

Leaf Care Services Ltd

# Leaf Park Dementia Village

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Leaf Park Dementia Village is a residential care home providing personal care and accommodation to up to 19 people. The service provides support to older people living with dementia. At the time of our inspection there were 15 people using the service.

The home provides specialist dementia care across two floors accessed by a lift. All rooms are ensuite and there are communal living areas as well as an enclosed garden.

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

People were not protected from the risk of abuse as the systems in place had failed to identify allegations of abuse and protect those involved. Not all staff had the knowledge of how to report safeguarding concerns outside of their organisation. The registered manager had failed to share safeguarding concerns with other stakeholders as required and in order to ensure people's safety.

The culture within the home was not consistently open and staff did not feel able to contribute to the running of the home or in the improvements required. They told us they did not feel engaged or listened to. Incidents were not always discussed with them in order to reflect and learn lessons in order to better improve the quality and safety of the service.

We could not be assured that people consistently received their medicines as prescribed and best practice was not always followed.

Whilst improvements had been made since our last inspection, the governance systems in place had not been fully effective at identifying and rectifying concerns. For example, the relatives we spoke with told us there were still improvements needed in communication. Not all safety incidents had been reported to CQC as required by law and we found records were not consistently accurate, complete or contemporaneous.

We could not be fully assured that there were enough staff deployed to meet people's needs in an individualised way. Relatives had mixed opinions on staffing levels and evidence showed the number of staff the provider had assessed as being required, had not always been on shift.

We could not be fully assured that people were supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records did not fully demonstrate this approach and improvements are required.

Improvements had been made in relation to risk management and the systems in place had been effective at keeping people safe from physical harm. We saw mitigating measures were in place to address risk factors and that these were being followed.

Improvements had also been made in infection prevention and control processes. We found the premises to be clean although some improvement is further needed to ensure equipment remains consistently hygienic and clean. Government guidance had been followed in relation to COVID-19 management and visiting. Some redecoration has been completed to make the environment more suited to those people living with dementia.

The service was now working well with healthcare professionals and we saw prompt referrals had been made as required. Healthcare professional recommendations had been followed and this had benefited the people who lived at Leaf Park Dementia Village. Staff had received training and supervisions as well as had their competency checked. People's nutritional needs had been met.

The provider had an action plan in place to continue to address the shortfalls and acknowledged further improvements were required. Whilst they acknowledged further development of the service was needed, staff and relatives told us the provider had been working hard to implement change. Out of the seven relatives that provided us with feedback, five told us they would recommend the home with one telling us, "I would recommend the home as they seem to want to do the right thing."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (report published on 15 June 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We received concerns in relation to medicines management, adherence to the Mental Capacity Act 2005 (MCA), cleanliness, risk management and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains inadequate based on the findings of this 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.

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

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leaf Park Dementia Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Leaf Park Dementia Village

## 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 Health and Social Care Act 2008.

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 site visit was completed by two inspectors and a specialist medicines inspector. An Expert by Experience made telephone calls to relatives to seek their feedback on the service. 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

Leaf Park Dementia Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Leaf Park Dementia Village is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 August 2022 and ended on 14 September 2022 when detailed feedback was given. We visited the location's service on 31 August 2022.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

The people who used the service were unable to tell us about their experience of receiving the service, so observations of care and support were made. We spoke with six relatives, received written feedback from a seventh relative and spoke with ten staff members. These included the nominated individual for the provider (the nominated individual is responsible for supervising the management of the service on behalf of the provider), a compliance manager, two business support managers and six care staff. We received written feedback from a further three care staff members. Two health professionals also provided us with feedback; one verbally and one in writing.

A selection of records was also viewed, and these included the care plans and associated records for nine people who used the service. The medicines records for ten people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse

- People had been exposed to the risk of harm and abuse due to the provider's failure to ensure allegations of potential abuse were appropriately managed and shared.
- We identified two separate incidents of allegations of abuse that the provider had failed to share with the local authority safeguarding team as required. This placed people at risk of harm.
- Both incidents of allegations of abuse had been raised with the registered manager who failed to identify these concerns as potential abuse and take appropriate action such as raise the concerns with the local authority safeguarding team. Mitigating actions to prevent reoccurrence had not been taken.
- In the case of the above incidents, safeguarding referrals had been made by other stakeholders in the provider's failure to ensure people were protected from the risk of abuse and harm.
- Not all staff we spoke with knew how to raise concerns outside of their organisation.

