The Olive Services Limited

Blossom Place

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Blossom Place is a care home providing personal and nursing care to up to 14 people aged 18 and above. The location consists of three buildings, each of which has its own separately adapted facilities. At the time of the inspection, 14 people were using the service.

People's experience of using this service and what we found
People were at risk of avoidable harm because individual risks were not adequately assessed and managed. People were not safeguarded from the risk of abuse as safeguarding procedures were not followed. Medicines were not managed safely, and appropriate actions were not taken to ensure lessons were learnt from incidents and accidents when things went wrong.

Care and support was not always planned and delivered to meet people's individual needs. People's communication needs were not assessed, and information was not always presented in formats that met individual needs. .

People's independence was not always promoted. People were not always supported and encouraged to do things for themselves. People's cultural and religious preferences were not promoted.

The service was not well-led. The culture of the service did not promote safe care and positive outcomes for people. The quality of the service was not assessed, monitored and reviewed to ensure they were safe and effective. The registered manager had not notified the Commission with reportable incidents and events as required with their registration.

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

People told us there were enough staff around to support them. Record showed staff received training, supervision and appraisals. People were supported to access healthcare services they needed. People's nutritional needs were met. People were supported to maintain relationships which mattered to them.

There were systems in place to control the risks of infection and staff followed this.

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

Rating at last inspection:
The last rating for this service was good (published 24 November 2017).

Why we inspected

We undertook a targeted inspection to review infection prevention and control procedures in the home. We found there were concerns relating to restrictive practices and medicine management. A decision was made to widen the scope of the inspection to a comprehensive inspection covering all five 5 key questions.
You can see what action we have asked the provider to take at the end of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossom Place 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 breaches in relation to risk management, safeguarding, dignity and respect, person-centred care and good governance at this inspection.

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore 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 safe. Details are in our safe findings below	**Inadequate**
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 not always caring. Details are in our caring findings below	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below	**Inadequate**

Blossom Place

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 site visit was completed by one inspector. A second inspector and a pharmacy inspector supported remotely, and an Expert by Experience made phone calls to people. 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

Blossom Place 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 the inspection
We reviewed the information we held about the service which included notifications of significant events in the service. The provider was not asked to complete a provider information return prior to this inspection.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 10 people and six relatives. We also spoke with five staff members including the registered manager, deputy manager and three support workers. We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We attempted to contact professionals involved in supporting people in the service but did not get a response. We received feedback from a care coordinator who was involved in the service.

Inadequate

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not safeguarded from the risk of abuse. The provider had safeguarding policies and procedures in place; however, these were not followed to ensure people were protected from the risk of abuse.
- Incident and accident records showed that, for example, one person had an unexplained bruise on their arm on 14 September 2020. This was significant enough to have been reported to the person's GP and care coordinator. However, the registered manager had not followed locally agreed safeguarding protocols by reporting the incident to the local authority safeguarding team as a safeguarding concern. They had not carried out an investigation into how this bruising had occurred.
- Also, there were two additional incidents where people had been physically aggressive towards each other. These were also not reported as safeguarding concerns as required.
- The registered manager informed us they knew of their responsibility to protect people in their care from abuse. However, they had not demonstrated they understood their role and responsibility. They had not properly investigated safeguarding concerns and had not notified appropriate authorities such as the local safeguarding team and CQC as required.

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.

Assessing risk, safety monitoring and management.

- Staff had not adequately assessed risks people were exposed to and managed those risks appropriately to promote people's safety.
- One person's care plan noted they had suicidal tendencies and had in the past tried various ways to harm themselves. No risk assessment had been carried out to consider the various ways they might harm themselves, or action that could be taken to mitigate this. The mental health care plan in place had minimal guidance for staff on the level of support to provide. For example, it stated, "Support staff will assist [person] to overcome their suicidal tendency by working with them to get busy most of the time with structured activities tailored to their needs and preference." No further details were provided.
- Where people displayed behaviours which challenged others, staff were not provided with detailed guidance on how to manage this and minimise the risk of harm. For example, one person's management plan stated, "Staff to suggest appropriate diversional approach to dealing with situations". Another person's stated, 'Staff will use de-escalation technique to deal with [person] challenging behaviour.' This information was not enough and did not provide appropriate guidance on how to minimise or prevent individual harm occurring.
- We also found risks associated with people's physical health conditions were not identified and

appropriate actions put in place to reduce any harm from them. For example, one person's care plan stated they had epilepsy. There was no further information relating to the type of epilepsy, symptoms, signs, frequency and actions staff should take in the event of an emergency. Two people's care plans showed they suffered type 2 diabetes. There was no information detailing what the signs and symptoms would be for staff to monitor if their blood glucose levels were high or low. There was also no information detailing what staff should do in these circumstances.

