Blacklake Lodge Ltd

Blacklake Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
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
Blacklake Lodge Residential Home is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. The service can support up to 37 people in one adapted building.

People's experience of using this service and what we found
There was a lack of clear governance in the service and the provider did not have effective systems in place to consistently assess, monitor and improve the quality of care. This meant poor care was not identified and rectified by the provider.

The provider and manager had not consistently worked with professionals to ensure people's needs were met. The manager did not have sufficient knowledge to carry out their role effectively.

People had been placed at risk of harm because medicines were not administered in a consistent and safe manner. Risks to people's health and wellbeing were not consistently identified, managed or followed to keep people safe. There were not enough staff deployed effectively to provide direct care to people and the provider's staffing tool was ineffective.

Improvements were needed to ensure incidents of suspected abuse were investigated and reported to the local authority when required. Improvements were needed to ensure people were consistently protected from the risk of infection and cross contamination.

Improvements were needed to ensure training received was effective and competency based. Referrals to health professionals were not always made in a timely way to ensure people were supported in line with their changing needs.

People were not consistently supported to have maximum choice and control of their lives, because the policies and systems in the service did not always support this practice. However, staff supported people in the least restrictive way possible and in their best interests.

People told us the staff were caring towards them and they had choices in the way they wanted their support provided. Staff treated people with dignity and their right to privacy was upheld.

Staff understood how to support people in line with their communication needs. People had the opportunity to be involved in activities within the service. People understood how to complain and told us these had been acted on. Plans were in place to give staff guidance on how people wished to be supported at the end of their life.

The rating from the previous inspection was on display and notifications had been submitted as required. The manager had started to undertake learning to develop their knowledge and was receptive to feedback

received from professionals.

Some improvements to the environment had been made and the provider had plans in place to make further improvements.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 07 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Prior to the inspection we were made aware of concerns from the local authority. The areas of concern related to medicine management, risk management, staffing levels and governance.

We found concerns during the inspection and there were breaches in regulations. We rated the key questions safe and well led as inadequate. The key questions Effective, Caring and Responsive were rated Requires Improvement. The overall rating is Inadequate.

Enforcement
We have identified breaches in relation to the way people's risks are monitored and mitigated, medicines management, staffing and governance systems at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider to discuss how they will make changes to ensure they improve the support people receive. We will work with the local authority to monitor progress.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate

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

Blacklake Lodge Residential Home

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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Blacklake Lodge 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 service did not have a manager registered with the Care Quality Commission. There was a manager who was in the process of registering with us. 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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, manager, deputy manager, senior care workers, care workers and the cook. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included seven people's care records and eight medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at the systems in place to the manage the service.

After the inspection
We spoke with the local authority and other professionals who were involved in the service to seek clarification on the actions in place to mitigate risks to people.

Inadequate

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 now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

• People who were at risk of developing pressure areas were not consistently supported to lower the risk of a deterioration in their skin condition. There were no care plans and risk assessments available to ensure staff knew how to support people to lower the risks to their skin.

• District nurses had recommended that one person needed to be supported to reposition every two hours to ensure the risk of a deterioration in their pressure damage was lowered. The repositioning records showed this person had not been repositioned as required. Staff did not have guidance to follow because this important information was not available in the care records to ensure this person was supported to lower the risks to their skin.

• People who were at risk of not drinking enough did not have their fluid intake consistently monitored. We could not be assured that two people who required their fluid intake monitored had drank enough to keep them healthy.

• People who displayed behaviour when distressed were at risk of receiving inconsistent support from staff. One person had a monitoring form to record behaviour, but no plan of care to give staff guidance on how to support this person during these times. Staff we spoke with gave inconsistent accounts of how they supported this person. This meant this person had not received care in a consistent way to manage their anxieties.

• People were not supported with their medicines in a safe and consistent way. We looked at Medicine Administration records (MARs) for seven people. The MARs and protocols for 'as required' medicines lacked guidance for staff to follow. There were gaps in recording and stock levels did not always balance. This meant we were not assured people had consistently received their medicines as prescribed.

• People who needed topical creams to maintain their skin condition had not consistently been supported with the application of their topical creams. Three people's Topical Medicine Administration Records (TMARs) did not contain detailed information for staff to follow to ensure people received their topical medicines as prescribed. There were gaps in recording on the TMARs and we could not be assured staff had supported people to lower the risks of a deterioration in their skin condition.

• There was a lack of effective systems in place to identify concerns and learn lessons when things went wrong. Improvements made to people's care had not been sustained, which meant people continued to be placed at risk of harm.

