

Gibson's Lodge Limited

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Inspection report

Gibson's Hill
London
SW16 3ES

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Gibson's Lodge is a nursing home providing personal care and support to older people many of whom were living with dementia. There were 27 people living there at the time of the inspection. The service can support up to 53 people.

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

The provider's systems to ensure the care people received was good enough were inadequate with poor managerial oversight. Although there was a wide range of audits in place these were ineffective as they had not identified or resolved the many concerns we found. The provider had not followed their action plan to improve in relation to the requirements of the Mental Capacity Act (2005) and covert medicines as we identified the same concern again at this inspection. A registered manager was not in post. However, a new manager was in post who was registering with the CQC. The service had experienced a high turnover of managers and a relatively new operations manager was also in post. This had affected staff morale and staff felt unsupported. Staff understood their day to day responsibilities.

People were not always protected from the risk of avoidable harm. Risks were not always appropriately assessed and some risks to people were not assessed at all. We identified several people were at risk of entrapment in their beds as the provider had not identified and resolved these risks. We found continued failings in the use of covert medicines with a lack of checks that crushing certain medicines was safe. In addition, our checks of medicines showed people did not always receive their medicines as prescribed. The provider did not always operate safe and effective recruitment practices to ensure staff working with vulnerable people were suitable. The provider did not always check staff had the right to work in the UK and did not always obtain references in line with their recruitment policy.

The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19. However, some people were at risk of infections from bed bumpers which were in poor condition and unable to be cleaned thoroughly. The provider had already ordered new bumpers at the time of our inspection. The provider carried out the expected health and safety checks of the premises, although these checks had not identified staff were not operating a fire door in the kitchen safely. Care plans were not always in place or robust. Some people's care records lacked accurate, detailed, person-centred information.

Staff did not always receive regular and frequent supervision and appraisal to support them. People were not always 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 always support this practice. The provider had not carried out decision-specific mental capacity assessments relating to areas including the use of bed rails and covert medicines. Staff understood and met people's needs and preferences relating to eating and drinking. People received a choice of food which was served hot and in sufficient quantities. People's day to day healthcare needs were met although records

were not always in place such as those relating to support people received to turn in bed to reduce the risk of pressure ulcers.

Staff supported people in a caring manner and knew the people they were caring for well. People told us they liked the staff and we observed staff were kind and responsive towards people and treated them with dignity and respect. People were encouraged to be involved in their care. Care was personalised to meet people's needs and preferences, although the provider had not ensured staff had reliable records to refer to. The provider could provide information to people in alternative formats to meet people's communication needs if required. The provider investigated and responded to any concerns or complaints and people were encouraged to complain.

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

Rating at last inspection and update

The last rating for this service was requires improvement (2 July 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection there had not been enough sustained improvement and the provider was still in breach of this regulation and others.

Why we inspected

This was a planned inspection based on the previous ratings and recent incident of behaviour which challenges between people using the service.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

The overall rating for the service is requires improvement. We have identified breaches in relation to people's safety, person-centred care, fit and proper persons employed, need for consent, staffing, and good governance. We have served the provider with a warning notice in relation to staffing. We also served the provider a notice of our decision to require a monthly action plan. This action plan must set out how they will improve in relation to the breaches of safety, fit and proper person's employed, need for consent and good governance.

Follow up

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 caring.

Details are in our caring findings below.

Good ●

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 ●

Gibson's Lodge 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.

This was a comprehensive inspection to check whether the provider had made the improvements required in relation to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to review the service overall given concerns about how behaviour which challenges is managed at the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a registered nurse.

Service and service type

Gibson's Lodge 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 did not have a manager in post registered with the Care Quality Commission. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice five minutes before our inspection to check the home's COVID-19 status to make sure it was safe to inspect. Due to the residents' needs we wanted to give the provider enough time to

prepare the residents for our inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We attended monthly meetings with the local authority where some concerns regarding this service were raised.

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of care staff, an activities officer, a domestic worker and the operations director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we observed how staff interacted with the people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accident and incident forms and audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback from a professional who visits the home frequently.

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 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.

