

Friends of the Elderly

Retired Nurses National Home

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Retired Nurses National Home is a residential care home registered to provide care and support to up to 52 people. The purpose built home provided care over two floors with stairs and a lift as access. There were 33 people living at the home at the time of inspection.

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

Improvements were needed to the governance systems within the home. The systems for monitoring and checking the home operates in a safe way were not effective. People did not have their risks identified and plans put in place to mitigate them.

People were not always supported to have maximum choice and control of their lives and the service did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Capacity assessments were not completed in accordance with the Mental Capacity Act 2005 and people were not always lawfully restricted. Staff did not always feel supported or appreciated. People had access to enough food and drink, but feedback was mixed about the quality and variety. Accidents and incidents were recorded, and relevant referrals made. The home did not formally learn lessons from events in the home.

There were enough staff on duty, and staff were recruited safely. Medicines were managed safely, and maintenance checks were carried out including fire safety. Staff were well trained, and people had access to healthcare when needed.

People and their relatives told us staff were kind and caring. Staff encouraged independence and acknowledged differences in people. Staff were respectful and courteous appreciating individuality. People had personalised care plans in place and access to a wide range of activities.

People and their relatives knew how to make a complaint and records showed the homes policy was followed by the registered manager. People had confidence the registered manager would deal with any concerns appropriately.

Staff felt proud to work for The Retired Nurses National Home and we received positive feedback about the management of the home.

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

Rating at last inspection

This service was registered with us on 28/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

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 breaches in relation to the assessment and management of risks to people, consent, safeguarding and the management of the home at this inspection.

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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Retired Nurses National Home

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.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Retired Nurses National Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority service improvement and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with 17 members of staff including the provider, registered manager, assistant manager, office manager, senior care workers, care workers, activities co-ordinator and the chef. We spoke with two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records in full, 27 in part and four medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- People did not always have risk assessments in place to ensure that risks were identified and mitigated to enable them to be safe. An example was where a person used bed rails and no risk assessment was in place.
- Risks to people were not always assessed after incidents had taken place. An example was where a person had an unwitnessed fall at the service and an assessment had not taken place prior to or after to try and prevent this happening again in the future.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by completing two risk assessments for people and a review of care records to identify risks posed to people with a view to completing the necessary assessments.

- Accidents and incidents were recorded; the registered manager reviewed each form individually. However, analysis had not always taken place. This meant the home may not always be learning from accidents and incidents in order to reduce or prevent them happening again. The home input the handwritten forms onto an electronic system. The registered manager told us they would ensure these were analysed and shared each month.
- Maintenance, equipment and safety checks took place regularly. This included fire safety, equipment, electrical and gas safety checks. People had personal emergency evacuation plans in place which documented their needs in case of an emergency.

Using medicines safely

- Medicines were managed safely. However, we found a prescribed drink thickener was accessible to people. We raised this immediately with the member of staff and it was removed. The registered manager arranged for a lockable cabinet to be installed for safe storage.
- There were arrangements for the ordering and disposal of medicines within the homes medicines policy. Staff responsible for the administration of medicines had their competency assessed regularly.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the

correct person at the right time. MAR were completed correctly.

- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us The Retired Nurses National Home was a safe place to be. Some comments we received were: "We feel safe and settled here. It's like home", "It's a lovely place and I feel safe being here. I am happy", "I see it as my home", "I'm pretty satisfied and I feel safe".
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. Staff told us they were confident their report would be followed up on.
- Staff had received training in safeguarding adults and posters reminded them of how to report and the telephone numbers to do so. Safeguarding training was updated every year with reminders throughout the year during team meetings.

Staffing and recruitment

- There were enough staff to meet people's needs. Recruitment was ongoing within the home. The registered manager discussed dependency within team meetings and handovers to ensure people's needs were reflected in staffing levels. They told us following the inspection they would be using a formal tool to calculate dependency and staffing.
- People told us staff were there if they needed them. One person said, "We have our pendants and when we use them, or if we want staff, they respond quickly." Another person said, "There are enough staff and they all work very hard."
- The home had a robust recruitment procedure in place and checks the service made demonstrated staff had the necessary skills and knowledge to carry out their role.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home was not always working in accordance with the Deprivation of Liberty Safeguards. We found that applications for five people had not been made, this meant that they were having their liberty unlawfully restricted.
- The homes visiting arrangements did not follow current government guidance. Visiting had a time restriction and was generally limited to the visitor's room.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the service had the necessary lawful authority for people to be deprived of their liberty for the purposes of providing care or treatment. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They completed an application for each person and, submitted this to the relevant authorities to ensure people were not being restricted unlawfully. Changes were made for relatives to visit to adhere to the current government guidance.

- People's rights were not always being fully respected. Every person living at the home had a capacity assessment completed which meant that in some cases the staff had not first assumed capacity.