The above evidence demonstrates people's risks were not consistently mitigated to protect them from the risk of harm and medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
• People and relatives told us there were not enough staff available. People told us they sometimes had to wait long periods of time to be assisted to the toilet and they were not always supported to have a shower/bath because staff were too busy.
• The personal hygiene records we looked at showed two people had only been supported with one shower in October 2019. We asked staff and the manager why people had not been supported with a bath/shower. They told us the staffing levels had impacted on their ability to support people.
• We observed there were not always staff available to provide support in a timely way. One person asked four times to be supported to use the toilet. Staff told this person someone would help them. However, it took 31 minutes for this person to be supported to the toilet, which had caused them distress and discomfort.
• Staff told us, and we saw they were required to wash dishes after meals and carry out laundry duties. One staff member was also allocated to provide breakfast for people in the kitchen/dining room. These domestic duties and the deployment of staff meant they were not always available to assist people with their direct care needs.
• The lack of staffing had also impacted on the management of the service. The manager and deputy manager were regularly supporting people when there were not enough staff. This meant that the systems to monitor the service had not been completed and therefore risks to people had not been identified and mitigated.
• The provider had a staffing tool to assess the level of staff needed to meet people's needs. However, the rota's we viewed showed the minimum staffing levels were not consistently met. In addition, staff had been completing domestic tasks in the service and were not always available to provide direct care to people. The provider's staffing tool had not taken account of this when calculating the number of staff required to meet people's needs. This meant the system in place was not effective in ensuring there were enough staff available to provide direct care to people in a timely way.

The provider had not ensured there were enough staff available who were deployed effectively to provide direct care to people who used the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider had followed safe recruitment procedures which ensured people were supported by suitable staff.

Preventing and controlling infection
• Improvements were needed to ensure people were consistently protected from the risk of infection and cross contamination. For example; a deep clean behind appliances in the kitchen was needed and not all hoists were kept clean after use. The manager took immediate action to ensure all the hoists were cleaned.
• Although we saw some improvements were needed, people and relatives told us the home was always clean. One person said, "I think the home is very clean, it's always kept very nice actually. I have the bathroom cleaned every day and its hoovered up every day too."
• Staff wore Personal Protective Equipment (PPE) such as aprons and gloves when supporting people and told us the importance of minimising the risks of infection.

Systems and processes to safeguard people from the risk of abuse
• Staff explained how they would recognise and report abuse. However, concerns had not always been safeguarded. For example, the local authority had identified incidents of unexplained bruising had not been investigated and referred to the local safeguarding authority when required.
• The manager had acted on advice from the local authority and had safeguarded any incidents of unexplained bruising.

• The manager told us they had spoken with staff to ensure they informed them of any incidents of unexplained bruising, so these could be investigated and reported as required. The staff we spoke with confirmed this.
• We will check this at our next inspection to ensure this has been sustained.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.
• There were some mental capacity assessments in place, which contained people's ability to make an informed decision. However, improvements were needed to ensure assessments and best interest decisions were consistently carried out where people were unable to make an informed decision about an area of their care.
• One person needed bedrails to keep them safe. This person lacked the capacity to make a decision about this area of their care. The manager had not completed a decision specific mental capacity assessment or a multi agency best interest decision to ensure the bedrails were in this person's best interests. This meant there was a risk that this person was not being supported in the least restrictive way.
• People's consent was gained where they had the capacity to do so. Staff gained people's consent before they provided support.
• Staff we spoke with had a good understanding of MCA and how they needed to support people to make daily decisions. Where people were unable to make certain decisions, staff explained how they supported people in their best interests.

Staff support: induction, training, skills and experience
• Staff told us they had received training to carry out their role. This included training to help them move people safely, safeguarding and mental capacity training. However, this training had not always been effective because staff had not consistently followed safeguarding procedures and safe moving techniques.
• Staff had not reported unexplained bruising to protect people from the risk of harm and health

professionals had raised concerns that staff were not always supporting people to move safely in line with correct techniques.
• The manager told us the training matrix was not up to date, so we were unable to confirm what training staff had received and when this needed up dating. Staff competency had not been checked by the manager to ensure staff were providing support in line with the training received.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had received an assessment of their needs prior to them using the service. However, the information in people's assessments had not been consistently used to implement care plans and risk assessments. This meant staff did not always have guidance to follow to support people with their needs and preferred ways of receiving support.
• The manager had not always ensured that support was provided in line with national guidance. For example, NICE guidelines for the administration of medicines had not been consistently followed to ensure people were supported in a safe and effective way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Improvements were needed to ensure people were referred to social care and health professionals to ensure people's changing needs were met.
• Where people's needs had deteriorated, the manager had not always requested an assessment of people's needs to ensure they were supported effectively. For example; the local authority identified one person's ability to mobilise had deteriorated. This had not been recognised by the manager and a referral for an occupational therapist assessment had not been considered. This put this person at risk of receiving ineffective and unsafe care.
• Staff were aware of people's changing needs through the handover processes. However, care plans had not been immediately updated with the recent changes in people's needs and the advice received from professionals.
• People told us they had access to health professionals. One person said, "I see the G.P when I am unwell, and I have appointments to see the chiropodist." Another person said, "I only have to say I am feeling poorly, and the staff make sure I see a doctor."

