

Mr & Mrs N H Sahajpal and Partners

# Manor House Care Home

## Inspection report

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Date of inspection visit: 27 August, 28 August and 1 September 2015  
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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

The inspection took place on 27 August, 28 August and 1 September 2015. This was an unannounced inspection. On day three of our inspection the registered provider decided to close the home with immediate effect.

We last inspected the service in November 2014. We found the registered provider had breached regulations 13, 15, 18 and 21 of the Health and Social Care Act 2014. In particular: medicines were not managed appropriately; people's consent to their care was not obtained in line

with the Mental Capacity Act 2005; recruitment checks were not always undertaken; servicing and checks of certain areas of the home had not been carried out as planned.

At this inspection we found sufficient improvements had not been made to meet the requirements of regulations 15. The registered provider had also breached regulations 9, 12, 13 and 17.

The home provided accommodation for up to 29 people, some of whom were living with dementia. There were eight people living at the home at the time of our inspection.

# Summary of findings

The home did not have a registered manager. The registered provider had been unable to recruit a permanent manager. There had not been a registered manager since February 2015. 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.

We found the assurances the provider gave in the action plan had not been met. We found the registered provider was still not carrying out health and safety checks consistently. This included some fire safety and electrical safety checks. The Legionella Risk Assessment had not been updated since our last inspection. The registered provider was unable to provide assurances the home's electrical installation was safe.

The registered provider did not have an effective risk management process in place. Risk assessments were either out of date or only partially completed. This included assessments to protect people from the risks associated with poor nutrition and skin damage. Risk assessments were not done for four out of eight people. This included personal emergency evacuation plans (PEEPs) and medicines risk assessments.

Referrals were not being made to the local authority following incidents to ensure people were protected from abuse. One incident resulting in a person briefly losing consciousness had not been reported. The registered provider confirmed there had been no contact with the local authority about the incidents.

Initial assessments and care plans had not been completed for four out of eight people. Some of whom had lived in the home since January and March 2015. The other four people did not have up to date care plans which matched their needs. One family member said, "[Staff member's name] is sorting care plans out because they are disgraceful." Health and social care professionals had also documented their concerns about out of date or missing care plans. A senior care worker said these care plans were, "Not in place, due to the manager situation." Regular audits of people's care to ensure their safety and well-being were not carried out.

One person gave positive feedback about their care. They told us they were supported to be as independent as possible through making their own choices. They said, "I loved it that much I wanted to stop." Family members said their relatives were safe. They also said staff were considerate. One family member commented, "100% safe, no concerns at all. We have had no problems here." Another family member said, "Very safe, [I am] over the moon. [My relative] loves it, [my relative] is so happy."

Accurate records were kept for all medicines received, administered and returned. Medicines were stored securely and trained staff administered them. One person said, "There was no problem with meds."

During our last inspection we found recruitment checks were ineffective. The registered provider told us no new staff had been employed since then.

People, family members and staff gave us mixed views about whether there were enough staff. One person said, "I don't have to wait long for the girls." One family member said, "[Staffing levels] not always enough. There is a trainee on a morning but not on an afternoon. Some require two to one care so people are left unsupervised every day." Another family member said staffing levels were, "Fine for the amount of people." One staff member said, "Staffing levels were very low, we could do with more staff, mainly on an afternoon. We need two [staff] to see to [person's name], so other residents are left." They then said, "[People were] not at risk but more staff would help."

Staff supervisions were not taking place. One staff member said, "We don't have supervision." One staff member told us they felt well supported. They said, "We work as a team. Management are quite good." Training records showed essential staff training was up to date.

We observed people received support from kind and caring staff to meet their nutritional needs. At lunchtime staff ensured people had a drink of their choice and received their meal quickly. One person received consistent, un-interrupted support from a patient staff member. People commented positively about their experience. One person commented, "I enjoyed that dinner." Another person said, "It was nice that."

Family members told us their relative had access to health care when required. They also said they received regular updates. One family member said, "They keep us

# Summary of findings

informed if [my relative] is not well. They phone and let you know about hospital appointments. [Staff name] took [my relative] to hospital.” Another family member said the district nurse visited their relative regularly.