- Capacity assessments were not carried out specific to the decision that needed to be made. For example, every person had one capacity assessment which covered personal care, medication and COVID-19 testing. If there is a concern about capacity, then there should be individual assessments in place for each individual decision.
- Best interests' decisions had been recorded as made by one person without the involvement of relevant others and in some cases no best interests were recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the service was working in accordance with the Mental Capacity Act 2005. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They arranged for immediate re-training for the registered manager and senior staff and re-assess those people where it was applicable to do so.

- Staff understood it was important to gain the consent of people when providing their care and support. A member of staff said, "This is very important that resident's consent to their care because staff could be putting people in danger and there is a risk of abuse if someone has not consented to their care."

Staff support: induction, training, skills and experience

- Staff told us they did not always feel supported in their role. The registered manager said they were behind with supervisions and appraisals. This meant that staff did not always have the opportunity of one to one time to discuss any concerns or support needs. The registered manager told us they had an 'open door' and had arranged to complete an appraisal for all staff starting in January 2022.
- The home had an induction process for all new staff to follow, which included practical and online training, shadow shifts and competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some held, or were working towards, a national diploma in health and social care.
- Staff had received increased training on the safe use of personal protective equipment (PPE) and specific awareness due to COVID-19. Staff told us they felt as safe as they could do in regards COVID-19.
- Staff received training on subjects such as safeguarding, food safety, oral health, infection control and medicines.

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

- People had enough to eat and drink. However, feedback we received about the food was mixed. Some people said the food was good whilst others said it needed to be improved. The registered manager told us they were aware of some of the feedback and had been working to ensure there was a presence of kitchen staff in the dining room at mealtimes so people could give instant feedback.
- People were given a choice of meals and there were alternatives and lighter meals available for them. Kitchen staff served hot and cold drinks throughout the day.
- People's preferences and dietary needs were recorded in their care plans and in the kitchen. Records showed input from speech and language therapists where the person had a difficulty swallowing or managing certain foods.
- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff. Where people were supported to eat this was carried out in a respectful way.

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

- People had their care needs assessed before they moved into the home. The assessments formed the basis of their care plans. The registered manager told us they assess whether the person's needs can be provided within the home
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and electronic records demonstrated plans had been created using good practice guidance. This was in relation to medicines and diabetes care.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors and nurses. A health professional told us the home was, "Approachable and engaged."
- The registered manager said they worked well with all health professionals and were comfortable seeking their input when needed. A weekly visit was carried out to discuss people's needs as they came up. A health professional told us, "Staff contact us before our visit to give us an idea of what we need to discuss, this gives us a chance to research and bring the best advice or treatment plan."
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers. This meant people were receiving the most up to date support to meet their health needs. A health professional told us, "The home is good at alerting us to acute issues and following the treatment plans."
- Health and social care professionals were positive about how care was sought for people in a timely manner. They told us they really worked well with the home. These clear and open communications contributed to a positive effect on people's wellbeing.

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

- The Retired Nurses National Home was an older style, adapted building. The décor was in keeping with the age of the building. The registered manager told us the home had a continual improvement and maintenance plan in place.
- The home was accessed over two floors. There were two lifts within the home. However, one lift was out of service and was awaiting attention. The office manager told us people were able to use the remaining lift in the meantime.
- People were encouraged to bring in their own personal belongings with them, they told us it was important to them. A person told us, "I like having my pictures and books around me. It is my lovely little home."
- Rooms were adapted to meet the needs of the person. For example, bed positions were changed to contribute to safety.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt involved in their care. However, there was no formal record of involvement or reviews from the person or their loved ones. We raised this with the provider, and they told us this would be included in the improvements made to care documentation.
- People told us staff involved them in their care day to day. Some comments we received were: "They [staff] are very good at doing what you like", "The staff help when we want and need them", "They [staff] ask me about my care all of the time."
- Staff told us they always gave people choices throughout the day with all their care and support needs. A staff member told us, "Choice is always given and respected as each service user is individual."

