Community Homes of Intensive Care and Education Limited

Beech Tree House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Beech Tree House is a residential care home providing personal care for up to eight adults with learning disabilities and/or autism. The service is provided over two floors. Each person has their own bedroom and en-suite, with shared areas such a lounge, dining room, bathroom, quite room, sensory room, and activities room. People had access to a garden area at the rear of the property.

Services for people with learning disabilities and or autism are supported
The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Eight people were using the service at the time of our visit. This is larger than current best practice guidance. Environmental factors and the way the service was arranged sometimes impacted the ability to provide truly person-centred care.

People's experience of using this service and what we found
The service did not always establish or implement robust systems to protect people from the risk of abuse. We found concerns in relation to the management of people's finances and people were not always protected from the risk of abuse. The registered manager had reported recent safeguarding allegations to the local safeguarding authority as required and taken action to prevent reoccurrences. Hazards and safe measures were not always clearly identified in people's care records in response to incidents and staff did not always fully understand risks to people. The general fire evacuation plan was not up-to-date or accurate. Water safety systems were not routinely implemented and control regimes were not effective in controlling the presence of Legionella bacteria. Other health and safety checks and compliance certificates were in place to promote safety.

Medicines were not always managed safely. We found issues with medicines records and stock rotation which placed people at increased risk of not receiving their medicines as prescribed. Infection prevention and control policies and procedures were not always fully implemented by the service, which placed people at increased risk of infection. Improvements had been made to the cleanliness of the environment. Recruitment checks were completed to make sure staff were suitable, however, risk assessments surrounding checks of new staff were not always implemented. Staffing levels had improved to meet people's needs.

Governance systems did not always identify or manage risk effectively. For example, provider medicines and financial audits did not identify the concerns we found. The provider's policies and procedures were not always robust or implemented by the service. Improvements had been made to the culture of the service. Relatives and staff consistently reported the new registered manager had made a positive impact upon people's quality of life. Relatives reported the service was more open and they felt comfortable raising concerns with the provider.

Staff training and supervision had improved, however, staff were not always competent to meet people's

needs safely. The principles of the Mental Capacity Act were not fully understood or appropriately applied by the service. This meant people did not always receive appropriate support in their best interests. Assessment of people's needs were not comprehensive to ensure the environment and compatibility of people using the service was suitable. Noise levels had an impact on people's wellbeing. We found fresh fruit and vegetables were not available to people on day one of our inspection, which was immediately addressed. The registered manager had made improvements to the menu and monitoring of people's nutritional intake. People were supported to access a range of healthcare professionals to meet their needs.

In general, we observed staff interactions with people were positive and engaging. We raised concerns with staff referring to people as "good", which was not respectful which the management team agreed to address with staff. Relatives told us, "Staff appear helpful and kind. Happy with attitude of staff and management" and "[their family member felt] safe, secure and understood." Staff had received specific communication training and we observed staff use people's preferred methods to involve them in day-to-day choices. Relatives had the opportunity to contribute to people's care planning and felt more involved by the service.

The provider's care plan system aimed to identify people's preferences and diverse needs including protected characteristics such as religion and sexual orientation. However, information recorded in care records did not always provide clear guidance about how to meet people's preferences. The registered manager had identified that care plans needed to be reviewed. They had started to make some improvements where they had spent time with people to get to know them and monitored staff support. Systems were in place to make sure information was adapted using people's preferred communication tools to enhance understanding and involvement. Staff received training in methods to promote people's skills and independence. We saw staff apply this in practice when supporting people.

The service did not always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons. People were not always supported by staff who had the skills or confidence to use their preferred methods of communication. This meant people were not fully involved to make choices about their care and support or the way the service was run.

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

Rating at last inspection (and update)
The last rating for this service was inadequate (published 24 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of four regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 14, 18 and 21 November 2019. Breaches of legal requirements were found. Enforcement action we proposed was reviewed in consideration of the COVID-19 pandemic and withdrawn due to intelligence the service was making improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, dignity and respect, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, receiving and acting upon complaints, good governance, staffing and notifying CQC of certain events.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report covers our findings in relation to all the Key Questions; Safe, Effective, Caring, Responsive and Well-led which contain those requirements. The overall rating for the service has changed from Inadequate to Requires Improvement. 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 Beech Tree House 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 continued breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, need for consent and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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 always well-led. Details are in our well-led findings below.	**Requires Improvement**

Beech 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 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
Two inspectors carried out visits on 11 and 23 September 2020 and one inspector made phone calls to staff and people's relatives to gain their feedback.

Service and service type
Beech Tree House 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.

Notice of inspection
The first day of the inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 one person who used the service and six relatives about their experience of the care provided. We spoke with 13 members of staff including care workers, a domestic worker, two assistant regional directors, the registered manager, deputy manager and a senior care worker. We observed care provided by staff to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included parts of eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. A number of these records were provided to us electronically to reduce the amount of time inspectors spent on-site.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at Positive Behaviour Support systems and records, training data, care records and other management records. We spoke with two professionals who regularly visit the service and received written feedback from a further three professionals.