● There was no risk assessment carried out in relation to one person's use of a wheelchair to move around the home, or how they transferred in and out of the wheelchair safely; and what support the person might need to promote their safety. This meant people were not protected from avoidable harm.

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

Learning lessons when things go wrong

● Lessons were not learnt from incidents to reduce reoccurrence. Whilst the registered manager had maintained a log of incidents and actions taken, there was no analysis completed to identify patterns and trends to help improve the quality of the service.

● There had been 10 incidents of aggressive and abusive behaviour recorded between September 2020 and December 2020. Despite this, appropriate actions were not taken to ensure lessons were learnt and to reduce the likelihood of such incidents reoccurring.

● One incident dated 12 October 2020 showed that one person had hit another person. The person had a history of being violent and aggressive particularly when triggered by certain tendencies. However, their care plan updated after the incident of the 12 October 2020 had not stated steps to reduce the risk of further incidents recurring as a result of the person's behaviour.

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

Using medicines safely

● People were not always supported to manage their medicines safely. Medicines were not safely and securely stored. People's medicines were kept in cosmetics bags which were then stored in a larger travelling bag used to transport the medicines across the three buildings.

● Medicines were not always kept in the original packaging which had the dispensing label. This meant the prescriber's instructions for administering these medicines were no longer available to staff. This put people at risk of receiving medicines which did not belong to them.

● People did not always have their medicines as prescribed by healthcare professionals. For example, "Take one or two before bed". This medicine was not listed on their medicine administration record (MAR) but on a separate sheet which contained the person's list of medicines and written as 'PRN'. We asked a staff member why the medicine was not on the MAR, they told us they were no longer administering it as the person no longer needed it. There was no evidence to demonstrate that this decision had been made by the prescribing clinician.

● We also found a packet of medicine in one person's cosmetic bag which was not listed on their medicine administration record. Staff told us the Diazepam was not one of the person's currently prescribed medicines based on the prescription list they had received from the hospital. They could not explain why this medicine was kept in the bag which contained the person's current medicines.

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

Staffing and recruitment

● People and staff told us they were enough staff to support people. We observed there were enough staff to support people during the day. One person told us, "There is always staff here and you get support with what you want if you ask." One relative commented, "There always seems to be enough staff."

● Staffing rotas showed a consistent number of staff during the day but we noted on the rota that staffing numbers at night varied. Some nights there were two staff and some nights just one staff member on duty. However, staff we spoke to confirmed there were always at least two members of staff on duty at night and they managed to support people safely with this number. We have addressed this under the well-led section of this report.

● Record showed staff had a valid criminal record check to ensure they were suitable to work with vulnerable people.

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.

Requires Improvement

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments were not always completed in line with guidance and law. People's needs in relation to their protected characteristics such as race, religion, culture or sexuality, as defined in the Equality Act 2010, were not assessed.
- People's care plans did not contain any information to promote equality, diversity and human rights (EDHR) for people.
- Where people had indicated a cultural or religious need, this was not thoroughly assessed to ensure those needs were met.

This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had carried out assessments of people's mental health, physical health, personal care and nutritional needs.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff working at the service had completed MCA training.
- The registered manager completed MCA assessments for people in relation to specific aspects of their care.

Staff support: induction, training, skills and experience

● Record showed staff were inducted when they first started working at the service and had completed training in various aspects of their job role. Records also showed staff received quarterly supervision sessions and annual appraisals. Staff told us they felt supported in their roles.

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

● People were supported to maintain a healthy balanced diet. People told us the service provided their meals. One person commented, "We have fresh food every day, coffee, whatever you want, they get for you. My favourite meal is pilau rice. They make us a drink with fruit every Friday." Another person said, "The food is great in here; they do decent food here." A relative mentioned, "They do have choices regarding food, I've eaten there, and the food is good."

