

Dudley Court Care Limited

# Dudley Court Care Limited

## Inspection report

16 Dudley Park Road  
Birmingham  
West Midlands  
B27 6QR

Tel: 01217063087

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## 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

Dudley Court Care Limited is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people in one adapted building over three floors.

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

Systems and processes did not always keep people safe as not all safeguarding matters were escalated and shared. Some aspects of risk management had improved since our last inspection however risk assessments did not consistently provide enough information to staff. People told us they received their medicines when they needed them however medicines were not always stored safely. The provider recruited staff safely. Infection control procedures were in place.

The service did not work within the principles of the Mental Capacity Act. People told us they were supported to access healthcare.

People's preferences and choices were generally promoted by staff. Staff completed an induction and training program although this was not always effective. People were not always supported to eat and drink enough to maintain a balanced diet. A maintenance and a decoration improvement plan was underway.

Systems had not identified a lack of clarity and accuracy in plans pertaining to choking risks. Systems had failed to identify proper upkeep of the premises and the provider's systems and processes had not identified medication storage concerns. Audit systems were not sufficiently robust to identify areas of concern and develop action plans. The provider and registered manager understood their legal responsibility under the duty of candour

People told us they did not know about their care plans. People told us they are able to communicate effectively with staff in most instances. The variety of activities had improved, and people were supported to engage in them. People told us they knew how to complain. End of life plans were in place which detailed people's wishes.

People told us staff took time to spend with people and there were positive interactions between staff and people living in the service. Staff had received equality and diversity training however equality and diversity needs of people were not consistently met. People's voice was heard and acted upon. People told us staff promote their independence and their privacy was respected and they were treated with dignity.

Sufficient improvements had not been made and the provider is still in breach of regulations.

Our last inspection identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. The provider remained in breach of this regulation. This was because people's risks including choking, weight management, evacuation plans and

medicines were not effectively managed at all times.

Our last inspection identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safeguarding service users from abuse and improper treatment. The provider remained in breach of this regulation. This was because the provider had not identified incidents of concern and reported these to the Local Safeguarding Authority.

Our last inspection identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to governance. The provider remained in breach of this regulation. This was because governance systems failed to effectively assess, monitor and improve the quality and safety of the service.

During this inspection we also identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to consent. This was because people had been restricted without the completion of capacity assessments and best interests' meetings.

We prompted the provider to address concerns including a referral to the Local Safeguarding Authority and the completion of capacity assessments where required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 03 October 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made however enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 03 October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the 'safe', 'effective', 'responsive' and 'well led' sections of this full report.

Enforcement

At this inspection, we have identified repeated breaches in relation to good governance and safe care and treatment. 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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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** ●

# Dudley Court Care Limited

## 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 two inspectors.

#### Service and service type

Dudley Court Care Ltd 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. This includes information about specific events and incidents that the provider is required to notify us of by law. We sought feedback from the local authority. 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 seven people who used the service and one relative about their experience of the care

provided. We spoke with two professionals who regularly visit the service. We spoke with six members of staff including the registered manager, one senior carer, three care workers and the chef. We also spoke with the nominated individual and the consultant supporting the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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

- At our last inspection we found systems did not ensure allegations or evidence of abuse were investigated in a timely way to prevent abuse of people using the service. At this inspection the provider had taken steps to make improvements although further improvements were still required.
- People told us they felt safe in the home. One person told us, "They [staff] are switched on; they don't let just anyone in."
- While people told us they felt safe, systems and processes did not always ensure all potential safeguarding matters were escalated and shared with the local safeguarding authority or the commission. For example, one person presented behaviours that may cause distress to others. While the staff team were taking all practical steps to manage associated risks they had not considered this may need to be reported to the safeguarding authority as required by law.
- We also found the registered manager had not considered the safeguarding risks for one person who was being provided with food that increased their risk of choking by third parties when they spent time in the community.
- Staff were able to identify basic signs of abuse though some did not understand safeguarding systems and procedures to know how to report abuse. The registered manager told us training had been scheduled to address this with staff.

The remaining improvements required in the systems to protect people from potential abuse was a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment

Assessing risk, safety monitoring and management

- Some risks were assessed and managed well though this was not consistent throughout the service.
- Some aspects of risk management had improved since our last inspection. For example, aspects of challenging behaviour had been managed well. However, some areas still required improvement including the management of risks relating to choking.
- Risk assessments did not consistently provide enough information to staff. For example, where some people had alternative food consistencies due to the risk of choking. Staff were not always clear about people's needs and told us one person at risk of choking ate high risk foods when in the community. This risk had not been considered by the registered manager and was not considered as part of the person's risk assessment.
- While we saw people were referred to health professionals for support with weight loss, the risks associated with weight gain were not always considered. One person's weight had significantly increased

and insufficient action had been taken. Neither staff or the registered manager had considered if it was appropriate to seek support and intervention from healthcare professionals to protect the person's health.