Assessing risk, safety monitoring and management

- Several people had a recent history of behaviour which challenged the service, with regular visits from the local authority challenging behaviour team to support the staff.
- Staff did not always have access to risk assessments with guidance on the best ways to support people and the provider was unable to evidence these had been carried out. The operations director told us the assessments had not yet been transferred from the previous care planning software to the new software, which had been in use around two months. The lack of assessments meant people were at risk from possible inconsistent and inappropriate responses from staff.
- We observed one person at risk of entrapment from significant gaps between their mattress and bed frame. The provider told us they had been transferred to this bed the night before and agreed staff neglected to check for the risk of entrapment.
- Nine people were at risk of entrapment in their bed rails as the provider had neglected to ensure bumpers reduced this risk. The operations director told us the bumpers had been removed due to their poor condition and new bumpers had been ordered. However, when we raised our concerns they replaced the old bumpers to reduce the entrapment risk.
- We observed people were at increased risk from a kitchen fire because a fire door inside the kitchen was propped open with cardboard. We reported our concerns to the London Fire Brigade.

These risks to people meant provider was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out the expected checks of the premises and equipment. These included checks relating to the general environment, fire, electrical, gas and water safety, lifting equipment and the passenger lift.

Using medicines safely

- Medicines management was not always safe. Staff administered medicines to four people covertly by crushing their tablets. However, for three people there was no evidence the provider had checked each medicine was safe to crush and whether it was safe to mix these crushed medicines together. One person had this guidance in place although it had not been reviewed recently.
- The provider had not ensured people had regular medicines reviews, including medicines for mental health conditions. This meant people may be administered medicines which were no longer suitable for them.
- Our checks of medicines stocks found quantities of two were not as expected and the provider was unable

to account for this. This meant people had not always received their medicines as prescribed.

- On two occasions recently staff had not administered an antipsychotic medicine to a person because they were sleeping. However, there was no evidence staff tried to administer this medicine later. This meant the person was not administered their medicine as prescribed and may have become distressed due to this.
- Keys for the medicine cabinet were on the same bunch as other keys. We observed a nurse passing the bunch to another member of staff with no audit trail to track which staff had access to the medicines. This meant people were at increased risk of their medicine being tampered with.

These risks to people form part of the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of medicines management were safe, such as medicines storage, medicines administration records and guidelines relating to 'as required' medicines.

Staffing and recruitment

- The provider had not monitored whether staff had the right to work in the UK. We found two staff had expired work visas and you were unaware of this. The operations director carried out checks and sent us confirmation of their right to work which the provider obtained after the inspection. This meant the provider had not ensured staff were suitable to work. We reported our concerns to the immigration authority.
- Two staff files we checked contained only one reference and one contained no references and the provider was unable to account for this. This meant the provider had not fully followed their policy in checking staff were suitable to work with people.
- Two staff files contained no employment history and the provider was unable to account for this. This meant the provider had not thoroughly carried out recruitment checks on staff and retained the records.

The provider's failure to operate and maintain effective recruitment procedures was a of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out other necessary recruitment checks including those relating to criminal records, fitness to work and identification.
- There were enough staff to support people safely. We saw one person had a call-bell positioned within reach and they told us, "Staff come quickly when I call." The operations director told us there were more staff than people required because staffing numbers had not been reduced despite several vacancies. We observed staff responded to people promptly and several staff were always present in communal areas to support people.

Preventing and controlling infection

- People were at risk of infections from bed side bumpers which were in a poor state and could not be sanitised effectively. The provider had neglected to monitor the bumpers and ensure they were replaced before reaching this poor state.

These risks to people form part of the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises, although some equipment was not maintained hygienically.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the rating 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

At our last inspection we found staff did not follow the Mental Capacity Act (MCA) in relation to administering covert medicines. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

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 decisions 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.

- People's legal rights were not protected and they were not supported to have maximum choice and control of their lives because staff did not follow the principles of the MCA or national guidance.
- As we found at our last inspection, staff did not always conduct capacity assessments where it was believed people lacked capacity to make specific decisions regarding medicines administration including covert administration. The provider had also not carried out capacity assessments relating to the use of bed rails which meant people's freedom could be restricted unlawfully.
- The provider had failed to follow best interest processes in line with the MCA in relation to the decisions listed above. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide whether the decisions were in people's best interests.
- This meant that some decisions about people's care and treatment was made by staff when people may have been able to make that decision for themselves.

These risks to people form part of the breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider trained staff in the MCA and they understood the day to day requirements of the Act.
- The provider had applied for DoLS appropriately for people using the service.

Staff support: induction, training, skills and experience

- Records showed the staff had not always received regular and frequent support and supervision. For the three staff files we checked two contained no evidence they received any supervision. The third staff member had received infrequent supervision, with one in March 2020 then another 11 months later.
- We requested sight of supervision records for all staff and the provider was unable to locate these and did not send them after the inspection.
- Staff confirmed they received irregular and infrequent supervision. Staff told us they did not always feel supported due to the high turnover of managers recently.
- Staff received regular training in various subjects including medicines, manual handling, challenging behaviour and health and safety. However, staff had not received training in the risk of entrapment. The operations director told us they would put this training in place as soon as possible.