● The menu included options for people to choose from. We saw a food intake chart was maintained for one person who required support with their nutritional needs. The service delivered a programme called 'fruity Friday' which encouraged people to eat fruits as part of their diet.

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

● Record showed people were supported to access healthcare services where required. A relative commented, "I asked about a chiropodist for {person] and they sorted that."

●The registered manager liaised with other agencies such as mental health teams to ensure people received the support they needed to maintain their mental health.

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

● The home had facilities such as communal areas for people to relax and socialise. People had their individual bedrooms which were decorated to individual preferences. People's mobility needs were considered when allocating rooms to them.

Requires Improvement

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.

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 people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's choices, dignity and independence was not always promoted.
- Staff did not always respect one person's choice of food, in line with their religious preferences.
- Staff did not always show compassion and understanding towards people's emotional needs. The registered manager told us nothing could be done about a door bell which sounded across the premises, each time it was rung. This caused one person to become highly distressed due to the noise. They told us, "There is noise here, too much."
- Whilst some people were working towards moving on to independent living, their independence was not always promoted. People were not always supported and encouraged to prepare meals for themselves. One person told us, "Every day (staff) cook for us, I've asked them to stop as it makes me lazy." A relative told us, "[Name of person] can do lots of things for [themselves]… (staff) don't always let them do things themselves. They get told they can't do things."

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also received positive feedback about staff. One person told us, "They (staff) are such good people. They are lovely people, very respectful and very nice." Another person told us, "The staff are good, they look after me by helping me out, like I can't wash and dress myself. They are nice." A relative told us, "Staff are always very polite, and they seem very caring."
- People appeared well dressed and well-kempt.

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

- Relatives told us they were involved in planning their family members care. One relative told us, "I have been to reviews and I feel involved as they keep in contact with me." Another relative commented, "When [Name of person] first moved in I was involved in conversations about their needs and how to move forward."

Requires Improvement

Is the service responsive?

Our findings

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

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 people's needs were not always met.

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

- People's care and support was not always planned to meet their individual needs and preferences. There was not always guidance for staff to support people's physical health needs. For example, one person's care plan stated they had an autistic spectrum disorder. However, there was limited information as to what this was and how it affected their day to day life and how staff should supported them.
- A blanket decision had been made to restrict people using the service from accessing the kitchen. The kitchen had been locked and was not accessible to people using the service. We found no evidence to demonstrate this decision had been made following individual assessments of service user's needs
- Another person's care plan stated they suffered from asthma and had also suffered from a stroke in 2018 and 2019. However, their care plan lacked details as to how these conditions impacted on their everyday health and wellbeing and how staff should be supporting them especially in relation to risk of strokes. No information was provided for staff on signs to look out for and actions to take.
- Another care plan stated the person suffered from a recurrent skin rash. However, there was no description of the rash to inform staff what to look out for and no information to tell staff what action they should take if the rash appeared.
- People's care plans did not always include their cultural, religious and other equality and diversity characteristics. One relative told us their loved one had a religious belief they followed, and the service was aware of this. We found there was no care plan in place stating how the person was supported to meet this need.
- People's needs in relation to finding romantic or sexual relationship where they had expressed this desire were not always supported. Two people's care plans included their desires for relationships. Their care plans highlighted the risks but there were no actions in place to support the individuals find appropriate relationships and empower them achieve their desires in a safe and appropriate way.
- There was no information or care plans relating to people's end of life care and preferences.

This was a further breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not effectively assessed and met in line with AIS. One person's care

plan dated March 2021 stated they had poor communication skills and were unable to successfully communicate without support. The registered manager confirmed the service user's first language was not English and they struggled to communicate in English. There was no communication care plan in place on how best to communicate with the person, share information, and involve them in their care planning and support. This issue has been addressed under well-led.

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

● Planned activities were not person centred and did not stimulate people positively. People told us they went out to the community for activities before the COVID-19 pandemic, but this had stopped. One person commented, "I watch telly and play games; the staff play with us. I go in the garden. I can't go out because of coronavirus. We do Zumba class on a Thursday." A relative told us, "When they can they take them out for walks and outings. They take them to the shops. They used to go to a centre to play bingo and they were going to take [loved one] to the gym and swimming, but they can't at the moment."

