

Abraham Health Care Limited

Glenkindie Lodge

Residential Care Home

Inspection report

27 Harborough Road
Desborough
Kettering
Northamptonshire
NN14 2QX

Tel: 01536762919

Date of inspection visit:
16 December 2019
17 December 2019

Date of publication:
17 March 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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Glenkindie Lodge Residential Care Home is a residential care home providing personal care and support to 22 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

Glenkindie Lodge Residential Care Home provides accommodation across two floors, with two lifts to the first floor. People with higher dependency needs are accommodated on the first floor. There are four communal lounges and a dining room on the ground floor and a communal lounge on the first floor. There are communal gardens with wheelchair access.

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

Risks to people had not been effectively assessed and recorded, the provider and registered manager had not maintained effective oversight in this area.

Lessons had not consistently been learnt when things went wrong. Accidents and incidents had been recorded and collated but had not triggered a review of risk to identify hazards and mitigate the risks going forward. People were protected from the risk of abuse.

As and when required medicine guidance for staff required further development to ensure people received their medicines as prescribed. Medicines were administered by trained senior members of staff and were stored and disposed of appropriately.

Recruitment procedures were not robust and did not ensure safe recruitment practices. The provider and registered manager had not ensured current legislative requirements were met in this area. However, Disclosure and Barring Service (DBS) checks were completed prior to staff working with people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider did not have evidence of the deprivation of liberty safeguard authorisations which are the legal authorisation required when depriving people of their liberty. Mental capacity assessments had not consistently been completed and meetings had not been held to ensure people were being supported in their best interest until DoLs were applied for.

There were no daily planned activities at the time of the inspection. Activities provided by care staff were ad hoc and inconsistent.

People did not receive dignified care at meal times. Staff were observed to support two people at a time to eat and leave people mid meal to attend to other duties. We have made a recommendation on improving

support in this area.

Some of the staff training was overdue. Staff completed an induction and training schedule when they first started with the service.

People told us that staff were kind and caring and we saw that they knew people well. Privacy was supported during personal care and staff had a good understanding of gaining consent before delivering care.

Communal areas were not consistently deep cleaned. However, people's rooms were clean and fresh. Personal protective equipment such as gloves and aprons were used by staff.

There were suitable numbers of staff to meet people's needs. The staff and management team worked in partnership with health and social care professionals.

People's needs were assessed prior to moving into the service and personalised care plans were in place. People's individual communication needs were met.

People had enough to eat and drink with nutritionally balanced meals and access to regular snacks and drinks.

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 18 December 2018) and there were breaches of regulation. The service remains rated requires improvement.

This service had been rated requires improvement at the last inspection. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenkindie Lodge Residential Care Home on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to, people's safety, the providers oversight of the safety of the environment and quality of the service, staff recruitment procedures and consent for care and treatment.

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

Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Glenkindie Lodge Residential Care 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 conducted by one inspector and an assistant inspector.

Service and service type

Glenkindie Lodge Residential Care Home is a 'care home'. People in care homes receive 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.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We contacted Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

During the inspection

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 spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including, the registered manager, deputy manager, a director and five care workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at accident and incident records, training invoices and induction records.



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.

At our last inspection we found risks to people had not always been assessed and their safety monitored to ensure they were supported to stay safe while living at the service. 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 we found not enough improvements had been made and the provider continued to be in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- People were at potential risk of falls from height. During our inspection we found first floor window restrictors were not tamper proof and therefore did not meet current health and safety executive requirements.
- People were at potential risk of being served food which had not been stored correctly and therefore may not be fit for consumption as fridge temperature checks for the kitchen had not been checked and recorded regularly.
- Risks to people had not been appropriately assessed and recorded. For example, one person's risk assessment for shaving and diabetes had recorded details of their understanding of the risks with no guidance, or measures in place for staff on how to mitigate risks to the person's health or skin integrity.
- People were at risk of falls. One person was assessed as needing staff supervision at all times when mobilising following a high number of falls. Supportive equipment had not been implemented to alert staff to the need for support should the person leave their lounge chair. Records evidenced the person was not consistently receiving the support they needed when mobilising and falls continued.
- People were at risk of pressure sores. Where people had been identified as increased risk of pressure sores via a specific tool, risk assessments had not been carried out to fully explore and identify individual risk to people and guide staff on how to mitigate.
- People were at risk of choking. Where people were at risk of choking, minimal information had been included in care plans, but risk assessments had not been completed to fully explore and mitigate risk.
- As and when required medicine procedures needed further development to ensure people received these medicines safely. For example, there was no protocol/staff guidance available for one person prescribed an as and when required (PRN) medicine. Other people's protocols/guidance were either overdue a review or did not have a specified review date. This meant that people were at potential risk of not receiving their medicines as prescribed.