Supporting people to eat and drink enough to maintain a balanced diet
• Improvements were needed to ensure people received encouragement and prompting with their meals. One person was having difficulty cutting part of their meal and we saw the person keep trying until they stopped eating. There were staff available in the dining area, but they had not recognised this person needed help to cut their food. This person's food was taken away because it had not been eaten and staff had not given encouragement or support.
• People told us they enjoyed the food on offer and were given choices of food. One person said, "I'm very happy with the food its good. The staff know now that I don't like very big helpings that I can't cope with. I have no complaints with the food." Another person said, "The food has recently got a lot better. The menu has changed now and it's much better, more variety and not so bland now."
• People received food that had been prepared in line with specialist diets and advice received to manage risks of choking. Staff had a good knowledge of people's dietary needs and how they needed to be supported to manage these.

Adapting service, design, decoration to meet people's needs
• People's rooms had been designed and decorated in line with their preferences. Signs had been erected around the home to aid people's orientation.
• The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet

seats with grabrails were in place to ensure people were safe whilst promoting their independence within the service.
• The provider had implemented a new nurse call and fire system and they were aware that the environment still required updating. The provider had a plan in place to make improvements, which was an ongoing process.

Requires Improvement

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
• People were not always supported in a timely way because there were not enough staff available. We observed staff asking people to wait for support, which did not promote a caring environment.
• People told us staff treated them in a kind and caring way. One person said, "They [staff] are all pretty good and we have a laugh and a chat. I get on with all the staff." Another person said, "I like the staff, they are caring and treat me well."
• Relatives we spoke with were happy with the way staff cared for their relatives. "I am happy with the way my relative is looked after. I feel they are safe, and the staff are lovely with my relative."
• People were supported to maintain contact with relatives. Relatives told us they were able to visit people when they wanted, and they were invited to special events held at the service.

Respecting and promoting people's privacy, dignity and independence
• Records to document people's behaviours when distressed, contained some inappropriate language, which did not promote dignity and respect. We fed this back to the manager who told us they would speak to staff members about appropriate recording in care records.
• Although we saw some undignified records, people told us they were treated with dignity and respect. One person said, "I am definitely treated in a dignified way because I have to be washed down below and it's all done privately and very well". Another person said, "I feel staff treat me with respect, I would tell them if not."
• Staff spoke with people in a respectful way and showed patience when they provided support. People chose when they wanted time alone in their rooms, which was respected by staff.
• People had access to equipment to aid their independence such as equipment to help them move around the service independently.

Supporting people to express their views and be involved in making decisions about their care
• People told us they made choices about how they wished their care to be provided. One person said, "I choose lots of things as I am quite independent, I like to get up early and I like to choose my own clothes. Staff help me when I need them." Another person said, "Staff always ask me what I need and listen to me. Sometimes there can be a delay in when I want to get up, because staff are busy elsewhere."
• We observed staff encouraged people to make choices in the way they received their care and people's choices were respected.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

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

• People and relatives told us they had not always been involved in the planning and review of their care. The records showed people were involved before they had started to use the service. However, people were not aware they had a care plan and had not been involved in the reviewing of their care needs.

• Reviews of people's care had not always been completed when people's needs changed. For example; one person had fallen on a number of occasions. Staff were aware of how to support this person to be safe and a referral had been sent to the Falls Team for advice. However, this information had not been updated in their care records. This meant people were at risk of receiving inconsistent care.

• People's preferences were not always acted on. For example; one person told us they preferred their care to be provided by female staff, but they often had their support provided by a male staff member. This information was not detailed in their care plan and this meant this person did not always have their care provided in line with their preferences.

Improving care quality in response to complaints or concerns

• People and relatives knew the procedures in place to make a complaint. One person told us they had raised an informal complaint about an issue with their laundry and action had been taken to make improvements.

• The provider had a complaints policy in place. However, we were unable to view how complaints were handled because the manager was unable to find the complaints folder at the time of the inspection.

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.

• Staff understood people's individual methods of communicating. We observed staff gave people time to answer questions and used short sentences to help people understand what was being asked.

