

Achieve Together Limited

# Apple Tree House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Apple Tree House is a residential care home providing personal care for up to four people with a learning disability and/or autistic people. At the time of the inspection four people were living at the home. The service is a residential property based on the outskirts of Burnham on Sea. Local shops, the beach and the town are within a close proximity to the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

The service did not always give people care and support in a safe environment. Restrictions placed on people were not always proportionate to the level of risk. Some improvements were required to ensure people were supported to make decisions following best practice in decision-making. People had a choice about their living environment and were able to personalise their rooms. The service supported people to have choice, control and independence. People were able to pursue their chosen interests. Staff supported people to achieve their aspirations and goals.

People were supported to access their local community. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right Care

People could take part in activities and pursue interests that were tailored to them. Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face.

### Right culture

The provider and the manager had failed to implement a robust system to monitor the quality of the service. Improvement in areas of risk management had not been fully implemented in respect of restrictions and fire

safety. Staff turnover had been high, which meant people were supported by agency staff. Staff understood people well and were responsive to their needs.

People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff valued and acted upon people's views.

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 the last inspection

The last rating for the service under the previous provider was good, published on 29 January 2020.

#### Why we inspected

This was the first inspection for the service under the new provider (registered 01 December 2020) to rate the service.

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 and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, and good governance at this inspection.

We made recommendations that the provider reviews their processes to ensure people's capacity assessments are reviewed in line with the principles of the Mental Capacity Act 2005.

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 from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Apple Tree House

## 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.

#### Inspection team

Two Inspectors carried out the inspection visits and an Expert by Experience made phone calls to people's relatives. 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

Apple Tree House 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. Holly Tree Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the registered manager was absent from the service. The provider had arranged for a registered manager from another service to oversee the home during the registered managers absence.

#### Notice of inspection

This inspection was unannounced

#### What we did before inspection

We reviewed information we held about the service. 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 received

feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

People who used the service that were unable to talk with us used different ways of communicating including using vocalisations, facial expressions and body language. We spent time with people observing their interactions with staff. We spoke with four relatives about the care and support provided. We spoke with six members of staff including the manager, deputy manager, seniors and care staff. We reviewed a range of records. This included three people's care records and two medication records. We looked at two 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. We requested feedback from two professionals that visit the service.



# 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

- Risks to people were not fully managed and mitigated. The provider had commissioned an externally qualified contractor to undertake a fire risk assessment that identified various shortfalls, including high risk items. The provider failed to rectify these shortfalls, within a reasonable timeframe. For example, replacing fire doors. This increased the risk that people would not be evacuated safely in the event of a fire.
- Risks relating to the environment were not being fully managed. People were not fully protected from the risk of burns from hot surfaces. We identified a radiator and exposed pipework within the home, which the provider had failed to risk assess, or introduce measures to mitigate the risk, such as covering them. We discussed this with the regional manager who confirmed this would be addressed.
- Checks on the water system to prevent legionella developing were not being consistently completed in line with the provider's guidance. The manager confirmed they would address this.

The provider failed to manage and mitigate potential risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we contacted the local fire service and local safeguarding team and informed them about our concerns in relation to fire safety.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced and the gas and electricity were safe.
- Some people could become anxious, leading to incidents. There were plans in place about how staff should support people at these times.
- There was no physical restraint used in the service. Staff told us they knew people well and avoided people's triggers. Staff told us incidents were manageable and they were trained to support people at these times.
- Other risks to people were assessed and mitigated. Areas covered included, bed rails, supporting people with moving and handling, activities, accessing the community, health needs and travelling in vehicles.

### Systems and processes to safeguard people from the risk of abuse

- People were not fully protected from the risk of improper treatment. This was because environmental restrictions were placed on people which were not proportionate to the risk of harm. For example, people had restricted access to their kitchen, despite people having one to one staffing and they had restricted access to certain food items and drinks. There was a lack of evidence these restrictions were proportionate to the level of risk.

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.

- Relatives told us they thought their relatives were safe. One relative said, "Yes very safe." Other comments from relatives included, "Yes I do think [Name of person] is safe" and "Yes I do, [Name of person] has lived there for years and I always feel pretty good about it."
- There were systems in place to protect people from abuse. Staff were aware of the systems and they told us they would report any concerns through the appropriate channels. Staff received safeguarding training.
- Staff were aware of the whistle blowing procedure and they could report any concerns outside of the organisation if there was a need to.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required.

#### Staffing and recruitment

- People had one to one and two to one hours commissioned to meet their individual needs. We reviewed the staffing rota's and there were occasions when people's two to one hours were not being met, this was due to unplanned staff sickness. The manager and deputy manager confirmed they were available to support on shift if needed.
- There were a high number of staff vacancies due to staff leaving and the service was currently reliant on agency staff to cover the vacant shifts. The manager and staff confirmed regular agency were block booked to ensure consistency.
- Relatives commented about the staff turnover. One relative told us, "There is always a turnover of staff, we have the same for a while, then some leave and they have got used to them. They try to give continuity as much as possible."
- Although staff confirmed staffing levels were safe and people's needs were met, they said at times this impacted on people not being able to attend their planned activities, particularly where people required two to one staffing to access the community.
- There was an ongoing recruitment programme in place. The provider had introduced incentives to attract and retain staff. Staff were picking up additional hours to cover vacancies and staff sickness.
- The provider had recruitment systems in place to check the suitability of new employees. This included obtaining references from previous employers and staff undergoing a Disclosure Barring Service check (DBS). One staff member only had one reference available on their file, and another staff member's application form had gaps in their employment history, we discussed this with the manager who told us they would address this.