One person told us they chose whether to take part in activities. They said, “When I am well, I help them [staff] do the washing up.” They went on to say they could, “Crochet and play the guitar.” Activities available to people included entertainment and raffles. We observed staff sat and chatted with people and family members.

People and family members knew how to complain if they were unhappy with their care. One person said, “I would talk to the senior if I was not happy or [staff

member’s name]. [Staff member] is lovely.” One family member said, “I would speak up if I was unhappy.” The registered provider did not provide regular opportunities for people or family members to give their views about the service.

Family members and staff said the home had a welcoming atmosphere. One family member said they felt, “Welcomed, staff see you in and see you out. I am always offered a cup of tea.” They went on to say, “Lovely atmosphere, I have never felt anything wrong.” The staff member we spoke with described the home as having, “A lovely atmosphere, it is a lovely home.”

# 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 safe. Health and safety checks were not done consistently. The home's Legionella Risk Assessment had not been updated. The registered provider could not provide assurances the home's electrical installation was safe.

The registered provider did not have an effective risk management process in place. Risk assessments were either out of date or only partially completed. Risks assessments were not in place for four out of eight people using the service. Referrals were not being made to the local authority following incidents to ensure people were protected from abuse.

Family members said their relatives were safe. Accurate records were kept to support the safe management of medicines. Medicines were stored securely and only trained staff administered them.

Since our last inspection no new staff had been employed at the home. People, family members and staff gave us mixed views about the suitability of staffing levels within the home.

Inadequate



### Is the service effective?

The service was not always effective. Staff were not receiving regular one to one supervision. One staff member told us they felt well supported.

Staff training was up to date. Family members gave us positive feedback about the skills of the staff team.

During the lunch time we saw people were supported to ensure they had enough to eat and drink. People had regular access to external health professionals when needed.

Requires improvement



### Is the service caring?

The service was caring. Care staff were kind and caring towards people. One person told us staff treated them kindly. Family members said they were happy with their relative's care. They also told us staff knew their relative's needs well.

People were treated with dignity and respect from polite staff. Staff described how they delivered care in a dignified and respectful way. One person told us they were able to make choices to promote their Independence.

Good



### Is the service responsive?

The service was not responsive. Initial assessments and care plans had not been completed for four out of eight people. The other four people did not have up to date care plans which matched all of their needs.

Inadequate



# Summary of findings

Family members told us staff updated them regularly about their relative's care. People were able to take part in their chosen activities. Activities included entertainment and raffles.

People and family members knew how to complain. The registered provider did not provide opportunities for people or family members to give their views about the service.

## Is the service well-led?

The service was not well led. The home had not had a registered manager since February 2015. Staff meetings were not currently being held.

Regular audits were not carried out to check on the quality of the service.

Family members and staff said the home had a welcoming atmosphere.

**Inadequate**



# Manor House Care 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. The inspection was carried out by one adult social care inspector.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within the required timescale. We also spoke with the local authority commissioners for the service prior to the inspection.

We spoke with one person who used the service. We also spoke with the registered provider and one member of care staff. We looked at a range of care records which included the care records for all eight people who used the service, medicine records for eight people, staff training records for staff and health and safety records for the premises.

# Is the service safe?

## Our findings

During our comprehensive inspection on 27 November 2014 we found the service was not safe. The registered provider had not carried out some checks to ensure the safety of the premises. This included a five year electrical installation check and some fire safety checks. A legionella risk assessment was not comprehensive as it did not cover all areas of the risk.

We reviewed the action plan the provider sent to us following our comprehensive inspection in November 2014. This gave the following assurances: all necessary health and safety checks would be brought up to date; a new legionella risk assessment would be put in place, and fire alarm tests and fire drills would recommence regularly. The provider told us they would be compliant with the regulations by 30 March 2015.

We found the assurances the registered provider had given in the action plan had not been met. Health and safety checks were still not carried out consistently, including some fire safety and electrical safety checks. For example, records confirmed fire extinguisher checks had not been carried out since January 2015. Records also confirmed night-time fire drills had not been conducted since November 2014. Water temperature checks and emergency lighting tests were also overdue.

