

AMA Generic Limited

Maranatha Residential Home

Inspection report

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Essex,
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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?

Requires improvement



Overall summary

The inspection took place on the 19 and 20 October 2015.

Maranatha Residential Home offers both personal care and accommodation for up to 15 older people who may also have care needs associated with dementia care. On the day of our inspection there were 13 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's audit and governance systems were not effective and did not highlight the areas that were found during this inspection. The service had some quality assurance systems and audits in place, however these

Summary of findings

were not adequate as they did not identify the areas of concern regarding risks in the environment, people's deprivation of liberty, and complaints as part of this process.

The service had not ensured the premises and equipment used had been well maintained and kept safe. There were a number of issues raised during the inspection around risks in the environment and also infection control. The area of concerns were discussed with the proprietor and manager and they took immediate action to rectify these issues. All areas of risks identified had been completed by the end of our inspection.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice.

The deputy manager and staff did have knowledge of the Mental Capacity Act (MCA) 2005 and mental capacity assessments had been carried out where people were unable to make decisions for themselves. Deprivation of Liberty (DoLS) assessments had not been routinely completed for those who may need them and due to this people's rights may not have always been protected.

People had been given information on who to complain to and the process for complaints. However, complaints had not been routinely recorded and people could not be confident that their concerns would be listened to, investigated or recorded appropriately.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of staff on duty.

People's medication was well managed. Medicines had been administered and or stored safely and effectively for the protection of people using the service.

People had been involved in decisions about their care or how they would like this to be provided. Assessments had been carried out and care plans been developed around the individual's needs and preferences.

Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were able to choose alternatives if they were not happy with the choices offered on the menus. People were supported to maintain good healthcare and had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

Summary of findings

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 consistently safe.

The equipment and premises were not consistently managed or maintained to a safe level and may not always keep people safe.

The standard of medicines management in the home was good. Medicines had been administered and stored safely and effectively for the protection of people using the service.

The provider had systems in place to help safeguard people. People told us this was a good service and that they felt safe.

There were sufficient numbers of staff to meet the needs of people who used the service.

Requires improvement



Is the service effective?

This service was not consistently effective.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS), but this had not always been followed.

People were cared for by staff that were trained and supported.

People experienced positive outcomes regarding their health.

Requires improvement



Is the service caring?

This service was caring.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

People were treated with respect and their dignity promoted.

Good



Is the service responsive?

This service was not always responsive.

People knew how to raise concerns and complaints, but could not be confident that these would be recorded and investigated.

People received care and support and had been involved in the planning and reviewing of their care.

People were able to make choices and had as much control and independence as possible.

Requires improvement



Is the service well-led?

This service was not consistently well-led.

Requires improvement



Summary of findings

Quality assurance systems were in place, but these were not always consistently effective.

Staff understood their role and were confident to question practice and report any concerns.

Maranatha Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 19 and 20 October 2015. The inspection team consisted of two inspectors.

We reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about by law. We also used information and intelligence from local authorities and this information was used to plan what we needed to focus on during our inspection.

During our inspection we spoke with five people who used the service, the proprietor, the manager and five members of the staff team. Due to not everyone being able to communicate with us verbally we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how people's care needs were being met. 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.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members and their induction records. We also looked at staff support and training records. We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

The service did not ensure that people were protected from the risk of harm because the premises and equipment were not being safely maintained.

Fire systems, hoists, water temperatures and the nurse call system had all been regularly checked to ensure they were safe and well maintained. The service had risk assessments in place in relation to the general premises and environment, but these had not identified the areas of concern highlighted by the inspectors during this inspection visit.

Certificates relating to gas, electricity and the service's passenger list had not been updated where safety checks had been completed and action was needed to make these safe. The proprietor advised that the work had been completed, but was unable to provide safety certificates to evidence this. Certificates have since been received and showed that the required work had been carried out on the gas, electricity and lift.

There were several lights out of order, slip and trips hazards around the service for example, raised a raised carpet, lifted paving slabs and steep concrete stairs leading to the basement not made safe. These were brought to the proprietor's attention who immediately took action to rectify the issues.

Further safety concerns identified included a bathing hoist which was rusty and in need of repair. It was also noted that the bathing seat on the hoist had lost its plastic coating and was no longer protected; which could also be an infection control issue. The last maintenance date on the hoist was recorded as 11/02/2011, not further documentation was found. During the inspection the proprietor contacted the hoist manufacturers and arranged for a visit for the company to assess what could be done to change the hoist and to make it safer.

