

Number Seven Healthcare Ltd

St Elmos

Inspection report

7 Edenside Drive
Attleborough
Norfolk
NR17 2EL

Tel: 01953457016
Website: www.numbersevenhealthcare.com

Date of inspection visit:
29 April 2021
20 May 2021

Date of publication:
22 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Elmo's is a residential care home providing accommodation and personal care. It is registered to accommodate up to eight people but had seven people in occupancy on the day of our inspection. The service is registered to support people with a learning disability, physical disability and, or mental health need. The service is registered for younger adults.

Each person had their own self-contained apartment which was adapted to the person's needs. For example, some people had a walk-in shower/wet room suitable for people with physical disabilities.

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

We identified a number of significant concerns which impacted on the safety and quality of the service people experienced.

The providers quality assurance systems had not ensured the service people received was safe and effective. The governance systems had failed to identify changes in people's needs or identify a change in risk which had resulted in people being admitted to hospital.

People were not consistently supported to manage risks to their safety and there was no clear escalation of risk or oversight. Care plans did not always include enough detail in line with the severity of risk and known history of risk. Staff training was not sufficiently in depth in line with the complexity of people's needs.

Health and safety checks did not include all the areas we might expect them to cover. We have made a recommendation about this.

The service had not reported changes affecting people's health and wellbeing or notified the appropriate authorities of safeguarding concerns. The providers oversight was not sufficiently robust which had resulted in some areas of health and safety not being as robust as they should.

Recent changes in management and staffing has resulted in some unrest. The registered manager had left just prior to our inspection and since registration this service has had three managers and some staff had left including one senior and other seniors stepped down to carers after a management reshuffle.

Recruitment was ongoing and robust but there was limited evidence of investment in staff in terms of their training and personal development. Annual appraisals were not completed, and staff did not regularly contribute to the overall development of the service.

We have made a recommendation about staffing in line with good recruitment processes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate in some areas how they were meeting the underpinning principles of Right support, right care, right culture. Records showed people had access to and a choice of social activities which had been reduced due to the effects of the pandemic and restrictions placed on people. Staff continued to try and support people and maximise their opportunities against agreed objectives.

People were not consistently supported to manage risks to their health and guidance was not consistently in place to support people with their needs around food and drinks.

We have made a recommendation about training in line with people's eating, drinking and associated risks of choking.

People's preferences were recorded, and staff had a good understanding of people's needs. However, certain aspects of the service could be improved in line with people's individual needs to ensure people received consistent standards of care. We identified staff using terminology which was not appropriate and did not demonstrate a person centre approach. This was fed back at the time of our inspection.

During our feedback both following the site visit and later following review of all available information we were encouraged by the responsive and professional nature of the nominated individual, and the deputy manager. They immediately put systems in place to strengthen their processes and help ensure improvements in the quality of care continued.

We received positive feedback about this service and their willingness to learn from their mistakes and their total commitment to supporting people, some of whom had experienced multiple placements. Comments from family were very encouraging and most staff were committed to their role. There were areas of practice where the service was performing well. We have made a number of recommendations in regard to health and safety checks, staffing, and eating and drinking.

Rating at last inspection and update

The last rating for this service was Good (published 02/06/2018.)

Why we inspected

We received concerns in relation to how people were being supported and a lack of suitable staff to provide the support required to keep people safe. We received some specific information which related to the safety of two people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

We 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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Elmo's 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.

We have identified four breaches in relation to : risk management, reporting incidents and governance, staff support and training and provider oversight and governance at this inspection. We have also made three recommendations, one in relation to training, another in relation to staffing, and another in relation to furniture risk assessments.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will request an action plan. 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Elmos

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.

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.

Service and service type

St Elmo's 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 registered with the Care Quality Commission at the time of our inspection. They had left several weeks before and we were not notified of this by the nominated individual who had advised the registered manager to inform us.

The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice, (1 hour) of this inspection to ascertain if there were any immediate risks we should be aware of or if anyone currently was unwell or showing symptoms of COVID19. This would enable us to take all necessary precautions.

What we did before inspection

We reviewed all the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not request a

provider information return, (PIR) before carrying out the inspection as the inspection was to follow up on specific risks identified prior to going on site. PIR are sent out annually and this is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Since the inspection we have received a PIR.

We used all our information to plan our inspection. We had requested information from the provider prior to the inspection in relation to a specific safeguarding incident and in response to whistleblowing concerns. This information was used as part of the inspection plan.

What we did during the inspection

We spoke with the director, nominated individual and the deputy manager. We spoke with one member of the care team and the team leader. We spoke with two other members of staff briefly as they were supporting a service user. We met two service users but had very limited contact. Throughout the morning people were engaged in one to one activity, we were unable to carry out direct observations of practice as people were supported by staff in their own flats.