● We asked the registered manager to send us individual activity plans and they sent us posters of activities for the home which included arts and crafts every day, beauty therapy and grooming, quiz, and Zumba dance. People did not always have individual activity plan in place that indicated their interests and preferences.

● People commented on the activities they did in the home. One person said, "During the day I'm not doing a lot. I'm in and out of bed. We can't go anywhere because of coronavirus. I do Zumba once a week." Another person commented, "I get bored all the time, I do sit in the back garden, but I don't enjoy it. I just sit in my room. I sometimes sit downstairs and watch telly. Nothing to do." A third person told us, "All day I get bored, it's that corona." This meant people were not being occupied meaningfully at home to reduce the impact of the pandemic on their well-being.

We recommend the provider explores best practice in planning and supporting people take part in meaningful activities during the pandemic.

● People were supported to maintain contact or have a visit from their relatives and loved ones. Some people had personal phones they contacted their loved ones with. Planned family visits were permitted outside in open space.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to complain about the service if they had concerns. One relative commented, "I have complained in the past, they listened, and it got better."

● There was a complaint procedure in place. The registered manager followed the provider's complaint procedure to ensure people were satisfied with the service. The registered manager told us there had not been any complaint in the last year.

Inadequate

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 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.

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

- The registered manager was not always open and did not always act in line with the duty of candour. We found incidents of concerns were not always investigated as required.
- The registered manager had failed to notify relevant authorities and CQC of notifiable incidents as required. The registered manager did not understand their regulatory obligations. We noted incidents in the incident log which should have been reported to CQC as required in line with the registration requirements, but these were not reported.

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 culture of the service did not always promote person centred care, inclusion and empowerment to achieve positive outcomes. We found care plans were not tailored to people's individual needs and preferences. For example, where people had specific physical health or mental health needs, care plans were not detailed to include how staff should support them to meet their needs.
- The service did not always promote and empower people to be independent. We found people were not always enabled to do things for themselves.
- The service operated a culture that exposed people to the risk of being abused as safeguarding concerns were not always reported and investigated in line with procedures.
- The service did not always promote and support people's equality, diversity and human rights. People were not supported and empowered in developing and finding appropriate sexual relationships if they so wished.
- The service did not meet people's communication and language needs. We found that people whose first language was not English had not been supported and provided information in accessible formats to ensure they understood, and they could communicate effectively.
- The service did not always engage and involve people in decisions about the running of the home. People were restricted from entering the kitchen. The registered manager explained it was a way of managing the spread of infection as some people did not comply with procedures. There was no evidence that a

consultation had been carried out and the views of people sought before the decision was made.

The service failed to operate effective systems and processes that promoted people's safety and well-being. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff views were sought through surveys. The provider commissioned a staff survey in 2021 to find out staff views about their work environment and support they received. There were positive comments received in relation to work atmosphere, personal development and management. Actions were developed to address areas of poor satisfaction such as improving the induction process to ensure new team members understood their roles.

Continuous learning and improving care

● The management systems in place to assess, monitor and improve the quality and safety of the services provided were not effective.

● Medicines were not regularly audited for accuracy and to ensure they were managed safely. We found a number of shortfalls relating to safe management of medicines. For example, one person's medicines had not been audited since January 2020. This meant there was no oversight as what the quantity of medicine this person had in stock at the service.

● Analysis of incidents was not carried out and lessons were not always learnt to improve the quality of the service.

● We found records were not always accurate and up to date. We noted the information in people's care plans and MCA assessments for example was contradictory. One person's care plans dated March 2021 had not reflected that the person mobilised using a wheelchair. It stated the person walked using a walking stick.

● These concerns had not been identified by the registered manager through their audit process. Rotas were not always up to date to reflect the number of staff on duty

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

Working in partnership with others

● Record showed the registered manager worked with the community mental health team and healthcare professionals to meet people's needs. A professional told us the service liaised and worked effectively with them to meet people's needs. The registered manager told us they worked with the local authority to support people's needs.

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 9 HSCA RA Regulations 2014 Person-centred care People's care and support was not planned and delivered in a person-centred way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's choices, dignity and independence was not always respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to the risk of avoidable harm

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 were not always safeguarded from the risk of abuse

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 17 HSCA RA Regulations 2014 Good governance The service did not operate effective systems and processes to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

Serve Warning Notice for the breach of regulation 17