The above concerns constitute a breach to Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough numbers of suitably skilled staff deployed to meet the needs of people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 18.

- We could not be assured that there were enough staff to consistently meet people's needs in a person-centred way. For example, one relative told us they often had to find a staff member to assist their relative with continence care. Another relative explained how their family member often forgot to drink and that staff were not always around to assist with this.
- The relatives we spoke with had mixed opinions on staffing levels. Out of the seven relatives who provided us with feedback, four told us there were not enough staff. One said, "Weekends are the worse for staff attendance."
- All the staff we spoke with agreed and they told us the home was regularly short-staffed. Some also raised concerns that even when staffing levels were as assessed, they didn't have time to sit and speak with people as they were required to complete tasks other than care. One staff member said, "At present, care staff are



compromised by being pulled from the floors to do these tasks."

- Staff rotas showed shifts were not always staffed with the numbers the provider told us were required.
- The dependency tool the provider used to help assess staffing levels failed to take account of the layout of the building or the safety of the people who used the service. For example, for some periods the dependency tool recorded that the minimum number of staff required was one. This is despite the home being over two separate floors, that some people needed the assistance of two staff and the need for additional staff in the event of an emergency such as a fire.
- Since our last inspection, the provider had increased staffing levels however evidence showed further improvement is required in relation to staffing levels and meeting people's holistic needs.

The above concerns constitute a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment checks were in place which included the completion of Disclosure and Barring Service (DBS) checks on employees. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, more thorough checks of people's knowledge, experience and abilities would benefit the service, helping to avoid staff turnover resulting in inconsistency in the care delivered. For example, whilst conversations had at interview were recorded, these were not scored and showed the interview process was basic.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks had been fully identified, managed and mitigated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 however further development is needed to ensure records are robust.

- The individual and environmental risks to people had been identified, managed and mitigated in practice although records did not always fully reflect that.
- For example, where people were at risk of falls, we saw that mitigating measures were in place to reduce that risk. However, these were not always consistently recorded in associated records.
- The provider had made improvements in relation to environmental risks since our last inspection and we found the environment to be safe for the people who lived in the home. For example, chemicals and toiletries had been secured and regular checks were being completed to ensure the home, and the equipment used, remained safe and fit for use.
- Despite records not consistently recording mitigating measures, staff were able to demonstrate they knew people's needs and what actions were needed to keep them safe. Observations confirmed mitigating measures were in place such as equipment to reduce the risk of pressure sores or injury from falls.
- Most of the relatives we spoke with told us they felt their family member was safe from physical harm. One relative told us, "Staff do everything that is humanely possible to keep [family member] safe."

#### Using medicines safely

- We looked at the electronic Medicine Administration Record system and found that for some medicines there were discrepancies where the recording system did not show and confirm they were given to people

as prescribed. We also noted there were some gaps in records for the application of topical medicines. Whilst there were medicine checks in place, medicine errors were not being promptly identified and resolved.

- For people prescribed medicated skin patches there was some gaps in additional records about the application and removal of patches needed for safety. In addition, some records were unclear about the sites of application of the patches to the person's body to ensure there had been appropriate intervals of time before repeating the site of application to avoid the potential for irritant skin reactions.
- Some people who were unable to consent to taking their medicines and would otherwise refuse them were deemed to be able to have their medicines given to them concealed in food or drink (covertly). However, we found that for one person the guidance available for staff to refer to about preparing these medicines differed from advice received from healthcare professionals.
- Staff had recently been assessed as competent to give people their medicines. We observed that staff gave people their medicines safely.
- Oral medicines and topical medicines were stored securely and at correct temperatures.