We carried out observations and asked questions about infection control, medicines practices and audited a person's medication. We reviewed staff files in relation to recruitment.

We chose to review records off site and requested these the same day and made additional requests for information. We also informed the nominated individual that we would be interviewing staff, relatives and health care professionals via telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four health care professionals, four staff and four relatives.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks in relation to people's needs had been identified which meant there was no clear guidance for staff about how to reduce risk and keep people safe.
- Changes in people's needs were not always identified quickly enough and there was no clear escalation process which would enable management to take decisive action.
- Daily notes and monthly reviews were not sufficiently comprehensive and collaborative working was not effective prior to the most recent safeguarding concern.
- Senior management had oversight of the monthly care plan reviews but processes in place were not robust enough and failed to identify changes in risk levels. We identified gaps in daily recording which meant important information and changes in people's needs could be missed.
- One hospital passport lacked significant information which meant there was a risk that a health care professional would not understand the person holistically.
- Staff did not have the necessary competencies to meet the specific needs of people using the service, particularly in relation to people who could experience fluctuating capacity, anxiety and distress behaviours.
- Not all staff had up to date training in de-escalation, to manage behaviour in the least restrictive way. This was being addressed and accessing training during the pandemic had been difficult.

The failure to have an effective system to assess, monitor and manage risk was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection multidisciplinary reviews have been put in place to review people's needs and help ensure that previous risks were reviewed and staff supported to reduce the likelihood of any further incidents.

- The provider had systems in place to ensure the health and safety of the premises and regular checks were carried out to identify any remedial actions required. A number of areas were identified which had not been subject to regular checks. These included checks on hot water, and window restrictors; these have since been added to their audit.

We recommend that the provider considers health and safety guidance in respect to furniture in people's rooms and completes risk assessments showing what actions they had taken to reduce the risk of furniture being broken or thrown which could result in serious injury.

Systems and processes to safeguard people from the risk of abuse

- Systems to safeguard people were not always followed in a timely manner. Safeguarding concerns had not been appropriately logged or information shared in a timely way with other agencies.
- The provider has subsequently improved the safeguarding processes and auditing of safeguarding information to ensure this information is escalated as appropriate.
- Staff confirmed they had appropriate support and felt confident in identifying and reporting safeguarding concerns. They were familiar with whistleblowing processes and said they would not hesitate to escalate concerns if they felt their initial concerns were not being addressed.

Staffing and recruitment

- Before our inspection we received information from whistle-blowers that people were not getting the hours of support they required due to inadequate staffing.
- The pandemic had put pressures on staffing and one person's needs had increased resulting in additional hours needed.
- 100 staffing hours were vacant in February 2021, but this had improved at the time of our inspection with one full time equivalent post and management hours vacant. Recruitment was ongoing and agency staff were used as a last resort.
 - Staff did not raise concerns about staffing levels but acknowledged covering shifts was sometimes difficult and could result in them working longer hours which could impact on their performance and turnover of staff.

We recommend the provider conduct staff exit interviews as part of their overall quality assurance process and regularly monitor staffing in line with the concerns we received.

- Recruitment files inspected demonstrated that safe recruitment practices were in place, but we suggested dates of previous employment should include the month which would help the provider to more effectively explore employment gaps.
- The director told us they had reflected and strengthened their recruitment process recently to ensure it was more value based and lessons had been learnt from previous staff appointments.
- Staff told us the interview and recruitment process were robust and they were given scenarios and asked how they would react in certain situations. They told us the interview questions were relevant to the people they supported.
- People were given the opportunity to be involved in the interview process and staff selection.

Using medicines safely

- Necessary safeguards were in place to ensure people received their medicines as required. The exception to this was creams which were not always administered in line with the prescriber's instruction and this was not acted upon in line with the missed medication protocol. Auditing processes required improvement with a clear escalation process in line with the providers medication policy.
- The provider had recently changed to an electronic medication system and staff administering medicines had all received online training and practical assessment of their competence.
- Protocols for 'as required' medicines were in place which helped ensure staff were clear as and when these could be administered for the given, specific purpose.
- There were processes to help ensure medicines to support people experiencing anxiety were only administered in line with the support plan and where other strategies had been unsuccessful. This reduced the risk of over medication and increased risk from unwanted side effects.
- Daily medication checks meant errors could be quickly identified and a recent medication error was dealt with promptly.