We saw the home's Legionella Risk Assessment had not been updated since our last inspection. The previous registered manager had carried out the risk assessment in November 2014.

The registered provider was unable to provide assurances the home's electrical installation was safe. We saw an invoice which confirmed an inspection of the systems had taken place in December 2014. The safety certificate was unavailable to confirm the outcome from the inspection. The registered provider told us work was required but there was no money to complete this work. They told us, "They could not remember what work was required." We asked the registered provider to contact the electrical contractor to confirm the outcome of the inspection. We did not receive this information prior to the closure of the home.

This was a continuing breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider did not have an effective risk management process in place to help keep people safe. Some people's needs and support requirements in an emergency had not been assessed. Four out of eight people did not have 'Personal Emergency Evacuation Plans' (PEEPs) in place. These are essential so staff have a clear understanding of how to ensure people's safety in an emergency situation. Some people who did not have PEEPs had been resident in the home since January 2015 and March 2015. The senior care worker confirmed these assessments had not been completed.

People were at risk of receiving care and treatment that did not meet their current needs. The registered provider used a recognised tool to ensure people were protected from the risk of poor nutrition. We found the assessment for two people had not been completed accurately. For one person staff had recorded an incorrect score for the person's Body Mass Index (BMI), which meant they should have been assessed as 'high risk' rather than 'medium risk.' For another person, the overall risk score was incorrect as staff had not scored their weight loss correctly. We asked the senior care worker about these assessments. They commented, "Staff do not understand how to use the tool." This meant people were not adequately protected from the risk of poor nutrition as assessments were inaccurate.

We found other examples of incomplete or inaccurate assessments in people's care records. For example, continence assessments included missing pages. The senior care worker confirmed there should be more pages to the assessment but was unable to locate them during the inspection. For another person, their skin integrity assessment had been scored as 'low risk' of skin damage, despite being treated by the community nursing team for skin damage. The senior care worker commented about the assessment, "It needs updating, it wouldn't be accurate now."

Risk assessments were only partially completed. One person had risk assessments for 'dietary assessment' and 'fire.' Another person had risk assessments for 'falls' and 'moving and handling.' The risk assessments only gave a brief description of the potential risk. They did not include any information about the controls needed to keep the person safe.

People were at risk of not receiving their medicines safely. The risks associated with medicines management had not been fully assessed. Four of the eight people had a

## Is the service safe?

medicines risk assessment. The information recorded in the risk assessment was generic rather than reflecting the individual needs of each person. For example, all medicines risk assessments contained identical information. One person had been prescribed a particular medicine which contained specific risks if not taken correctly. The person's risk assessment did not refer to this medicine or how to ensure the person took this medicine safely. Medicines risk assessments had not yet been completed for four people, some of whom had been living in the home since January and March 2015. The senior care worker confirmed a risk assessment had not yet been carried out for each of the four people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider was not making the required referrals to the local authority to ensure people were protected from abuse. We viewed the home's incident log which detailed incidences of physical and verbal aggression between people using the service. One incident resulted in a person losing consciousness briefly. Although medical assistance was sought without delay, the registered provider had not reported the incident to the local authority in line with local safeguarding procedures. The registered provider told us there had been no contact with the local authority about these incidents.

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

During our comprehensive inspection in November 2014 we found the registered provider did not have accurate records for the receipt and disposal of medicines. In particular, medicines were not always entered into the receipt book when they were received into the home. Staff did not keep accurate records of medicines returned to pharmacy. Non-administration codes were not used consistently when medicines were not given. We also found staff had not entered all medicines liable to misuse (sometimes known as controlled drugs) into the controlled drug register.

We reviewed the action plan the provider sent to us following our comprehensive inspection in November 2014. This gave assurances the pharmacy would be contacted to deliver medication training, competencies would be undertaken for all staff administering medicines, medicines received would be documented on individual medicine

administration record (MAR) sheets, accurate return records would be maintained and controlled drugs would be recorded as per legislation and pharmaceutical advice. The provider told us they would be compliant with the regulations in May 2015.