- At the last inspection we also found improvements were needed with the safety of the premises and fire safety procedures. At this inspection we found some improvement had been made but further work was still needed.
- Personal Emergency Evacuation Plans [PEEP's] were sufficient to provide staff with the information to support all people to evacuate the home. For example, plans were detailed to support people from the building where possible and to inform the fire service where people were not able to evacuate.

The provider had failed to ensure sufficient improvement was made so all risks were sufficiently mitigated. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

#### Using medicines safely

- People told us they received their medicines when they needed them. We saw that medicines in a tablet or liquid form were stored safely and the senior member of staff followed safe practices when preparing and administering medication to people.
- We found prescribed creams were not stored safely and were kept in people's rooms by their sink. Risk assessments had not been completed to ensure risks to people were considered; for example, the risk of people with dementia ingesting creams.
- We also found prescription labels were missing or illegible. Staff were not able to confirm who creams had been prescribed to and when to administer. This was because the label had faded or was missing and written guidance was not always clear.

The provider's failure to ensure medicines are consistently managed safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

#### Staffing and recruitment

- The provider had systems in place to ensure staff were recruited safely, with a range of pre-employment checks completed before staff started work.
- The registered manager ensured a sufficient number of staff were employed to meet the needs of people.
- The provider had employed an additional member of staff to specifically support with activities.

#### Preventing and controlling infection

- We detected odours in parts of the home throughout the day, including a communal area. We found the provider was taking action such as replacing carpets to make improvements. However, while cleaning schedules were in place we found cleaning tasks were not always recorded as completed. This had not been identified and addressed by the provider or registered manager.
- We observed infection control procedures were in place as staff used Personal Protective Equipment [PPE] including aprons and gloves when supporting people with personal care and other infection control duties.

#### Learning lessons when things go wrong

- The provider has an action and improvement plan which has resulted in some developments however they had not made sufficient progress as identified by our previous inspections.
- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the amount of accidents and incidents.



# 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.

- At the last inspection the provider was not working within the principles of the MCA as far as possible. At this inspection we found improvement was still required and they were now not meeting the requirements of the law.
- We read in records of two people being restricted from having certain food they expressed a desire to eat. Staff confirmed they were unsure if these people had the mental capacity to make decisions around their nutritional intake and had failed to assess this capacity in line with the MCA. The decisions staff were making on behalf of these people had not been taken in their best interests in line with the requirements of the Act.
- We also found staff had made decisions on behalf of one person around their contact and ongoing relationship with a family member. While staff confirmed the person lacked capacity to understand the decision, they had not assessed capacity and taken action in their best interests in line with the Act.
- Staff we spoke with showed some understanding of capacity but this was limited and they did not understand the requirements of the MCA. Staff were unable to identify concerns around people's capacity to make decisions and did not understand how decisions should be taken in people's best interests.

We found the regulated provider did not ensure people were supported in line with the requirements of the Mental Capacity Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People told us they were supported to access healthcare services and receive support from other agencies, SaLT, district nurses and doctors. For example, one person expressed the need to see the doctor during the inspection and we saw the doctor visited the same day.
- One person's needs had increased and they now required nursing care. The person was being supported by the registered manager to find a suitable home. The staff team used all the strategies suggested by the professionals involved in supporting the staff to meet the persons needs while a suitable home was found. A professional told us, "The staff are supporting with positive interventions."
- During our inspection a number of healthcare professionals visited people in the home and gave positive feedback about the support people received. One of the professionals told us, "Staff are very supportive, and the manager is always open to new ideas."

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

- At our last inspection we found people's care records were not sufficiently detailed to inform staff about people's needs and choices. At this inspection we found further development was required to involve people in the development of their care plans, however some improvement had been made.
- People's preferences and choices were promoted by staff on a daily basis including those linked to protected characteristics as identified in the Equality Act 2010. However, records did not always reflect this.