Learning lessons when things go wrong

- We looked at the number of accidents/incidents recorded for the period from October 2020 to April 2021. These were reviewed by the service and individual actions such as risk assessments and care plans were updated. However, we could not see how the information was used to inform management of the safety and suitability of the service. The management team were not able to demonstrate that they completed a robust analysis of each type of incident or accident to identify any reoccurring themes or lessons learnt to reduce the likelihood of further incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. We found however the processes in place for both visiting professionals and families could be strengthened to further reduce risk. This was immediately addressed by the provider.
- The provider was meeting shielding and social distancing rules. The premises were suitable for purpose and people had their own apartments. Individual risk assessments considered people's needs in light of the current pandemic and restrictions imposed by government.
- 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. The premises were cleaned throughout the day and night and audits and spot checks were in place. We noted however current practices around the disposal of PPE was unsatisfactory. This was addressed immediately by the provider.
- 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 and there were clear contingency plans in place.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- An effective system to ensure staff were supported in their job role was not in place. Staff were supported through an initial induction process and had access to an online learning. Staff reported either doing this in work time where opportunity allowed, or in their own time at home.
- There was no clear record of staff training, so we were not assured all mandatory training had been completed and refreshed at suitable intervals.
- No staff skills audit had been completed so we were unable to see if staff were supported with their professional development or given role specific training. A senior member of staff told us management courses could be accessed on -line and the deputy manager had completed a level five care qualification recently.
- Formal supervision of staff practice was evidenced through a staff matrix but had been impacted by recent changes in management. All staff spoken with reported having previous supervisions and the induction process had been strengthened to help ensure staff felt confident in their roles. Most but not all staff had completed the care certificate, a universally accredited induction for care staff.

The failure to adequately support, train and develop staff is a breach of Regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the nominated individual had circulated information to all staff to better understand their training needs so future training could be planned particularly now face to face training could restart following the pandemic.
- The nominated individual agreed that an annual appraisal of staff's development and performance would be helpful to continue to develop the staff team and ensure the quality of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law and Supporting people to live healthier lives, access healthcare services and support

- Staff provided continuity of support when people required hospital support and discharge letters helped to ensure staff were aware of any important changes. However, we identified gaps in the hospital passport.
- Assessments were completed prior to the admission of any new person to the service, the most recent was reviewed. Key information we received from families did not appear in the persons plan of care.
- Care plans were implemented and reviewed but not always in a timely way. There was engagement with other health care professionals where support and, or guidance was required. Recommendations from health care professionals were implemented but health care professionals cited poor communication at

times and a disconnect between staff and management where information was not always filtered down. This could result in people receiving unsafe and disjointed care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- One person deemed to lack capacity in a number of key areas of their life had not been supported in a way which reduced risk and helped to ensure decisions were taken in their best interest.
- Staff supported people to make choices and we saw communication plans were in place and where possible staff used pictures and other communication aids to help people make decisions.
- Staff supported people to access regular testing and a COVID-19 jab. Staff spoke with the GP and family members to get agreement and then supported people to access treatment.
- Several people were deemed to lack capacity to take complex decisions. They were supported to make day to day decisions and consideration was given to the support they required to make wider decisions to ensure they were taken in their best interest. Best interest decisions were not clearly recorded.
- Appropriate applications had been made to the local authority for the deprivation of liberty safeguards (DoLS), and where these were authorised, conditions had been complied with.
- The service had close circuit TV, (CCTV), which operated in communal areas such as a shared lounge and entrance and exit points. Each person has self-contained apartments and could choose whether to use communal areas or not. There were clear policies and notices around the service about the installation and purpose of CCTV. Consent was sought from people or their representative about the use of CCTV, but we did not review this in respect of everyone.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Incidents of coughing and choking had been highlighted and risk assessment implemented. Although the service had flagged up risk to health professionals, they had not completed a detailed analysis and overview of incidents or established links between food and risk quickly. The local authority had not been notified. We received a concern that not all staff were aware of the need to thicken drinks for one person. This has now been resolved but was an example of poor communication.

We would recommend that all staff are familiar with the International Dysphagia Diet Standardisation Initiative (IDDSI) and dysphagia competencies are carried out with each member of staff. Since the inspection the provider has strengthened its auditing processes.

- People had their own apartments which were self-contained, and people were supported to budget and plan their own meals for the week. Staff supported people with shopping and meal preparation.
- Healthcare professionals such as speech and language therapy specialists, district nurses and GPs were involved in some people's care and advice and guidance was sought around risks including the risk of

aspiration.

