end of their lives, so we reviewed documentation around this. Documentation showed little consideration for people's religious, social or cultural beliefs when exploring people's wishes for the end of their lives. The documentation did state whether people would prefer to go to hospital or remain at the service if they were to approach the end of their lives, but there was little else to evidence that people had been empowered to express clear details for how they would like to be cared for.

The provider did not do everything reasonably practicable to ensure people received person-centred care. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- When people raised complaints or concerns the registered manager could not demonstrate they had always taken concerns on board, investigated or responded to the complaint. This was because comprehensive records were not kept. We reviewed the complaints file and saw there were gaps in documentation relating to the handling of the complaint. One relative we spoke with told us it was difficult to complain and if they tried, they didn't always receive a response.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Governance and performance management was not always reliable or effective. This had been identified previously. We had met with the provider and they had offered reassurances that a structured approach to governance had been implemented throughout all the providers services. We found this was not the case and the provider continued to lack oversight. For example, they had failed to implement audits or analysis and had therefore failed to identify the issues detailed below.
- The registered manager audited some elements of care delivery but not others. For example, there was no oversight of people's weight. The documentation provided for staff did not enable them to easily make a comparison from their previous recorded weight. Weight gain or loss was not identified or addressed. People's BMI was not calculated so it was not possible to identify risk from reviewing weight records.
- Accidents, incidents and complaints were not always investigated and not audited so the registered manager was not able to identify themes and trends. This meant the registered manager did not explore how to prevent the same thing happening again.
- The provider had designed new documentation to record accidents, incidents and behaviour that challenged. The registered manager had attended the training but had failed to implement these at the service. Some people were known to have displayed behaviour that challenged previously but without clear guidelines of how this presented and how to respond, staff were not able to identify or prevent this happening. During the inspection the deputy manager assured us the new documentation would be implemented immediately.
- The system for identifying risk was not always effective. For example, the registered manager told us they had not seen an incident record that was dated from 10 days before the inspection. When asked why, they stated that staff had not shown it to them. This meant that an investigation was not completed, and safeguarding procedures were not followed.
- The registered manager did not have oversight of staff meeting people's personal care needs. For example, there was documentation for staff to complete when people had had a bath or shower. We reviewed this and saw people had gone prolonged periods of time without having a bath or shower with no rationale for this. The deputy manager reviewed this with us and felt that people had been having regular baths and showers, but the staff had not completed the paperwork to confirm this. People looked clean and did not tell us they hadn't had a bath or shower, so we concluded this was a recording issue that had not been identified by the registered manager's governance system.

Continuous learning and improving care

- Although some improvements had been made with medicine management and training since the last inspection, there had been a lack of improvements in the other areas. The lack of investigations and clarity with documentation meant that the registered manager wasn't empowered with the details to complete a root cause analysis and therefore implement preventative measures.

Systems were not robust enough to assess, monitor and improve the quality of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service has been rated as requires improvement for one previous inspection and at this inspection we found they were in breach of regulations and the overall rating for this service is Requires Improvement again. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

We will ask the provider to give us information about how they plan to improve the quality and safety of the service and the experience of people using it under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will also be meeting with the provider to review what changes will be made to ensure that outcomes for people who use the service improve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not demonstrate full understanding of the duty of candour. Some relatives told us they had not been informed when their relation had had an accident or when their needs had changed. As discussed in the safe domain, we identified occasions when the local safeguarding team had not been made aware of potential safeguarding concerns.
- The registered provider is legally required to display their CQC ratings and give people access to the CQC report. We saw this was done both on the website and in the building.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke highly of the registered manager, however, some relatives told us the registered manager was not always accessible. Emails could only be received via the administration officer, this meant there wasn't always a way for relatives to contact the registered manager if they wanted to discuss things in confidence.
- People didn't always achieve good outcomes from their care. For example, some people were bored and there had been a lack of person-centred care planning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in care planning though not everyone felt this was done in a meaningful way. Relatives had been asked to complete satisfaction surveys, however, the results had not yet been collated so the effectiveness of these could not be assessed.

- Staff did attend meetings and told us they felt confident to raise concerns or share ideas with the registered manager.

Working in partnership with others

- The registered manager worked in partnership with other local care homes to share knowledge and seek advice. Local authority commissioning teams told us there was a transparent working relationship between them and the provider.

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 did not do everything practicable to ensure people received person-centred care
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not robust enough to ensure people safeguarding was effectively managed. This placed people at risk of harm.

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 Systems were not robust enough to assess, monitor and improve the quality of the service provided. This placed people at risk of harm.

The enforcement action we took:

Warning Notice