We found the registered provider had made sufficient progress with the assurances given in their action plan. We found accurate records were being kept for all medicines received, administered and returned. Medicines, including controlled drugs were stored securely in locked cabinets inside a locked treatment room. Staff had completed safe handling of medicines training since our last inspection and their competency had been assessed. One person we spoke with said they received their medicines when they needed them. They said, "There was no problem with meds."

During our last comprehensive inspection we found recruitment checks were ineffective. For example, the results of disclosure and barring service (DBS) checks were not back before two staff started work. We also noticed the required references for two staff members were not received. We reviewed the action plan the provider sent to us following our comprehensive inspection in November 2014. This gave assurances staff would not be employed without adequate DBS checks and no staff would be employed without adequate references. The provider told us they would be compliant with the regulations by 30 March 2015. We found during this inspection no further staff had been employed since our last inspection.

Most people were unable to tell us about their experiences. One person we spoke with gave us positive feedback about the home. They said, "I love it that much I wanted to stop." Family members said they felt their relatives were safe living in the home. One family member commented, "100% safe, no concerns at all. We have had no problems here." Another family member said, "Very safe, [I am] over the moon. [My relative] loves it, [my relative] is so happy." Another family member said, "Oh yes, no concerns regarding the care." One staff member commented, "The residents are well looked after, I have no concerns about safety." One family member described the environment as, "Spot on, like home from home."

Staff confirmed they were aware of the provider's whistle blowing procedure. The staff member said they had no concerns about people's safety but knew how to report concerns.



## Is the service safe?

We received mixed views as to whether there were enough staff to meet people's needs. One person said, "I don't have to wait long for the girls." One family member said, "[Staffing levels] "Not always enough. There is a trainee on a morning but not on an afternoon. Some require two to one care so people are left unsupervised every day." Another family member said, "Staff see to needs

straightaway." Another family member said staffing levels were, "Fine for the amount of people." One staff member said, "Staffing levels were very low, we could do with more staff, mainly on an afternoon. We need two [staff] to see to [person's name], so other residents are left. They went on to say people were, "Not at risk but more staff would help."

# Is the service effective?

## Our findings

People and family members were complimentary about the care staff. Family members said their relatives were cared for by competent staff. One family member said, “[Staff] can’t fault them at all.”

During our comprehensive inspection on 27 November 2014 we found the service was not always effective. This was because the registered provider had not considered the implications of the Mental Capacity Act 2005 (MCA) on people who lived at the home. Staff we spoke with were not fully aware of the principles of MCA or how this affected people who lived at the home. We also found there were no decision making care plans for two people living with dementia.

We reviewed the action plan the provider sent to us following our comprehensive inspection in November 2014. This gave assurances MCA training would be given to all senior staff, people would be assessed to confirm whether DoL’s applications were required and judgements with associated assessments would be available to view. The provider told us they would be compliant with the regulations in May 2015. We found the assurances the provider had given in the action plan had been met. DoLS authorisations had been requested and agreed for three people. Staff had completed specific MCA training.

The staff member we spoke with told us they would always ask people for consent before delivering care. They told us most people were able to communicate their needs verbally.

We spoke with one staff member who said they felt supported to carry out their caring role. One staff member said they felt, “Well supported, we work as a team. Management are quite good.” They went on to say, “We don’t have supervision.” The registered provider confirmed one to one meetings with individual staff (sometimes known as supervisions) had not been carried out since February 2015. This was due to the registered manager

leaving their employment. Training records we viewed confirmed staff were up to date with the training the registered provider had determined as essential for each staff member.

People told us they were happy with the meals available at the Manor House Care Home. One person described the food as, “Lovely, I can have anything really. I love the home made scones.” One family member said, “Food is lovely.” Another family member said people, “Are well fed.” One staff member told us they were no concerns relating to people’s nutrition. They said, “There is nobody we are concerned about, they are all good eaters.”

We carried out a specific observation over the lunch-time period, to help us understand people’s experiences. We saw the tables hadn’t been set prior to people entering the dining room. Staff ensured people were offered a drink of their choice when they sat down at the table. One person was provided with a ‘mashed diet’ and another person was provided with a ‘plate guard.’ People then received their meals quickly. There were two staff members present to support the four people in the dining room.