Oxygen cylinders were not clearly identified with safety signs and information. Water temperatures were not being checked and were not at the safe recommended temperatures, for example, one person's bedroom it was noted that when the hot water was run it took a long time to heat up and then became so hot that the inspector was unable to hold their hand underneath it, due to the risk of

scolding. On looking at the services own audit of water temperatures completed in October 2015, all were in the acceptable range of 34 - 38 degrees centigrade and no risks had been previously identified.

People's safety was not taken into account as a matter of routine. Some doors had locks fitted but could only be locked from inside of the room. One person chose to lock their room when leaving and had to use a six inch screw driver to open and close it. It was noted that this person had restricted movement in their hands and concerns were raised with the management that this was a risk to the person and also others within the service.

It was noted that a number of bedrooms there was easy access to denture cleaning substances. This was raised as a concern due to the service caring for people who may have dementia and also the caustic effective and health concerns this can have if digested.

Ineffective infection control and food safety audits undertaken by the service failed to identify the areas of concern raised during our inspection.

The service had recently had an environmental inspection of their kitchen and had been given a food hygiene rating of 3 stars, which means it has been rated as 'generally satisfactory.' The service had been given a list of areas where action was required and the cook stated that staff were in the process of being retrained in food hygiene and they were working towards rectifying the issues raised by the recent environmental health visit.

However, during the CQC inspection it was noted that the service was still non-compliant in some of these issues. This included out of date food and bottles and jars not being dated or labelled when opened and people not being aware when the contents had passed their 'best' or 'use by' date. The kitchen had a clear sign stating that staff should 'make sure food is covered' and the cook advised that staff did have access to labels so they could date food, but these had not been used.

There were lack of paper towels in the bathroom and toilets for staff and people to use and the bins did not have lids to assist with infection control. Two areas were also identified where further cleaning was needed due to the suspicion of faeces being present.

Although the proprietor took action during our inspection to rectify all areas of concern and make the premises safe

Is the service safe?

for people, the proprietor and registered manager had not ensured that all was done to assess and mitigate risks to people's safety and had not recognised or raised actions for any of the areas we identified prior to our inspection.

These failings were a breach of Regulation 12 (1) (2) (a) (b) (d) (e) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing rotas were viewed. These did not always contain the full names and information regarding the staff working at the service on the first inspection day due to staff sickness. This was brought to the manager's attention and had been corrected by the second inspection day. The manager had also changed the shift times to a 24 hour clock, which made it easier to identify when staff were working. Some concerns were raised with the proprietor regarding his present working hours at the service as he is also on the service's rota as the 'deputy manager.'

Staffing at the service was sufficient to meet the present people's individual and diverse needs and rotas seen confirmed that these staffing levels had been regularly maintained. People were seen to have access to their call bells and were able to call staff, who came fairly promptly. People told us that they were able to get help from the staff when they needed it and no one was seen waiting for care. People also received one to one time with carers and staff spent quality time with individuals and knew people's care needs very well. The position of the lounges in the building could have caused some staffing issues, but both lounges always had a staff member present during the inspection. Feedback from people included, "There are enough staff here, they are all very kind."

People spoken with were complimentary regarding the recent redecoration of the lounge/diner. They added that this had made the room "Bright and clean" and it looked "Much better."

People told us that they felt safe living in the home. Comments included, "I feel safe here and the staff are very good" and, "I feel safe here and have no concerns." Staff had a good understanding on how to protect people from abuse and avoidable harm. They had completed relevant training, but it was noted that some staff required refresher

training. Staff were able to express how they would recognise abuse and report any concerns. They were also aware of the whistle blowing procedure and described who they would take any concerns to.

The service had policies and procedures in place and these were there to help guide staff's practice and to give them a better understanding. It was noted that the service had 'Ask SAL' posters around the home which provided the reader with information on who they could contact if they had any concerns or wished to report any form of abuse.

The service monitored people's dependency levels to help assess the number of staff needed to provide people's care and help keep people safe.

Staff employed at the service had been through the service's recruitment process before they started work. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. The appropriate checks had taken place before staff were employed. It was noted that some staff did not have a signed or contract or had changed roles within service and was still working to their old contract. This was discussed with the manager who ensured that all staff had correct contracts that had been signed by the second inspection day.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and help in keeping people safe.