#### Using medicines safely

- Medicines were stored securely and administered safely. People had secure medicines storage cabinets in their rooms.
- People's medicines were recorded on Medicines Administration Records (MARs), MARs contained up to date pictures of people. People received their medicines as prescribed. MARs were completed when medicines were administered.
- Protocols were in place for people who required 'as and when required' medicines such as pain relief. These had been signed by the GP.
- There were systems in place to record the application of creams and other external preparations.
- Staff had training in the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). People were not receiving excessive and inappropriate use of medicines.
- Medicines were administered by staff who were trained, and their competency was assessed.



### 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.

### Visiting in care homes

The provider was facilitating visiting in line with government guidance.

- Accidents and incidents were reported and recorded. Actions were taken to prevent reoccurrence.
- The manager reviewed all incidents, and these were uploaded to the provider's system which had been recently introduced. The manager confirmed that the introduction of the system would enable incident analysis to determine themes and trends.
- Staff told us there were not many incidents in the home and the incidents that did occur were manageable, records confirmed this. Staff confirmed learning from incidents was shared within the team.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

- When people were thought to lack the capacity to make decisions, capacity assessments and best interest meetings had been completed with input from the person and other relevant people. The assessments included details of how information was presented to people in different formats.
- Areas covered included, the use of audio monitors, medicines management and management of finances.
- We found not all the capacity assessments and best interest decisions were kept under regular review to demonstrate they remained the least restrictive option.
- We also found some restrictions in place without evidence that they were the least restrictive option.

We recommend the provider reviews people's restrictions and capacity assessments in line with the principles of the MCA.

- DoLS applications were completed and submitted to the local authority if required. Where DoLS applications were pending approval from the local authority, we saw evidence of this being followed up by the manager.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working for the service. The induction was aligned to The Care Certificate. The Care Certificate is a set of standards that ensure staff have the right skills and knowledge to support people.

- Staff received training relevant to the people they supported. Subjects covered included a range of mandatory topics and training relating to people's specific needs. This included training in supporting people with their health needs, administration of specific medicines, supporting autistic people and moving and handling requirements.
- Relatives told us they thought staff had the right training and skills to meet their loved ones needs. One relative told us, "They seem to understand [Name of person] and they seem professional. I get the impression they know what they're doing."
- There were some gaps in staff refresher training, the manager confirmed there was a plan in place to address the gaps.
- Staff received regular one to one supervision to receive feedback and discuss any concerns. Staff told us supervisions were supportive.

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

- People's needs and choices were assessed and planned for. Care plans were based on people's assessed support needs and preferences.
- People's care plans included details of their health needs and how staff supported them with appointments.
- People attended health appointments as required. These included appointments with the GP, neurologist, district nurses and the dentist. During the inspection people were being supported to have their annual health check up with their GP.
- Relatives told us staff supported their family members with health appointments and they were kept updated following appointments.
- People had health action plans. Health action plans are documents that include a personal plan that describes what people can do to stay healthy and the support that is available. These were created in an easy to read format.

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

- People were encouraged to maintain a balanced diet. There was a menu planner in place, this included a summer and winter menu. Staff told us they based this on people's preferences and people had input into the menu. Staff said that it was a guide and that people could choose alternative meals if they wished.
- People were encouraged to be involved in their shopping and meal preparation. We observed people being supported by staff to make their meals and engage in baking during the inspection.

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

- The service had been adapted to meet people's needs. One person had a hoist fitted into their bedroom and bathroom.
- People's bedrooms were individualised. Bedrooms were personalised in décor, style and furniture.
- People had access to a garden, the manager had arranged for a gardener to attend to the garden as some areas were overgrown.
- Some areas of the home were showing signs of wear, such as walls and skirting boards. The manager had arranged for this to be addressed.

# 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.

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

- People were not able to verbally tell us if they liked the staff supporting them, our observations of staff interactions were positive. People looked relaxed and happy in the presence of staff.
- Relatives told us staff were kind and caring. One relative said, "They definitely are always kind and caring, there have been no problems with that, I have complete confidence in the staff." Another relative said, "They are very, very kind."
- People's protected characteristics under the Equality Act 2010 were considered in people's care plans. For example, around people's culture, religion or sexuality.