### Preventing and controlling infection

At our last inspection we were not assured that effective infection prevention and control procedures were in place. This was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to infection prevention and control. However, further improvements are required to ensure complete cleanliness within the service.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, whilst we found most of the premises and equipment to be clean, there were minor areas which needed improving regarding cleanliness.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

- People benefitted from receiving visitors in line with current Government guidance although the provider's associated policy did not demonstrate this.
- COVID-19 care plans and risk assessments were in place that recorded what visitors' people could have should the home experience a COVID-19 infectious outbreak. However, not all recorded mitigating actions for the risk of COVID-19 adhered to current Government guidance.

### Learning lessons when things go wrong

- Whilst continued improvements were required, we found the service had responded to stakeholder concerns and recommendations that had resulted in improvements to the service.

- However, there remains a concern that the culture within the service is not fully transparent and able to reflect when things go wrong. Discussions with staff confirmed this.
- For example, staff told us they were not given responsibility for completing incident records and that little meaningful engagement took place with them. One staff member said, "When we make suggestions, nothing happens." Another staff member told us, "Management don't really engage with us."

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure compliance with the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 11.

- We found that whilst the service was completing MCA assessments and associated best interest decisions with the appropriate stakeholders, records did not adhere to the MCA.
- For example, the service was including people in decisions however assessments were often being made for multiple decisions on the same day and within a short space of time. The MCA states that one decision should be made at a time to avoid the person becoming tired or confused.
- We found appropriate legal authorisations were in place to deprive a person of their liberty. Associated conditions had been met for one person. However, the service could not evidence that a review for the need for medicines to be administered covertly had been completed each month as required.

The above concerns constitute a breach to Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to meet the nutritional needs of people who used the service. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14 however further development is needed in relation to nutritional care plans.

- People told us the service had made improvements since our last inspection in relation to meeting nutritional needs and this was observed on our inspection.
- People now had a choice of food, varied portion sizes according to their wishes and their associated needs had been regularly assessed. A picture menu had been introduced to assist people in making food choices.
- We saw that people received the textured diet they had been assessed as requiring in order to mitigate the risk of choking.
- Where concerns had been raised in relation to meeting nutritional and hydration needs, healthcare professionals had been requested.

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

- Whilst improvements had been made since our last inspection, we couldn't be fully assured that people's needs had been completely and holistically assessed. This was because the care records did not demonstrate this.
- For example, for one person who had recently become unable to mobilise, their care plan had not been updated to reflect this. For a second person who was approaching the end of their life, limited information was available to staff on how this person required support.
- Although mitigating measures were being taken in practice, there continued to be a lack of written information for staff on managing risks.
- No-one had been admitted into the service since our last inspection. However, in response to the feedback provided then, the provider had reviewed the admission process and had improvements planned.

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

- Improvements had been made in how the service liaised with others to ensure people received the care, support and treatment they needed.
- Out of the seven relatives that provided us with feedback about health provision, six told us they had no concerns. One relative said, "The GP visits regularly and any health concerns, the staff call me; it's all good."
- Both of the health professionals that provided us with feedback raised no concerns in how the service managed people's health needs. One told us the service had the information needed available when they visited, that staff knew people's needs well and that recommendations were followed.
- From the records we viewed, we saw that referrals had been made to health professionals in an appropriate and timely manner.

Staff support: induction, training, skills and experience

- Staff received an induction, training to help them perform their role and regular supervision; their competency was assessed.
- All staff had completed the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Through discussion, most staff demonstrated knowledge however improvements are needed in relation to staff fully understanding their responsibility in relation to safeguarding.
- Staff had differing opinions on the quality and format of the training provided.

Adapting, design, decoration to meet people's needs

- Improvements had been made to the environment since our last inspection.
- The service had completed some redecoration in line with best practice guidance in relation to dementia care. For example, we saw that toilet seats were now in a contrasting colour and that the home had used more contrasting colours to assist people to independently navigate around the home.
- People's rooms were personalised, and they had a choice in where they spent their day. For example, private, public and outside space was available to people.