During our inspection we found that the standard of medicines management in the home was good and medicines had been administered, stored safely and were effective for the protection of people using the service.

Medicines were stored, administered and disposed of in line with current guidance and regulations and regular medication audits had taken place. Each person had their own medication profile with their photograph to assist staff with identification. No anomalies were seen on the medication record sheets and staff had dated bottles and packets to help assist with any audits. People confirmed that they received their medicines safely and as prescribed.

An external audit had been completed by the company who provides the service's medication on the 02/02/2015. We saw that the temperatures of the medical refrigerator had been regularly checked and recorded.

Is the service effective?

Our findings

The service had policies and procedures on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), but these had not been routinely followed. Staff had received training and had an understanding with regard to when mental capacity assessments should be completed and files seen had completed documentation to show 'best interest decisions' had been made. The manager was also aware of DoLS, but had not raised referrals with the local authority when it had been identified that people may be having their liberty deprived and an assessment was required.

Two people were identified as having a 'do not attempt resuscitation' (DNAR) forms in place. On reading the document it was apparent that the decision had not been made with relatives or the person's consent and had been made by health care professionals whilst the person was admitted to hospital. On reviewing each person it was clear that their health had since improved and the service had not reviewed these orders to ensure they remained in the person's best interest. The manager stated they would arrange to have both these documents reviewed as soon as possible and ensure they were up to date and correct. The manager had introduced a system so staff could easily identify which people had DNAR's in place and also relevant health care information so they received appropriate care.

This is a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did have systems in place to show that people had been approached in relation to giving consent to receiving care and support. Documentation seen on people's care files had been signed by either themselves or relatives to say they agreed with the care to be provided.

Staff told us that they had received an induction, which included working alongside experienced staff and getting to know the needs of residents. Documentation showed that an induction had taken place. The manager was in the process of arranging for all new staff to complete the new Care Certificate, which is a recognised training and induction package for people working within the care sector.

The staff confirmed they had received regular training and updates. Some staff had also completed a recognised qualification in care. The deputy manager advised that they were looking into introducing other courses which were relevant to providing care. Documentation seen showed that staff had received regular training and updates, but the training certificates on staff files did not always match the training matrix that had been produced by the manager. This was discussed with the manager and agreed it was an area that needed to be developed and regularly updated to ensure the documentation was a true reflection of the knowledge and skills staff had.

It was noted that there were some gaps in staff supervision. The manager had only recently started staff appraisals and had so far completed one. They stated that they were aware that this was an area that needed to be developed and had completed training in April 2015 to assist with this. Staff meetings had taken place and documentation seen showed that these were used to update staff practice and advise of issues relating to the running of the service.

Staff felt well supported in their work and told us that management were approachable should they need guidance and advice. Feedback from staff included, "Support from the manager and the owner is constant and very good."

Staff had regular handovers between shifts to ensure they were up to date with people's care needs and aware of any issues that may have an effect on the person's well-being. Records were made of these meetings, but they needed to be clearer and reflect what had been discussed.

People were supported to have sufficient to eat and drink to maintain a balanced diet. At lunchtime we saw that people were eating different meals according to their choice. The service had a protected meal time and this was clearly displayed in the foyer of the service so that visitors were aware. People advised that there was normally a choice of two main meals, but there would always be an alternative offered if you wanted something different. People were encouraged to be independent with eating, but where help was needed staff were observed offering appropriate support and assistance.

The staff were aware of people's dietary needs and appropriate meals were offered. The service had recently changed the meal times as they found they were not spaced out during the day and there was often only a two

Is the service effective?

hour gap between breakfast and dinner and people were not hungry. Hot and cold drinks were made available during the day. People said the food was 'good' and that they always had 'enough to eat.' One person spoken with stated they had breakfast and was looking forward to lunch, they added "It is sausages today and this is one of my favourites."

People's nutritional requirements had been assessed and recorded. Where a risk had been identified there was nutrition and weight charts in place to enable staff to

monitor people's nutritional needs and ensure people received the support required. Where they required assistance from a nutritionist or health care professional this had been sought.

People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to other health care professionals when needed and this showed that staff enabled people to maintain their health whilst living at the service.