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

- The service lent itself to people's individual needs. People had self-contained apartments providing a living area, bedroom and kitchen. These were self-sufficient and people were encouraged to keep them clean and live as independently as they were able.
- Bathrooms had been adapted including a wet room where needed.
- A sensory room and sensory garden were being developed to improve the experiences of people using the service and we found the service was mostly well maintained. New garden paths were just finished and planting was in progress.
- Communal areas were not sufficiently personalised in line with people's needs but were more as an area for staff and used to display staff policies and information.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified significant shortfalls in the quality and safety of the service being provided. The provider oversight and governance processes were not robust enough.
- Recent changes in the management team had unsettled the service. There was no registered manager who had left recently and the four seniors had either left or were now working as carers. The senior team consisted of a deputy manager, in post a year, a team leader who was new to post and a senior who was new to their role. A nominated individual and director had lead roles and could provide hands on support where required.
- Shortfalls were identified in relation to people's care and safety which resulted in hospital admissions.
- There were missed opportunities to safeguard people effectively because records were not clear enough and there was no clear escalation process to highlight changing or unmet needs. Additional safeguards could have been put in place and in one instance the service could have been more confident when seeking support from health care professionals.
- Some of the quality assurance processes had shortcomings but these were being addressed by the nominated individual following the inspection. Areas of concern included safeguarding logs not being completed accurately, staff training records and staff supervision records not being clearly recorded. Gaps in the health and safety records for example no regular temperature checks for the hot water supply and no window restrictor checks. These have since been added to the audit.
- Daily walkarounds were not recorded to show what actions had been taken and there was no evidence provided of how risks and unmet needs were flagged and actions taken.

The failure to have an effective system to assess and monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we continued to seek clarification from the nominated individual and were reassured by actions taken to improve the service and their commitment to strengthen their management processes to improve their oversight.

- The provider had not notified of all incidents affecting the health, safety and welfare of people using the

service. This included a number of recent hospital admissions as a result of a specific incident. Notifications must be submitted without delay and help CQC determine if they need to take any action.

The failure to notify CQC of notifications is a breach of Regulation 18, Notifications of other incidents (Care Quality Commission (registration) Regulations 2009:

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 provider's quality assurance systems required improvement and people, staff, families and health care professionals were not routinely asked for their feedback on the quality of the service provision. This would help to ensure the provider used all forms of feedback to identify service improvements.
- Daily walkaround and staff spot checks were in place, but we suggested walkarounds should be recorded to demonstrate how risks and quality were being addressed on an ongoing basis. Staff spot checks were not qualitative and did not look at the staff's interactions with people or explore how staff were meeting people's needs in line with their care plan. The forms were subjective with no clear rationale as to how the assessor reached their judgment.
- Advocacy was sourced as required for people as some people had no regular family contact.
- Good outcomes of care had been achieved for some people. The provider stated some of the achievements made by people since moving there which included a reduction in staffing for one person as they became more independent and self-sufficient.
- Monthly reviews focused on outcomes for people and progress towards these which included social inclusion and independent skills.
 - Family contact was minimal for some but the feedback we received from family members was all positive. One describing the service as, "Outstanding." Another told us their relative, "Appeared settled and happy." Another told us, "This was the best placement [family member] had been in." Another told us the previous manager had communicated well and they were kept informed on any changes in their relatives needs and visits home had been facilitated when possible.
- We received positive feedback from the relatives about the staff and from the staff about the service. Although staff felt well supported, they did comment on how unsettling it was to have different managers who all introduced change within a short period of time.

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: Continuous learning and improving care

- Dissemination of information was disjointed and this resulted in risks not being identified or acted upon in a timely way.
- The provider reflected on the feedback from this inspection and other information being requested from other professionals and used it to improve and strengthen the service. They acknowledged shortfalls had occurred and immediately set out to rectify these.
- To improve the quality of care a more robust quality assurance system was required and the provider must ensure staff had every opportunity to be involved in the development of the service and their views listened to and acted upon as necessary. Since the inspection staff have been asked for their feedback about different aspects of their role particularly in terms of their training and developmental needs. This will help the provider plan the service appropriately.

Working in partnership with others

- Prior to COVID-19 people were regularly engaged in their local community and supported to pursue their individual interests. Opportunities had diminished during the pandemic, but staff had maintained people's

opportunities and adapted their routines where they could.

- Staff have had a lot of recent engagement with health care professionals but needed to be much more proactive in sourcing support and guidance as necessary to strengthen the quality of the service and provide holistic care to people with complex needs.
- The service was praised by families and commissioners for accepting people who were difficult to place and working hard to meet their needs and had reported some successes.

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 18 Registration Regulations 2009 Notifications of other incidents The service had not notified CQC of significant incidents and safeguarding concerns as required.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people using the service had not been fully explored, documented or mitigated as far as reasonably possible. This left people exposed to potential avoidable harm.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was not able to evidence that all staff were suitably trained, and supported to carry out their duties in line with their job role and regulated activity.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust governance processes in place to clearly establish if people were having the care they required in line with their needs. The governance process did not fully take into account the views of staff, people, relatives and other stakeholders in the development of the service.</p>

The enforcement action we took:

serve WN on regulation 17