This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- Where required the provider had contracts with professionals to ensure people's safety. For example, regular checks and servicing took place for lifting equipment used to support people and safety certificates were available to view.
- A fire alarm system was in place which was regularly tested. People had individualised personal emergency evacuation plans in place to guide staff to the levels of support people would need in an emergency.
- Medicines were administered by trained senior members of staff.
- Medicines were stored and disposed of safely. Regular temperature checks of the medicine storage areas ensured medicines were stored in line with the manufacturer's instructions.

Staffing and recruitment

- The provider had not ensured safe staff recruitment procedures. Evidence of staff reference checks were not available, and risk assessments were not in place to ensure people's safety whilst reference checks were completed.
- Application forms were not fully completed to include, details of full work history and reasons for leaving and health declarations had not been completed. One of the recruitment files contained no identification for the staff member.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. The registered manager kept the needs of people under review and recruited additional staff to ensure people's needs continued to be met.

Preventing and controlling infection

- Some communal areas had not had deep cleans as per the cleaning schedules. For example, skirting boards in one of the communal lounges required a clean. Records showed that deep cleans were not consistently completed.
- Cleaning staff ensured people's rooms were clean and odour free. One relative told us, "[Relatives] room is always spotlessly clean they work really hard."
- Protective personal equipment such as gloves and aprons were used by staff to prevent and control the risk of infection when providing personal care and support.

Learning lessons when things go wrong

- Lessons had not consistently been learned where things had gone wrong. Repeated accident and incidents had not prompted the registered manager and provider to explore ways to mitigate risks to people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained and knowledgeable around types of abuse, signs to look out for and how to report concerns.
- Staff had access to safeguarding and whistleblowing policies and procedures. Two care staff members we spoke with confidently explained types of abuse that would be reportable, including physical, mental, verbal and psychological abuse.

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.

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.

- The provider was unable to evidence the restrictions placed on some people was in their best interests and necessary.
- People's capacity to make informed decisions had not consistently been assessed and records to support DoLS authorisations were not in place.'
- We observed that two people were restricted from leaving the building unsupervised for their own safety. There were no mental capacity assessments in place for those people and DoLS had not been applied for promptly for one of the people.
- At the time of the inspection the registered manager was in the process of contacting the local authority DoLS team to request copies of authorisations. In the interim they had not consistently arranged meetings with all parties involved in peoples care to ensure people were being supported in their best interest and in the least restrictive way possible.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- Following the inspection the registered manager sent us evidence that DoLS had been applied for.
- Staff had received training in MCA and had a good understanding of the principles. Staff described how

people had the right to refuse care and treatment. One staff member said, "If someone doesn't want their care that is respected." Staff asked people before supporting them to ensure consent. Electronic records recorded people's consent to their care plan and reviews.

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

- People's food and drink needs were planned into care. Where people were on specialist diets this was detailed in their care plan and recorded in the kitchen. Food and fluid recording took place for people who were at risk of weight loss and dehydration.
- People were offered a choice of nutritionally balanced meals that were outsourced then prepared and served on site. People told us they enjoyed the food. One person said, "The foods nice." A Relative told us, "[relative] likes the food and says they get enough food."
- People had regular access to drinks and snacks, alongside a regular drink trolley we observed people access a small kitchen where they could either help themselves to drinks and snacks or staff would assist them. One person who prefers to stay in their room told us, "They [staff] pop in and out during the day, when they are passing they will stop and have a chat and they come in and bring me drinks."

Staff support: induction, training, skills and experience

- Some staff were overdue training updates. For example, we saw fire training, manual handling and dignity in care were recorded as overdue for some.
- The registered manager and provider were reviewing the training programme at the time of inspection with a new oral care module to be introduced along with increased support for staff when completing training sessions. This would need to be continued and embedded in practice.
- The providers induction program included completion of a workbook and competency checks carried out by the deputy manager. Staff told us they worked alongside existing staff to get to know people via shadow shifts when they first started their role. Staff also had the support of a senior member of staff on each shift.
- Staff told us they felt well supported by the provider and management team and that regular supervisions and staff meetings took place. The provider was an equal opportunities employer and the registered manager explained a zero tolerance of prejudice against employees.