One person required one to one assistance with eating and drinking. We saw the person received constant, un-interrupted support from one staff member. The staff member was kind and patient when supporting the person and they remained focused on supporting the person. They offered prompts and encouragement to help the person have a positive experience. For example, before initially offering assistance they said, “[Person’s name] are you ready.” They then checked with the person they were ready before offering each spoonful of food. People made positive comments as they left the dining room. One person commented, “I enjoyed that dinner” Another person said, “It was nice that.”

Family members told us their relative had access to health care when required. One family member said, “They keep us informed if [my relative] is not well. They phone and let you know about hospital appointments. [Staff name] took [my relative] to hospital.” Another family member said the district nurse visited their relative regularly.

# Is the service caring?

## Our findings

Family members were happy with their relative's care. One family member commented, "It's fantastic here." Another family member said, "Everything is fine. [My relative] has been lovely the past few weeks."

One person we spoke with said staff treated them kindly. They said, "Everybody is alright, all nice. The staff are all lovely in here." Family members told us their relative received care from kind and considerate staff who knew their relative's needs well. One family member described the way staff treated people as, "Brilliant, really good. 10 out of 10." They went on to say staff, "Know [my relative] inside out, especially the senior." Another staff member said staff were, "Lovely, with [my relative]. Can't fault them at all with [my relative]."

We found through our observations staff were kind and caring. We saw one person was anxious. A staff member held their hand and talked to them gently until they relaxed. We saw people made their own decisions and choices. For example, staff asked one person if they would like to come and sit down in the dining room to have lunch.

The person said they didn't want to yet. Staff respected their decision and when they asked a short time later the person agreed. We saw the person then went on to say they didn't want anything to eat.

Staff offered alternatives to the menu such as sandwiches or to have pudding straightaway. The person replied they, "Didn't want anything." They then proceeded to leave the dining room. Another person asked if they could have a yoghurt. Staff replied they could have a yoghurt and then asked them which was their favourite type. They replied strawberry and were then brought strawberry yoghurt.

People were treated with dignity and respect. One family member said staff were, "Polite." One staff member described how they delivered care in a dignified and respectful way. They said they would always explain to people what they were doing, keeping the door shut when providing personal care and letting people do things for themselves if they were able.

One person told us they were able to make choices to promote their independence. They commented, "I make my own decisions. I choose the time I go into the bath or shower." They went on to tell us they get up when they want to.

# Is the service responsive?

## Our findings

Staff did not have access to up to date information to help them understand the needs of the people they cared for. The registered provider had a specific template to record background information about people, including their life history and information about their care preferences. We found these were not fully completed for any of the eight people who used the service.

Some people were potentially at risk of not receiving care which met all of their needs. We found initial assessments had not yet been completed for four out of eight people. This included people who had been living in the home for a significant period of time. For example, one person without an assessment had moved into the home in January 2015. Another person without an initial assessment had moved into the home in March 2015.

People did not have up to date care plans which detailed their current needs. One family member said, “[Staff member’s name] is sorting care plans out because they are disgraceful.” We found care plans for four out of eight people were out of date. Care records identified one person was receiving care and treatment for skin damage from the community nursing team. The person did not have a skin integrity care plan to guide staff about how to care for and protect the person’s skin. Health and social care professionals had recorded their concerns about out of date or missing care plans for all four people. We spoke with the senior care worker who confirmed these care plans had not yet been developed. They said these care plans were, “Not in place, due to the manager situation.”

Care plans reviews were not up to date. We saw care plans for most people had not been reviewed since July 2014. We asked the senior care worker about this. They confirmed that care plans were out of date. They also said they were currently updating people’s care plans.

People were at risk of not receiving consistent care appropriate to their needs. Care plans had not yet been written for the other four people. For instance, two people who moved into the home in January 2015 and March 2015 did not have any care plans. The senior care worker confirmed care plans had not yet been written for these people. They said, “Care plans are not started yet. We haven’t done the initial assessments yet.”