# 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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to have a quality assurance system in place that ensured a safe and caring service was delivered; the duty of candour requirement had not been met. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 17

- Whilst some improvements had been made since our last inspection, the provider's quality assurance systems had not been fully effective at rectifying all shortfalls in a timely manner. The culture within the service was not open and did not fully engage staff.
- People had been placed at risk of abuse due to the provider's lack of effective systems to identify potential abuse and take appropriate action. The registered manager had failed to share serious allegations of abuse with other stakeholders and this failed to promote an open and reflective culture that encouraged staff to raise concerns and question practice.
- We continued to identify safety incidents that had not been reported to CQC as required.
- Accurate, complete and contemporaneous records were not reliably maintained. For example, risk assessments and care plans did not consistently contain enough detail and MCA records did not fully adhere to the associated legislation.
- The provider had failed to ensure staff adhered to their own policies and procedures in relation to the safeguarding of vulnerable adults.
- Misleading information was displayed on the provider's website. It pertained to have facilities within the care home, such as a pub, restaurant or café, which the home did not have. This information was misleading and did not allow for members of the public to make informed purchasing decisions.
- Staff told us they did not feel valued, encouraged or appreciated. They told us they did not feel included in the service or listened to. One staff member said, "We don't get praised." Another staff member told us how weekly meetings had started to ensure staff felt more involved but that these had stopped shortly after they had started and failed to be meaningful.

- The relatives we spoke with continued to raise concerns about ineffective and variable communication. One relative said, "The service does speak with you, but it is not at their instigation but at mine." Another relative told us, "The service could do with more staff and better communication." A third relative told us how the service had only called them once a GP had attended to their family member following a fall rather than at the time of the incident.

The above concerns constitute a breach to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had developed and instigated several governance and quality monitoring processes since our last inspection that had led to improvements. One staff member told us, "The new protocols in place are definitely making a difference to the running and wellbeing at Leaf Park." All the staff we spoke with agreed that changes were leading to improvements.
- Most relatives we spoke with agreed the service was improving and our observations confirmed this. One relative said, "The service has been so busy making all the improvements."
- Whilst day to day communication was still a concern, all the relatives we spoke with confirmed the service had been open with them regarding the shortfalls and had met with them to discuss.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they did not feel involved and not all felt supported. One staff member told us how management should have checked on their wellbeing after a difficult incident but didn't. They said, "I had no phone call from management, I would have liked that."
- Engagement with relatives was not always consistent. Whilst some relatives told us they felt involved in the care of their family members and the service, others disagreed.
- Improvements had been made in involving people who used the service. We saw that they had been involved in decision-making for example, and residents' meetings had taken place. Visual aids to support people to engage in meetings had been used and encouraged.

Continuous learning and improving care

- Despite shortfalls within the service, several areas of improvement were identified that had benefited the people who used the service.
- For example, we saw that risks had been identified and mitigated meaning people were safer than when we last inspected. People told us the quality of the food had improved and that the new structures in place were making the service more effective.
- The provider had a service improvement action plan in place that had identified the improvements needed which they were working through. Due to the volume of actions required, not all had been completed at the time of this inspection.

Working in partnership with others

- Since our last inspection, the service had improved how it worked with others which had benefited people living in Leaf Park Dementia Village.
- For example, we saw healthcare professionals, such as speech and language therapists, district nurses and GPs, had been engaged as required and that recommendations had been followed. One health professional we spoke with confirmed the service liaised well with them, knew people's needs and double-checked recommendations to ensure accuracy.



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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People who use services were not protected against abuse and improper treatment while receiving care and treatment.  Regulation 13(1)(2)(3)(4)(c)

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  Consent from people who use services, and those lawfully acting on their behalf, had not been sought in line with the Mental Capacity Act 2005.  Regulation 11(1)(2)

### The enforcement action we took:

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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 have effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who use services and improve the quality and safety of the service.  Regulation 17(1)(2)(a)(b)(c)(f)

### The enforcement action we took:

Notice of Proposal

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Enough suitably qualified, competent and experienced staff were not deployed in order to meet regulatory requirements.  Regulation 18(1)

### The enforcement action we took:

Notice of Proposal