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

- Routine dental appointments were not planned into people's care. However, oral health support was planned into care and gave staff guidance on spotting potential problems. One staff member competently explained how to support people with teeth cleaning and denture care including encouraging independence as much as possible.
- Staff supported people to access healthcare services when they needed to and worked in partnership with other professionals such as GP's, social workers and community psychiatric nurses. People had regular optician and chiropody appointments.

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

- Further development was required to ensure a dementia friendly environment. Some people's rooms and communal areas had dementia friendly signage to help with orientation, but this was not consistent.
- The providers plans for improvement were ongoing and had included the installation of a wet room, with a second wet room under construction. Lighting in communal areas and people's rooms had also been upgraded. One relative told us they had seen lots of improvements. They said, "The place was a bit run down but they are really bringing it up to a good standard."
- People were able to personalise their rooms with their own decoration, art work, furniture and photographs if they wished to. The maintenance person was available to put shelves and hang pictures etc.

where required.

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

- People received an initial assessment before moving into the home to ensure staff could meet their needs. The registered manager obtained detailed handover records from the local authority and used these alongside their own assessment to plan care and support.
- People were asked about their health conditions, religion, relationships, like and dislikes. This information was used to plan their care and support.

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 were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We identified a need for improvement around how staff supported people who needed help to eat their meal. For example, one person who was being supported by staff to eat was left mid meal for the staff member to answer a call bell. We also observed staff to be assisting more than one person at a time with eating and another person was left for a long period of time after their meal wearing a plastic apron.

We recommend the provider consider current guidance on supporting people with eating and act to update their practice accordingly.

- We identified a communal lounge dedicated to people with higher dependency needs who remained segregated throughout the inspection. The only activity which took place in this lounge during the inspection was television. We discussed this with a member of staff who confirmed there were currently no appropriate games or activities available in this area.
- People's private records were not consistently stored appropriately. We observed that medicine records had been left out on a counter in a communal hall unsupervised. We raised this with the registered manager who corrected this immediately. We found other records to be stored in lockable cabinets or within a secure electronic system.
- Staff had a good understanding of respecting people's privacy and dignity in their rooms. We observed staff knocked on people's doors and waited before entering. Staff described respecting people's dignity during personal care by making sure curtains were closed covering them with a sheet or towel.
- Some people chose to spend time in the rooms instead of the communal areas this choice was respected. One person said, "I don't go downstairs much, it depends what they have got on, I keep myself to myself."

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

- People's communication needs were assessed, and staff provided individualised support. For example, staff used hand held devices to translate words into alternative languages. And pictures supported by the use of common words and phrases had been put together in a book, for people to use.
- People had developed good relationships with the staff team and staff knew people and their care needs well. Staff shared smiles and laughter and demonstrated kindness and patience with people. One person told us, "the staff are kind, they are lovely girls." A relative said, "The staff work very hard they are all lovely, [relative] is well looked after."

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

- People and their families where needed were involved in the assessment and planning process.

- Staff respected people's choices. One person told us, "I have my door closed at night as I like that, but I have it open all day". Another person told us they had a preference of carer gender for certain areas of support and staff respected that. A staff member told us people lead their own care. For example, a staff member said, "People can have a bath or shower whenever they want."

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 had limited opportunities to take part in activities as staff did not have sufficient time to engage with people. A relative said, "[Relative] would like a bit more to do (refers to their not being any activity's)."
- Activities were limited to television of people's choice in communal areas and people's rooms. There was music playing in the dining room. The music was selected by a member of care staff. We observed a CD to be stuck on repeat/jumping during the tea time meal this was not noticed by staff supporting people.
- The provider was advertising for an activity's coordinator. In the interim a volunteer visited when they could and held a group activity and the provider had arranged for visiting animals which one relative told us people had really enjoyed.
- Family and friends were able to visit without restriction. One person told us that their family member was only able to visit later in the evenings due to other commitments and the staff and registered accommodated this. Another person told us their family popped in and out regularly and were welcomed.

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

- Care plan records contained a good level of personalised information such as, people's choices on how they would like to be supported and their likes and dislikes as well as detailing their specific care needs. One person's care plan included detail on preference of bathing, how they communicate and how they like a specific food to be cooked. Care plans prompted staff to encourage people to be as independent as possible with their personal care needs.

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 registered manager told us information could be made available in pictorial and other formats where required such as large print. However, we saw no evidence these were currently in use. Further development was needed to dementia friendly signage to help people with orientation. One person told us that another person sometimes goes into their room by mistake and they have to redirect them.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed clearly in the entrance vestibule along with complaints forms.