These issues meant people did not receive support from staff who were supported to do their job well. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us one person was losing weight. Records showed staff made errors when weighing the person, reporting a loss of 3kg in two days, and also failed to weight them weekly. This meant the person was not always protected from the risk of malnutrition. The provider told us they would improve in relation to the support this person received.

This risk forms part of the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff, including the chef, understood people's dietary needs and preferences and had clear information to refer to.
- People told us they had enough to eat and drink and they enjoyed the food. We observed people were given a choice of food and drink and food was served hot.
- People who required assistance to eat their meals were supported in a timely manner.

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

- People were supported by staff to maintain their health. People's care files set out their medical conditions and the support they required.
- People were supported by experienced staff who were able to identify changes in people's health conditions.
- Staff followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

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

- The provider was unable to evidence they had carried out a detailed assessment of people's needs to identify where risk assessments and care plans were required. This meant risk assessments and care plans

were lacking or insufficient in key areas for individuals including diabetes, catheter care, pressure ulcer management, communication, falls, breathing for those with specific needs and challenging behaviour.

This risk forms part of the breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations director told us the service began using a new electronic planning system around two months prior. However, staff did not have access to the previous care records so wrote care plans and risk assessments from scratch. The provider did not ensure an initial assessment was carried out to identify where care plans and risk assessments were required. This led to the lack of specific care records for some people. The operations director told us the service would improve as soon as possible.

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

- The service was designed to meet the needs of people living at Gibson's Lodge and the service remained in a good state of repair.
- People were encouraged to personalise their rooms with things that were important to them.
- People living with dementia can become disorientated in time and space. The provider had adapted the home to meet the needs of people living with dementia by using coloured doors and pictures to help people recognise their bedrooms and communal bathrooms.
- All areas of the home were accessible so people could move freely around the home.
- Staff had the equipment they needed to support people safely and effectively such as, pressure relieving mattresses, hoists and individual slings.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they liked the staff who cared for them. One person told us, "I like it here, they teach you to do things, to go somewhere and make something. It's quite good." A second person told us, "The staff are all nice." A professional told us they observed good interactions between staff and people and staff were caring.
- Staff were respectful towards people and treated people in a dignified manner. For example, when supporting people to eat staff sat at the same level as them and spoke to them to explain what they were doing, taking their time so people did not feel rushed. Personal care was provided discreetly, behind closed doors.
- Staff we spoke with spoke about the people kindly and it was clear they understood people's needs and preferences as they knew people well.
- Staff encouraged people to maintain their independence as far as possible. For example, staff liaised with mobility services to ensure people had the equipment they needed to move around the home themselves where possible.
- Staff received training in equality and diversity to help them understand the importance of this in caring for people.

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

- We observed staff encouraging people to make their own choices about their care, such as their food and drink. The chef spoke to people to gather their views about the food and made changes to the menu from this feedback.
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink.

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 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's care plans were not always personalised. Care plans did not always detail people's health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. The operations director told us this was because the service changed their care planning software around two months ago and staff had been writing care plans from scratch.
- The provider had not ensured care plans were in place for all people's individual needs. For example, care plans relating to pressure ulcer prevention, catheter care, diabetes and challenging behaviour were not in place for some people who needed them. This meant staff did not have written guidance to refer to and people may have received care inconsistently.

Although we did not find any evidence people were harmed, these concerns form a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were involved in their care plans as the provider met with people and their relatives before they came to live at the service to find out about their needs and wishes.
- Staff understood people's individual needs and preferences.

End of life care and support

- The provider had not ensured people had end of life care plans in place setting out how they would like to receive their care at the end of their lives. The operations director told us this was an ongoing project.
- Several nurses recently received training in end of life care to help them understand their responsibilities and how to provide good end of life care.
- The provider worked closely with the local hospice to provide care to people at the end of their lives.

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 enough group activities they were interested in to keep them occupied, although a professional told us one to one activities could be increased.
- Activities officers led the activities programme which included arts and crafts, exercise classes and music.
- We observed people enjoyed and engaged with activities led by staff in the afternoon. However, the morning activity was not led by staff, a chair exercises DVD was playing, and people were not engaged at all. The operations director told us usually the activities officer would have led this activity, but they were required to escort a person to a medical appointment.