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

- People told us staff were kind and caring. Some of the comments we received were; "The staff are very good", "The staff are wonderful", "I feel comfortable with the staff and they look after me well", "The staff are very good and helpful", "Staff are amazing, very caring."
- Staff told us they would provide care and support for anyone, regardless of their background. They had received training in equality and diversity. A person said, "Staff find ways of helping when necessary. They go along with an individual's personality." A staff member told us, "We also promote individuality where possible as everyone has different needs."
- People had sexuality and self-expression care plans in place. The registered manager told us they had started to work to complete these and staff were having discussions with people for them to record any specific information they wished to. The registered manager understood the importance of gaining and recording this information for people.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected. Confidential documents were kept securely locked away or password protected. Staff had received training in the procedures for handling sensitive information within the home.
- Staff told us how important it was to support and promote independence and keeping people doing what they could for as long as they could.
- We observed staff supporting people to access different parts of the home including the dining room and their bedrooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had personalised care plans in place for all their care and support needs. The home had an electronic system in place. However, the system was not always updated in line with deadlines. We spoke with the registered manager and provider who told us they were reviewing the alerts and would ensure regular updates took place.
- Staff told us they had enough access to information about people. Where required, people had care plans about their individual health needs, such as diabetes.
- People's end of life wishes and preferences had been explored. The home had received compliments about its end of life care. We read, "We were comforted to know our loved one [name] was looked after and loved by you all at The Retired Nurses National Home. Thank you for all you do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans. These needs were shared with external professionals when needed. Staff supported people and met their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a wide range of activities. These were both group and individual. The activities co-ordinator spoke with each person and their relatives as they moved into the home to find out more about them and completed, 'My life story'. This helped plan people's preferred activities.
- People were encouraged to maintain personal hobbies and interests. People told us they spent their day as they wished, some preferring to be alone in their room and others socialising with others. One person said, "I told them [staff] I like gardening so they are going to set up a greenhouse so I can grow tomatoes." Another said, "I like to go to knit and natter, colouring and the quiz."
- There was a programme of activities which included: arts, crafts, singers, music and a visiting library. The home had several pets, guinea pigs, birds and fish. The activities co-ordinator was supported by two volunteers to provide variety for people. The home was well into Christmas planning with many activities with a festive theme throughout December.
- The COVID-19 pandemic had affected activities and at times plans had to be adapted and changed dependent upon restrictions. The home has enabled singers and performers to return to the home by

providing safety screens to ensure protection.

- The activities co-ordinator told us they were passionate about their job and making sure every person had the opportunity to be involved. The home got involved in all national 'days', such as, national book day. The creation of a shop has been welcomed by people living at the home, providing access to toiletries, biscuits and sweets.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and who to speak to. One person told us, "I feel perfectly at liberty to speak and to tell them if I am not happy about something." Another person said, "If I was unhappy, I would tell someone."

- The home had a complaints policy and procedure in place. Records showed complaints had been dealt with by the registered manager in line with this policy and to the complainant's satisfaction.

- The registered manager told us they spend time with people, they told us it was important to them. People told us the registered manager was responsive to their concerns when raised. One person told us, "I have made one or two complaints about minor things, and they have led to change."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Quality assurance systems did not always operate effectively. Audits were not always completed or robust. These systems had not identified the shortfalls found during the inspection. For example, where risk assessments had not been completed for people.
- An audit had been carried out by the provider's internal quality team in November 2021. This had not included care documentation and therefore did not identify the shortfalls found during the inspection with risk assessments and mental capacity assessments.

We found no evidence that people had been harmed; however, the provider had failed to ensure governance systems were operating effectively to ensure risks were managed, people's rights were respected with the necessary legal authority and the service improved. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by reviewing audits and creating an action plan for overall improvement to the governance systems within the home.

- The registered manager kept up to date with all relevant government and good practice guidance. The provider communicated organisational changes and updates such as policies and procedures.

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

- Staff did not always feel appreciated. We spoke to the registered manager and the provider about this and they told us they would continue to work to ensure all staff felt appreciated.
- Staff did feel proud to work at The Retired Nurses National Home and to care for the people who lived there. Some comments were: "I feel I have a positive impact on the residents and they appear to enjoy my company", "At the end of every day I feel proud to be a staff member at the home because the people make me feel like home", "I say a big yes, I love every bit of it. I feel super proud to be an employee of The Retired Nurses National Home."
- We received positive feedback about the management of the home. Comments included: "The registered manager [name] never hesitates to lend a helping hand in caring for residents, they get involved every day", "I always feel supported by the registered manager [name] and deputy manager [name]", "The registered manager [name] tries their best to give the residents the best care they deserve", "The registered manager

[name] and staff are approachable people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home did not always seek formal feedback from people, their relatives and external professionals and use that to directly drive improvements. A survey completed in March 2020 showed a high level of satisfaction. However, actions identified were not recorded as completed. We raised this with the registered manager who told us they receive feedback in an informal way through conversations and people meetings. They told us the provider was sending out a formal survey in January 2022.

- The Retired Nurses National Home had good working partnerships with various health and social care professionals. The registered manager told us they had regular supports for the home. A health and social care professional told us, "We have a great relationship with this home, people are well cared for and happy."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems were either not in place or robust enough to ensure the service had the necessary lawful authority for people to be deprived of their liberty for the purposes of providing care or treatment. This placed people at risk of harm.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Systems were either not in place or robust enough to ensure the service was working in accordance with the Mental Capacity Act 2005.

The enforcement action we took:

We issued a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to ensure risks to people were effectively managed. This placed people at risk of harm.

The enforcement action we took:

We issued a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were operating effectively to ensure risks were managed, people's rights were respected with the necessary legal authority and the service improved.

The enforcement action we took:

We issued a Warning Notice.