Information on CQC's "share your experience" was also clearly displayed.

- People and relatives told us they knew how to make a complaint and would feel confident that this would be managed effectively by the provider and management team.

End of life care and support

- Peoples end of life preferences were discussed and recorded on their care plan. For example, one person's preferences around their final resting place was clearly documented as their last request.
- We observed a conversation between the deputy manager and a person around their end of life decisions. This was discussed with respect and sensitivity and arrangements were made for a further discussion with a medical professional.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found Systems in place to assess, monitor and improve the quality and safety of the service needed to be strengthened and improved. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvements had been made and the provider continued to be in breach of regulation 17.

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

- The provider had failed to ensure systems and processes maintained oversight of the quality and safety of the service and we found several areas of concern. For example, we identified that safe recruitment procedures had not been followed to meet the regulatory requirements and internal auditing systems were not effective in identifying gaps in record keeping and maintaining oversight of safety for people.
- The provider had failed to ensure systems and processes identified that risks to people were not being appropriately assessed and recorded. Risk assessments that were in place recorded people's understanding of risk. They did not highlight hazards or control measures to be used to mitigate risk to people. Audits had not identified missing risk assessments and unidentified risk for several people that were at risk of either pressure area breakdown, falls, diabetes or choking.
- The provider and registered manager were not working within the principles of the Mental Capacity Act and had not maintained oversight in this area to ensure they were meeting the legal requirements. Some people had not had mental capacity assessments, there were no DoLs authorisation records and best interest meetings had not taken place.
- The provider had failed to ensure systems and processes were effective in ensuring that equipment was in working order and used in a safe way. We found a falls sensor mat for a person who was at high risk of falls to be out of working order during our inspection. The fault had been recorded but a failure in the process meant that the sensor mat remained out of order and unchecked until identified by CQC on inspection. We also identified a pressure relieving mattress to be at an incorrect setting to effectively prevent the development of pressure areas, this had remained unidentified until the inspection due to false recordings of the settings.
- The provider had not ensured the training schedule had been maintained effectively and therefore did not have effective oversight of staff training. New members of staff had not been added to the schedule and we found the scheduled training to be overdue for some staff members.

- The provider had not maintained effective oversight of complaints to ensure they were responded to in line with the providers policy. The registered manager advised that they were responding verbally to complaints and were in the process of responding formally. We identified complaints with no response recorded.

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

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

- People using the first floor communal lounge were isolated from the rest of the home. There was no stimulation for them during the inspection and staff confirmed that there were no regular activities for this area. People using this lounge were not taken to the dining room for meals and we observed they were supported to eat from their chairs in the lounge. This meant that people in this lounge were at risk of social isolation.
- Staff, people and their relatives spoke positively of the registered manager and provider and felt the service was working towards improving.

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 had a good understanding of their responsibility to be open and honest with people. The manager understood when they needed to report to the local authority and CQC.
- Staff understood and had been given information on the whistleblowing procedure and knew how to raise concerns with the local authority and care quality commission (CQC).

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

- Staff had regular meetings and supervisions. They told us they were comfortable and confident in sharing ideas and suggestions with the management team. The provider had carried out a staff survey and we noted that the comments that staff had made around the heating and hot water system and the installation of a wet room had been listened to and implemented.
- The provider and management team sought regular feedback from people and their relatives, a survey had been recently completed and there was a suggestion box in the entrance vestibule.
- The registered manager had engaged with a local scout group to help people with the distribution of their Christmas cards.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider understood the need to maintain better oversight of the care provided and had implemented electronic systems for care planning. This constantly alerted the registered manager to any concerns for people or deviations from the agreed plan of care. A further system was being implemented to generate management reports and monitor medicines.
- The provider and registered manager had worked in partnership with the local authority to drive improvements throughout the service. They also worked with other health care professionals such as GP's and district nurses to ensure timely access to healthcare.
- The provider and registered manager maintained their own professional development by attending Local authority forums and reading professional publications. The registered manager was completing a recognised health and social care qualification.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have the deprivation of liberty safeguards (DoLS) legal authorisations to deprive people of their liberty or they had not applied for DoLS for people who they were depriving of their liberty.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured safe recruitment practices in line with current legislative requirements.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the risks to people and risks in the environment were effectively assessed recorded and mitigated.

The enforcement action we took:

We have issued the provider a warning notice to improve, we will return to the service to check that improvements have been made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not maintained effective oversight of the quality and safety of the service.

The enforcement action we took:

We have issued the provider a warning notice to improve, we will return to the service to check that improvements have been made.