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 provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider did not always record people's communication needs in their care plans and the support they required in relation to this.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure in place. Records showed the provider responded appropriately to a number of complaints made in the past year.

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 the rating 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.

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

- The provider's systems to ensure the care people received was good enough were inadequate with poor managerial oversight. Although there was a wide range of audits in place these were ineffective as they had not identified or resolved the issues we found relating to poor risk assessment and care planning, recruitment, medicines, the MCA and other concerns set out within this report.
- The provider had not followed their action plan to improve in relation to the MCA and covert medicines as we identified the same concern again at this inspection.
- The provider had not ensured records were made of all care and treatment people received. The provider was unable to show us any records of when people were supported to reposition in bed. Some people required repositioning every two hours as part of pressure ulcer prevention. Staff had a good knowledge of people's individual requirements and nobody had developed any pressure ulcers which indicated staff were repositioning people well. The operations director told us the issue was caused by a software error.

Although we did not find any evidence people were harmed, these concerns form 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service suffered from instability with a high turnover of managers, including senior managers in recent times. The service had a new manager in post who was registering with CQC. This instability may have contributed to the lack of oversight and some of the concerns we found.
- Some staff told us morale was low because of the instability of management recently. One staff member told us, "We never really get to know the managers [before they leave]. We have to depend on each other."
- However, management communicated with staff regarding changes to the service and regular staff meetings were held to gather their views.
- The provider had stopped their residents' and relatives' meetings due to the pandemic. However, the provider gathered feedback when relatives visited or via the telephone.
- The provider notified CQC of significant incidents as legally required. This includes allegations of abuse, police incidents and significant injuries.
- The provider displayed their current rating in the service as required by law.

Working in partnership with others

- The provider communicated with external health and social care professionals, specialist nurses, GPs and the local hospice, to ensure people received the care they needed.
- A challenging behaviour professional told us the provider did not always include their guidance in people's care plans and records relating to incidents were sometimes poor. The professional told us the home felt chaotic at times and sometimes staff were unaware of planned meetings and one placement review had been missed.

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 understood their duty of candour responsibilities. People and their relatives told us their management style was open and transparent.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The registered person did not always ensure people's care was appropriate, met their needs and reflected their preferences through carrying out, collaboratively with the person, an assessment of their needs and preferences for care and treatment; designing care or treatment with a view to achieving people's preferences and ensuring their needs are met.
Treatment of disease, disorder or injury	
	Regulation 9(1)(a,b,c)(3)(a,b)

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
Diagnostic and screening procedures	The registered person did not always ensure that, if a person was 16 or over and unable to give consent because they lack capacity to do so, they act in accordance with the 2005 Act.
Treatment of disease, disorder or injury	
	Regulation 11(3)

The enforcement action we took:

We imposed positive conditions for the provider to send us a monthly action plan.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person did not always ensure care and treatment was provided to people safely through: a.assessing the risks to the health and safety of people; b.doing all that is reasonably practicable to mitigate any such risks; e.ensuring that the equipment is safe and is used in a safe way; g.the proper and safe management of medicines; h.assessing the risk of, and preventing, detecting and controlling the spread of, infections.
Treatment of disease, disorder or injury	
	Regulation 12(1)(2)(a,b,e,gh)

The enforcement action we took:

We imposed positive conditions for the provider to send us a monthly action plan.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person did not always ensure systems or processes were established and

Treatment of disease, disorder or injury

operated effectively so they could assess, monitor and improve the quality and safety of the services, assess, monitor and mitigate the risks relating to the health, safety and welfare of people; maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to them.

Regulation 17(1)(2)(a,b,c)

The enforcement action we took:

We imposed positive conditions for the provider to send us a monthly action plan.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The responsible person did not always ensure recruitment procedures were established and operating effectively to ensure staff were of good character; that information specified in Schedule 3 was available for all staff; that other information required under any enactment was kept in relation to staff. When staff no longer met the criteria in paragraph (1) the registered person did not always take the necessary and proportionate action.
Treatment of disease, disorder or injury	
	Regulation 19(2)(a,b)(3)(a,b)(5)(a)

The enforcement action we took:

We imposed positive conditions for the provider to send us a monthly action plan.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The registered person did not always ensure staff received appropriate support, supervision and appraisal to enable them to carry out their duties.
Treatment of disease, disorder or injury	
	Regulation 18(2)(a)

The enforcement action we took:

We served a warning notice.