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not received training in dementia care, at this inspection we found staff had been trained in dementia care and while gaps remained in training records an external training company had been sourced and outstanding training had been planned for.
- Staff told us they had an induction program when they first started, they received training and had regular supervision. One staff member said, "We do get supervision and training; we can also ask for training."
- We found some staff did not fully understand areas such as MCA and safeguarding meaning this training had not always been effective.
- The registered manager told us, "Training courses deemed mandatory had been completed by staff". However, training records identified gaps in some training courses for all staff.

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

- People were supported to eat and drink enough though not everyone was supported to maintain a balanced diet. For example, one person had gained significant weight and appropriate support had not been provided.
- People told us they were not involved in choosing the menu. One person said, "There is not often enough choice; but the food is of good quality."
- People were regularly offered drinks and staff had a good knowledge of how people preferred their drinks. Staff knew how to use thickener appropriately to support those with Dysphasia.
- The cook knew people's dietary requirements and supported people to have meals that are diverse. For example, street food had been sourced to support with cultural and traditional foods.

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

- People told us they had been consulted on carpet and flooring choices, though the décor required further improvement. One person told us, "It isn't quite as nice as the other homes I have been in."
- We found some evidence of how areas such the design and décor of the home acknowledged current good practice guidelines, though improvement was still required as the décor, design and decoration was not completely dementia friendly.
- We saw a maintenance and decoration improvement plan was underway. While developments have

begun further work is required. For example, we found refurbishment was still needed throughout the service and found issues including damage to a radiator cover and curtains with black marks.

- While some improvement had been made to the service to make it more dementia friendly, further developments had not been identified including, improved dementia signage in other areas of the building other than the toilets.

# 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 Requires Improvement. At this inspection this key question remains the same. This meant people did not always feel well supported, cared for or treated with dignity and respect. People were supported by individual staff who were kind and caring although the provider's systems and processes meant that people were not always cared for in a consistent way.

Respecting and promoting people's privacy, dignity and independence

- Some people told us staff did not promote their independence and we read in one person's records they were not to mobilise without a staff member present. One person told us, "They [staff] restrict you; you can't do anything without a carer."
- People told us their privacy was respected and they were treated with dignity. We observed some examples of this during the inspection. For example, people were offered personal care discreetly. We also saw staff ensure people had privacy when meeting with family or professionals by directing them to a private room.
- However, we found some examples where people's privacy and dignity was not always maintained. For example, a toilet door that led directly onto a communal area of the home had glass in the top half that was not fully obscured. This had not been identified by management and had not been considered as a potential dignity issue.

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

- People told us staff took time to spend with people. Two people told us how staff took the time to chat with them and reminisce about old times.
- We observed positive interactions between staff and people and we saw staff getting down on the same level as people they were interacting with. For example, we saw a member of staff recognise a person needed reassurance and the staff member got down on the same level as the person. The staff member gently stroked the person's hand while speaking them to provide reassurance.

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

- At our last inspection it was found that people were not involved in their care as far as they could be. At this inspection we found people expressed their views about their care on a daily basis with staff and that care records had improved to include people's choice. However, there was still improvement to be made to ensure people's views and decisions were included fully in their records.
- We saw people completed feedback surveys and attended meetings to express their views. We saw that surveys and meetings had been analysed and responded to. For example, people asked for activities to take place over the Christmas period which were put in place.

# 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.

At our last inspection we found the registered provider had failed to ensure care and treatment was appropriate, meets the needs and reflects the preferences of people using the service. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 person centred care. At this inspection the provider had taken steps to ensure care and treatment was appropriate and the provider was no longer in breach of this regulation.

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

- People told us staff met their support needs well but people did not know about their care plans. One person told us, "I'm not sure what a care plan is." Another said, "I think there are instructions for staff written somewhere."
- Care plans included some personalisation though more work was required for plans to be consistently person-centred. For example, care plans did not always detail people's preferences in respect of personal care or their cultural needs.
- Some people told us their personal care preferences weren't met. One relative told us, "[Family member] only has a bath once a month." Records did not reflect regular baths were given. The registered manager told us people often refused a bath in preference of other hygiene routines however preferences were not recorded in care plans.

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.

- People told us they were able to communicate effectively with staff in most instances.
- We found staff communicated using people's preferred method of communication. The relative of a person whose first language is not English told us, "The staff communicate to [family member] in Hindi and Urdu."
- The registered manager and staff demonstrated they knew how to interpret people's communication where people could not express their needs verbally. For example, they knew when one person was communicating they were in pain from their gestures, vocalisations and behaviour.

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

- Our last inspection identified cultural and social activities were not promoted. During this inspection we

found the provider had recently appointed a new activity lead. This had improved the variety of activities and people were supported to engage in them, however further development was required.