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received and said that they were treated with dignity and respect. They were complimentary about the care and staff and their comments included, "I would not change a thing" and, "The carers are all very kind." They added that they received the care they needed and liked living at the service.

Staff interacted well with people and ensured that those who were unable to express their wishes were included in the conversations. Staff displayed appropriate awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. Interaction observed between people and staff was friendly, kind and patient. We saw that people looked relaxed and at ease.

Staff knew the people they were looking after well and we heard them addressing them in an appropriate manner. We observed staff delivering good care and following good practice and they were aware of people's diverse needs in relation to mobility, care and general well-being. If people became distressed the staff were seen using division tactics and helping the person to become more relaxed. Feedback from relative's included, "[Person's name] has really improved since moving into the home, we have seen such a difference in them, the care is so good, we cannot fault it" and, "The staff go above and beyond what they need to do."

Staff responded quickly to people's needs and they were kind and caring in their approach. We noticed that staff regularly engaged with people and that people responded in a positive way. They were encouraged to make decisions on what they wanted to eat or activities they took part in. Staff also spent one to one time with people and one staff member was observed rubbing a lady's back as they were experiencing some discomfort; the person feedback to the staff member how much it was helping. Others looked through magazines with people or introduced conversation within a small group.

People had been given some opportunity to express their views about their care and support. Both people and staff were relaxed around the manager and proprietor and seen discussing issues around the running of the service. Regular meetings had also took place which provided people an opportunity to feedback about the service. There was also an open culture and the service had involved family and friends for feedback when needed, which had helped to improve communication. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance.

The service had a key worker system in place and people had been identified a staff member to liaise with them and their relatives and this assisted communication and ensured people were up to date with any changes in care.

Is the service responsive?

Our findings

Although people and staff knew how to raise a concern or what to do when they were not happy with the service provided to them, the service's procedures in place for dealing with and managing complaints were ineffective. The last complaint documented at the service was in 2012, so we were unable to establish whether the service had followed their procedures or investigated concerns that had been brought to their attention. On further discussion it was established that the manager and proprietor were aware of issues that people had raised, but there were no records or investigation that had taken place. The registered manager had not followed the service's complaints procedure and people could not be certain that their concerns had been taken seriously or resolved when raised.

This is a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care needs had been assessed before moving into the home, which helped to ensure the service was able to meet their needs. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files were easy to read and quickly helped to identify each person's needs and would assist the staff to know what support was needed. Any care needs due to the person's diversity had also been recorded. Staff were aware of people's dietary, cultural and mobility needs. Care plans had been reviewed regularly and updated when changes were needed and people received the care they required.

One file viewed did not have the person's physical, psychological, social, environmental or spiritual needs recorded and a care plan had not been completed. It was established that the person had anxiety and sensory needs. During our visit they were observed calling for staff and constantly needing reassurance that someone was in the room with them. This was discussed with the registered manager and a care plan was produced by the next morning which included guidance to staff on triggers they needed to be aware of and what care the person needed. It

was suggested to the manager that staff may benefit from some training in sensory impairment, so they had a better understanding on how this can affect people and what they can do to make them less anxious.

Systems were in place to encourage people to be involved in the care planning process and people had signed their assessment forms and plans of care to show they agreed with these. Some information about the person had been gained, but this could be developed so that care could be more person centred and activities organised in line with people's interests.

The service was very homely and the staff tried to do all they could to make it each person's home. One person smoked and the service had made arrangements for this to be done in a restricted area. The person was seen to independently go and have a cigarette as when they wanted to during the day.

The service had a 'key worker system', which meant people had been allocated a specific carer to be more involved in their care and liaise with family when needed. From our visit it was clear that staff knew the people very well and were aware of each person's care needs. We observed staff assisting people with their care and support and they spoke with each person to ensure they were comfortable and had received the support they needed. Staff were very attentive to people's needs.

Daily activities were advertised on a board near the lounge and included dominoes, puzzles, cards, music, exercise and family visits. A television could be found in both lounges and most people spent the day watching films or drama programmes. The service had a yoga session organised for those who wished to take part on a Tuesday morning and dance exercise on a Thursday. People were seen joining in with the yoga session, but this was only performed in one lounge for 30 minutes, which meant that not all the people could take part or just observe.