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Family members told us staff updated them regularly about their relative. One family member said, “Yes, nothing is a bother to any of them. [Staff] always come and tell you how [my relative] has been and what kind of night [my relative] has had.”

People had opportunities to take part in their chosen activities. One person said, “When I am well, I help them [staff] do the washing up.” They went on to say they could, “Crochet and play the guitar.” Family members said there was enough going on to keep people occupied. Activities available to people included entertainment and raffles. One family members said, “Staff have people knitting, crocheting and playing bingo. One person likes chess.” We observed staff sitting and chatting with people and family members.

People and family members knew how to complain if they were unhappy with their care. One person said, “I would talk to the senior if I was not happy or [staff member’s name]. [Staff member] is lovely.” One family member said, “I would speak up if I was unhappy.” There had been no complaints recorded in the complaints log since June 2014.

The registered provider did not provide regular opportunities for people or family members to give their views about the service. Records confirmed ‘family and friends’ meetings had not taken place recently with the last meeting held in November 2014.

# Is the service well-led?

## Our findings

Regular audits were not carried out to check on the quality of care people received to ensure their safety and well-being. Due to the lack of a registered manager quality assurance audits were overdue. The 'Manager's Personal Plan Audit Form' had not been completed since September 2014. This was a check of people's personal care records to ensure key documents such as care plans and risk assessments were up to date.

Medicine's audits were last completed on 4 November 2014. The quality assurance file had a section titled 'Staff File Audits.' We found this section was empty. We found the home's infection control audit was overdue. The last completed audit available for us to view was dated March 2014. The senior care worker told us they, "Hadn't seen the forms before." They went on to say they weren't sure how often the audit should be done but probably annually.

The registered provider had a specific quality assurance policy and procedure. A flowchart identified all of the checks and audits which should be carried out in the home. The registered provider did not have records for some of these checks, such as the catering audit, housekeeping audit and maintenance audit.

The registered provider had not kept accurate and up to date care records for people. During our inspection we found care plans did not reflect people's current needs. We also found other records such as various risk assessments were incomplete.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have a registered manager to provide leadership within the home. The previous registered manager had left in February 2015. An interim manager had been appointed but also left in March 2015. At the time of our inspection a manager was not in post. The registered provider told us they were unable to recruit a permanent manager and would struggle to find a manager.

Due to the lack of a registered manager staff did not have planned opportunities to give their views. Staff meetings were not held regularly. One staff member said there had been, "No staff meetings. The last time was with [de-registered manager's name], January or February time." The registered provider had submitted some required statutory notifications. For example, to notify the Care Quality Commission of DoLS authorisations.

Family members told us the home had a welcoming atmosphere. One family member said they felt, "Welcomed, staff see you in and see you out. I am always offered a cup of tea." They went on to say, "Lovely atmosphere, I have never felt anything wrong." Another family member said, "[Manager's name] was turning things around but just went. Things are picking up. They are better than they have been." The staff member we spoke with described the home as having, "A lovely atmosphere, it is a lovely home."

Since our last inspection there had been no further consultation with people using the service, family members or staff. We viewed the findings from the last consultation carried out between October 2014 and January 2015, which had been mostly positive.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because servicing and checks of certain areas of the home had not been carried out as planned. Regulation 15(1)(e).

#### The enforcement action we took:

We took action which resulted in the cancellation of the provider's registration.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe care because risks assessments were incomplete and inaccurate. People did not have care plans in place to help staff effectively meet people's current needs and mitigate risks to people's safety. Regulation 12(2)(a) and 12(2)(b).

#### The enforcement action we took:

We took action which resulted in the cancellation of the provider's registration.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who use services were not fully protected from abuse because action was not taken in line with the local safeguarding policy to investigate incidents at the home. Regulation 13(3).

#### The enforcement action we took:

We took action which resulted in the cancellation of the provider's registration.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Enforcement actions

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider did not have systems and processes of regular audits to monitor and improve the quality and safety of the service. Regulation 17(2)(a).

### **The enforcement action we took:**

We took action which resulted in the cancellation of the provider's registration.