- People told us of the links the home had established with the home across the road and the coffee mornings and meals out they enjoyed with them.
- While we found people were supported to develop friendships outside the home through activities these were infrequent. One person told us, "I like a walk and only my daughter takes me out." Another told us, "There is not a lot to do."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would be happy to do this if they needed to.
- We found complaints were recorded, investigated and actioned in a timely way to achieve resolution.

End of life care and support

- Our last inspection identified end of life information was not gathered by the provider. During this inspection we found end of life plans were in place which detailed peoples wishes. No one was receiving end of life at the time of our inspection.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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 the registered provider was not meeting legal requirements regarding the display of their rating following their prior CQC inspection. At this inspection the provider had taken steps to ensure ratings were displayed and the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Our previous inspection found systems failings, safety concerns were not identified and logged, safe and proper upkeep of the premises was not maintained. Our findings during this inspection found many of these failings remain. While some improvement had been made in the service, the provider had not made sufficient improvements to their quality assurance and governance systems.
- Systems failed to identify where people were not supported in line with the requirements of the Mental Capacity Act 2005 (MCA). The provider had also failed to ensure where decisions were being made appropriately and in line with the requirements of the Act that records were kept detailing these decisions. The provider had not ensured a clear, consistent system was in place to record the progress of applications to deprive people of their liberty.
- Systems had not identified there was a lack of clarity and accuracy in plans relating to nutritional needs and choking risks. The provider had not ensured that clear guidance was always in place for staff as to what action was required to support people and to protect them from the risk of harm. Quality assurance and governance systems had not identified the shortfalls in the records or where staff had not taken action needed to protect people from harm.
- Systems had failed to identify proper upkeep of the premises. While the provider had developed an improvement plan this plan was not sufficient to address all areas of upkeep as we identified maintenance requirements and odours not included in the providers plan.
- Audit systems had been implemented however these were not sufficiently robust to identify areas of concern and develop action plans. For example, we found significant gaps in cleaning schedules which had not been identified by the audit system in place.
- The provider had failed to ensure that clear records were in place. For example, medication storage, consistent recording of people's personal care options and decisions and PEEP records. Their quality assurance systems failed to identify this issue.
- We found incidents had been identified and learned from and falls analysis was recorded though there were gaps in the auditing of this.
- The provider had failed to ensure they were aware of best practice guidance in relation to dementia

friendly environments. this had resulted in a failing within the quality assurance system to identify the shortfalls.

At our last inspection we also found the registered provider had failed to establish and effectively operate systems to ensure compliance with the regulations and to assess, monitor and improve the quality and safety of the service, and the quality of people's experiences. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- Following our last inspection, the provider had made some improvement to care plans although further work was required. End of life care plans were now in place and some other care plans were more person centred than before.
- Additionally, a fire risk assessment had been completed following our previous inspection.

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

- Systems and process failed to identify the lack of involvement from people in the development of their care plans. For example, people's cultural needs were not always identified.
- The registered manager was visible and available to all staff and people living in the service which prompted an open inclusive and empowering culture.
- The registered manager communicated about the quality of care to staff through regular meetings and supervisions. We saw supervisions were completed regularly for all staff working in the service.
- The providers' systems and processes to ensure good outcomes for people were not robust and incomplete.

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 and registered manager understood their legal responsibility in relation to the duty of candour they have been notifying us they have been discussing issues and concerns with healthcare professionals and relatives

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

- People had been given opportunities to feedback on the service through regular residents' meetings and feedback questionnaires. The registered manager had begun to act on the feedback received from people, for example, activities were more frequent and varied than they were.
- People told us they had recently been involved in choosing the new carpet for the large lounge room.

Working in partnership with others

- We saw the registered manager worked closely with healthcare professionals to meet people's needs. However, advice was not consistently sought and understood for example, was not always sought and understood in relation to the Mental Capacity Act and food consistencies in relation to choking.
- Professionals involved spoke positively about the service and the staff. One professional told us, "The registered manager works well with the liaison nurses."



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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to ensure consent of the relevant person. Regulation 11 (1)

### The enforcement action we took:

We met with the provider

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 failed to assess and mitigate known risk to people. Regulation 12 (1) (2) (a) (b)  The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g)

### The enforcement action we took:

We met with the provider

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  The provider had failed safeguard a person from risk of choking by providing inappropriate foods. Regulation 13 (1) (2)

### The enforcement action we took:

We met with the provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have effective and robust monitoring systems in place. Regulation 17 (1)

### The enforcement action we took:

We met with the provider