When people were asked if they liked the activities on offer at the service, one person stated that they would like more outings and go out. The manager advised that they do try and take people out, but this was very adhoc and not routinely organised. The issue of activities was discussed further and it was suggested that this may be an area that

Is the service responsive?

needs to be developed. This is to help ensure that people were receiving the stimulation they need and the activities offered enable people to follow their interests and take part in more meaningful social activities.

People had opportunities to take part in visits from a local church and follow their chosen faiths.

People found the staff and management approachable and felt they were able to raise any concerns they may have. Feedback from the service's quality assurance surveys included, "The staff are always willing to address any concerns and are very professional, I believe that any issues we have had have been rectified in a good timescale" and, "In all my dealing with the home so far the staff have been very helpful."

Is the service well-led?

Our findings

The service had a number of systems in place to help monitor the standard of care received, but these had not routinely been completed and had not been used to evaluate and improve their own practice. The areas of concern identified during our inspection had not been recognised in the audits completed by the service, including shortfalls in risks to the environment, Deprivation of Liberty Safeguarding assessments and quality of complaints. Policies and procedures had not yet been reviewed and many related to the old regulations and had not been updated to reflect current domains and the change in regulations.

This is a breach of Regulation 17 (1) (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. People who lived at the service and their relatives told us that management were always available and they would be seen around the home. They added that they felt they could approach them if they had any problems or concerns and there was an 'open door' to the office if they needed to speak with anyone. Feedback from staff included, "The management are always available or supportive." One relative spoken with was very complimentary about the service and stated they found the management very approachable and that there had been lots of improvements since the proprietor took the service over.

Staff worked well together as a team and people received good care. Staff told us that morale was very good and they felt supported by management and guidance and assistance was available when needed. Many of the staff had worked at the service for some time and this meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care. Staff stated they felt they were able to express their views and felt listened to. Staff feedback included, "I am very happy here and if I have any problems I could speak with the manager."

Systems were not presently in place that provided management the opportunity to listen to staff feedback and to use this in a constructive and motivating way. They had not completed a staff questionnaire and supervision

was in the process of being developed, although staff had attended meetings and received good day to day support from management. Staff comments included, "Since Sam has been the manager I love it here" and, "Sam is easy to take to and if there are any problems they are always resolved."

The service had clear aims and objectives and also a 'philosophy of care', which included dignity, independence and choice. The ethos of the service was made clear to people through their service's aims and objectives and staff had a good understanding of the standards and values that people should expect. The management team were very 'hands on' and both people and staff were aware of who they were. It was noted that the manager and deputy manager were also often on the rota as 'providing care' and not within a management role. This was discussed as they need to make sure that time was put aside to enable them to complete the 'management' part of their role and ensure people are clear about their responsibilities and that they also provide good leadership and management within the service. They were very proactive when issues were brought to their attention during the two day inspection; but concerns were raised they had not identified this work through their own monitoring and auditing and it had taken the inspection for them to identify this needed to be done.

Regular notifications were being received from the service to notify CQC of any issues or notifiable incidents.

Annual quality assurance questionnaires were sent to relatives and people who used the service to gather their views and opinions about the quality of the service. The last quality assurance questionnaires were provided and feedback included, "I think everything is well-run and all staff are excellent." Although there was positive feedback, the information had not been analysed and a report had not yet been written. The manager explained that they had gone through the returned questionnaires and actioned and followed up any concerns, but this had not routinely been recorded.

The proprietor had made monthly visits and completed a basic audit on the service and this was seen. This covered many of the issues covered in this inspection, but needed to be developed further so it enable the provider to identify areas of concern before future inspection visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.</p> <p>This was in connection to DoLS assessments not being requested for those who needed them and DNARs being in place that had not been reviewed when people's health had improved.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other person in relation to the carrying on of the regulated activity.</p> <p>People could not be sure that their complaints would be listened to and the service learns from complaints they had received.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(1) (2)(a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Action we have told the provider to take

- (1) Systems and processes must be established and operated effectively to ensure compliance with the requirements of this Part.
- (2) Without limiting paragraph (1), such systems and processes must enable the registered person, in particular, to –
 - (a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those service);
 - (b) Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying on the regulated activity.
- (f) The registered provider must evaluate and improve their practice in respect of the processing of information referred to in sub paragraphs (a) to (e).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include--</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;</p> <p>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <p>(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p>

The enforcement action we took:

A Warning Notice was issued to the Manager and Proprietor with timespans that the work needed to be completed.