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

- People were involved in day to day decisions about their care and support. One relative told us, "They [Staff] try to allow [Relative's name] to make their own decisions in their own time which is lovely."
- Staff told us they supported people to make decisions on a day to day basis. People's key workers reviewed their support more formally on a monthly basis. We reviewed key worker meeting records which demonstrated what was going well for the person and any areas where support was required. Staff told us they sat with people whilst going through their monthly key worker meetings and they recorded people's responses in the meeting minutes.
- People had formal meetings to discuss and review their care and support. Relatives were invited to these meetings to express their views. Goals were set as action points as a result of these meetings.
- People's care plans reflected their preferences and wishes. For example, their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- We observed staff giving people privacy and promoting their dignity. Staff knocked on people's doors before entering and respecting their wishes if they wanted time alone.
- Staff described how they respected people's privacy and dignity by giving people private time and encouraging their independence. Staff described how they supported people to be as independent as they could be. For example, verbally prompting people and offering encouragement.
- Staff received training in dignity and respect.
- Relatives told us staff treated their loved ones well. One relative told us, "They [Staff] are very respectful and patient." Another relative commented, "[Name of person] seems very comfortable with them. They are happy with them [Staff] and listens to them, they have a good rapport. Staff seem friendly, they are also professional, they don't cross boundaries."

# 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; 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 received personalised care that met their needs and preferences. Relatives confirmed this. One relative told us, "They give [Name of person] choices, it's led by them [The person] really."
- People's needs and preferences were recorded in their care plans. Care plans were person-centred and detailed, they described people's routines, what was important to them and their likes and dislikes.
- Staff told us they encouraged people to engage in activities to meet their sensory needs. There was a sensory room available within the home.
- People were supported to plan their weeks and attend activities of their choosing. People attended activities such as, swimming, college, messy play, cafes, walks, trips out and shopping. Staff told us they were arranging to support one person on a driving experience as this was something they had previously enjoyed. A relative told us, "[Name of person] is always doing loads of stuff, they do keep them busy, I'm happy with that."
- People were supported to keep in touch with people important to them such as their relatives.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were a range of easy to read documents throughout the home to assist people's understanding. People's care plans and documents used pictures to aid understanding. Where people could not verbally give feedback in response to questions, staff recorded their responses in documents such as key worker meetings.
- People had individual communication care plans that detailed preferred methods of communication, including the approach to use for different situations.
- Staff had awareness, skills and understanding of individual communication needs. We observed staff using people's preferred communication methods during the inspection.
- Staff told us how they were supporting one person with a communication application on their computer tablet, they had plans to support the person to develop their options for making choices. Staff confirmed they had a training date planned in how to use the application.
- Where people required communication resources to aid their communication, these were in place.

#### Improving care quality in response to complaints or concerns

- There were systems in place to manage formal complaints. Where complaints were raised these were investigated and responded to. There had been one complaint received in 2021.
- Relatives told us they felt able to contact the manager or staff with any concerns.
- There was an easy read pictorial system in place for people to raise concerns, staff told us this had not been used. Staff supported people on a day to day basis to resolve any issues, they gave us good examples of when they had supported people with this. They told us this was recorded in people's daily records. Day to day concerns were not formally monitored to enable provider oversight of these complaints and how they had been resolved.

# 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

- There were systems in place to monitor and improve the quality and safety of care provision. The systems were not fully effective in ensuring shortfalls were identified and addressed.
- The systems had failed to ensure that high risk fire hazards were rectified. This placed the safety of people at risk.
- The systems had failed to ensure where restrictions were placed on people, these were proportionate to the levels of risk.
- The systems had failed to ensure checks on the water systems were completed in line with legionella guidance.

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

- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- Staff told us morale had improved and it was currently good, they said they worked well together as a team. One relative told us, "The staff get on very well, everything I've seen is coordinated and organised. I have absolutely no concerns and never have done."
- Staff told us they focused on ensuring people were happy, well supported and led a meaningful life. One staff member told us, "We encourage people to build on their skills and independence and support them with meaningful activities." A relative told us, "Staff are doing a lot for [Name of person], they are a lot happier there than they have ever been."
- Relatives thought the home was well managed, they knew who the manager was and felt able to approach them with any concerns.
- Staff commented positively about the manager. One staff member told us, "[Name of manager] is really good and proactive, they are friendly and approachable."

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 provider was aware of their responsibility to act openly and honestly when things went wrong. Relatives told us they were informed of any incidents that occurred.
- The manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

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

- People, relatives and staff were given the opportunity to give feedback on the service via an annual survey. The questionnaires for 2022 had recently been distributed.
- Staff meetings were held monthly for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views. One staff member told us, "We had one not long ago, yes I do feel listened to. We also have shift leader and senior meetings."

Continuous learning and improving care; Working in partnership with others

- The manager attended the providers management meetings and quality days to keep themselves up to date with current practice and share learning.
- Staff told us learning from incidents was discussed and shared amongst the team. They commented however, they were concerned they would not be able to read all the details from incidents as these were recorded online. We discussed this with the manager who told us they would review this.
- The service worked in partnership with health and social care professionals.



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>The provider had failed to ensure restrictions placed on people were proportionate to the risk of harm posed.</p> <p>Regulation 13 (4) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the governance systems fully effective in identify shortfalls and addressing them.</p> <p>Regulation 17 (1) (2) (a)</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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure risks relating to the premises were assessed and mitigated.  Regulation 12 (1) (2) (d)

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

We served a warning notice. The provider must be compliant by 13 September 2022.