• One person had impaired vision and they told us staff helped them to choose things because the person could not see. They told us staff discussed the colours of their clothes, so they could make a choice and described other aspects of their care.

• Signage around the service was large print and contained pictures, which helped people understand what activities were on offer, the date, time and weather.

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 told us there were some activities provided at the service which they enjoyed. One person said, "I enjoy the Bingo and singers." Another person said, "I like to have a chat and I enjoy the quiz."
• We observed the activity co-ordinator carrying out a reminiscence session with people in the morning and a quiz was held in the lounge in the afternoon. We observed the activities, and this prompted discussions between people and staff. People were seen laughing with staff as they talked about their memories and shouted out answers to the quiz.
• The activity co-ordinator had a plan of scheduled events at the service which included planning a Christmas party for everyone to be involved in.

End of life care and support
• People had end of life plans in place, which contained people's advance wishes at this time of their lives.
• The manager told us these would be reviewed to contain further information when people were nearing their end of life.

Inadequate

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; Continuous learning and improving care

• There was a lack of effective governance systems in place to monitor the service and mitigate risks to people. For example; audits had not been completed, which meant the concerns raised at the inspection had not been identified and risks to people had not been mitigated. This included monitoring of fluid charts, behaviour monitoring charts, medicines, body maps and skin inspection records. People were at risk of receiving poor care because of this lack of oversight.

• The provider did not have an effective system to ensure the manager was performing their role as required. An audit by the provider had been carried out in September 2019. However, this had not identified that the manager had failed to complete the required monitoring of the service.

• The provider's staffing tool had been ineffective in ensuring there were enough staff available to provide support. This tool had identified the number of care staff needed to provide direct support to meet people's needs. However, staff were carrying out domestic tasks within the service, which had not been considered when staffing levels had been assessed. This meant there were not enough staff available to provide hands on care to meet people's assessed needs.

• Care records were not always accurate and had not been updated to reflect a change in people's needs. For example; there were a lack of care plans and risk assessments in place to ensure people were supported effectively to manage the risk of a deterioration of their skin. People who displayed behaviour that may challenge did not have specific plans of care in place. The manager had not completed care record audits to ensure staff had the necessary guidance to support people in a safe and effective way. This meant there was a risk people would receive inconsistent and unsafe care.

• The manager did not have a clear oversight of the service and did not have the skills and knowledge to ensure people's risks were mitigated. The manager told us they had not been shown how to complete the audits and they did not understand what needed completing. They said, "I need to look at the systems to monitor the service with the deputy manager, but the staffing levels have impacted on my time to do this as I have been providing support to people."

• The provider has a history of non-compliance with the regulations and has not improved their rating to Good after four inspections. Improvements had been made to meet the regulations at our previous inspection. However, these had not been sustained and the provider was in breach of three regulations. This showed the provider did not have an effective system in place to continually learn and make sustainable improvements to the care people received

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

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider did not always promote a person-centred culture that ensured people achieved good outcomes. People did not receive a consistently good level of care because the risks to their safety and wellbeing were not always mitigated to protect them from the risk of harm.
• Feedback was gained from people and relatives in the form of a questionnaire. The manager had not analysed the completed questionnaires to ensure feedback was acted on. We saw feedback which stated there were not enough staff, but this had not been investigated or responded to. This meant the system to gain feedback was not effective in continually improving care for people.

Working in partnership with others
• The provider and manager had not always worked with professionals to ensure people's changing needs met.
• The local authority had identified people who needed a reassessment because their needs were not being met at the service. This meant that people had been placed at risk of receiving unsafe care because referrals had not been made to ensure they were supported in an appropriate environment that met their needs.

The provider had failed to ensure there were effective systems in place to monitor the service and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had ensured their previous inspection rating was on display for people to access. Notifications had been submitted to the local authority as required.
• The provider and manager had started to work alongside professionals and have been receptive to advice received.
• The manager said, "I am keen to learn and improve and have started to complete an action plan from the local authority feedback received. I was unsure of who to contact for re-assessments of people's needs but I have been given this information and will make sure I contact professionals when needed."
• We will assess this at our next inspection to ensure the plans in place are sustained.

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 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not consistently mitigated to protect them from the risk of harm and medicines were not managed safely.

The enforcement action we took:

We issued a Notice of Proposal to impose conditions on the provider's registration.

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 ensure there were effective systems in place to monitor the service and mitigate risks to people.

The enforcement action we took:

We issued a Notice of Proposal to impose conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were enough staff available who were deployed effectively to provide direct care to people who used the service.

The enforcement action we took:

We issued a Notice of Proposal to impose conditions on the provider's registration.