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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to follow safeguarding procedures and people were at risk of abuse. This was a breach of regulation 13 (Safeguarding service users form abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

• The service did not always establish or implement robust systems to protect people from the risk of abuse. For example, there was no system to safeguard a person from financial abuse in relation to online bank card transactions. In addition, the provider failed to take steps to manage the person's benefits and were not able to provide an explanation about why the person was not in receipt of benefits. This was being investigated by the safeguarding authority pending a referral to an external advocacy agency to assess the person's needs.
• The service had not considered the risks to a person who regularly accessed the internet and used their own online account. Staff told us the person was not always supervised when they were online. This meant the person was at risk of harm from cyber abuse and viewing unsuitable or prohibited content.
• During our inspection a person became locked in their private dwelling on two occasions due to a fault with the technology. This resulted in the person calling out for help, which inspectors identified and raised directly with home staff to respond. Records showed this issue had been identified in March 2020 and picked up again recently in a provider spot check. The assistant regional director (ARD) for the service explained that alternatives had already been sourced which were installed later that day. However, this was not timely and no interim safe measures had been considered to respond to the risk of deprivation of liberty.
• There had been several occurrences where people experienced harm in relation to other people's behaviours that challenge. Safeguarding investigations found that staff support strategies were sometimes unsuccessful or not correctly implemented to protect people from harm.
• Relatives we spoke with expressed their concern people were not always protected from abuse. However, they felt more confident the new registered manager was taking appropriate action, with comments such as, "Now they are reassuring me they are putting safety measures for the other service user and for my family member" and "New manager is trying really hard for [the] safety of service users." At the time of our inspection not enough time had passed to assess whether safe measures were sustained or effective to protect people from harm.
• The local safeguarding authority had investigated the service in June 2020 for not referring an incident of harm to them in March 2020. The investigation found the allegation of harm to be substantiated (proved). The provider had not reviewed its systems to assure themselves that appropriate action was taken in response to each accident or incident to prevent reoccurrence. The assistant regional director (ARD) told us

the registered manager was responsible for making decisions about whether incidents needed to be escalated to other agencies. However, the registered manager informed us they were not familiar with the local safeguarding authority policy and procedure. The ARD said the registered manager discussed incidents with them if they needed guidance, but this was not recorded and relied upon the registered manager raising issues.

Systems were either not in place or robust enough to demonstrate people were protected from the risk of abuse. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action after our inspection and reviewed systems to protect a person from the risk of online and financial abuse. Safeguarding workshops led by the safeguarding authority were planned for the staff team and registered manager to raise awareness.

• During our inspection we observed staff implemented approved physical interventions successfully, as a last resort and for the minimum amount of time, to protect people and others from harm.
• The registered manager had reported other incidents to safeguarding where this was required and implemented agreed safe measures to avoid reoccurrences of harm.
• Staff we spoke with demonstrated their awareness of safeguarding procedures and said they were confident to raise any concerns with the management team.
• The provider's positive behaviour support (PBS) team were running regular staff reflective practice workshops to embed PBS plans in an effort to reduce the risk of harm to people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people were 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. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

• Risk assessments were not always comprehensive, up-to-date and did not clearly identify hazards and associated safe measures. For example, two people had eating disorders which involved eating non-food items, however, safe measures to prevent this were not documented in their care records. One person had reportedly chewed and swallowed a piece of a pen 16 August 2020, however, their care plan and risk assessment had not been reviewed. We saw the environment was kept clear of small non-food items, but the lack of recorded guidance meant there was a risk new staff would not know how to protect the person from harm.
• We observed another person eating grass in the garden which could cause harm to their health. The staff member supporting the person told us, "I didn't know I was meant to stop [the person]." We reported this to an assistant regional director who arranged for a more experienced staff member to provide guidance. This had been identified in our last inspection and raised with the service more recently by a local authority professional and a relative. However, the service had failed to review the person's risk assessments or ensure that all staff understood how to support the person safely.
• One person's risk assessment had not been updated with their most recent swallowing assessment recommendations. We observed staff supporting the person to eat a food type in a way that was against the recommendation. This potentially put the person at risk of harm through overloading their mouth, choking and/or aspiration.
• Another person's food allergy risk assessment stated staff should avoid bringing certain food into the house. However, one staff member we spoke with said this food was usually purchased for another person

and it was their right to access this food as they enjoyed it. We raised the risk of harm with the registered manager who checked and confirmed the food type was not purchased and was not kept on site at all. They said they would ensure all staff understood this to protect the person from harm.
• At the last inspection we expressed our concern about fire safety systems and advice to staff in the event of a fire. Guidance had been reviewed since our last inspection, however, it contained out of date information. For instance, the meeting point and number of staff on duty at night was inaccurate and the named person responsible no longer worked for the organisation. We discussed this with the registered manager and ARD who agreed the written guidance held on file was not the most recent. We queried why the provider had not commissioned a full review of their systems by a fire safety expert. The ARD told us the provider felt this was unnecessary as the reviews taken place were in line with their agreed schedule. The ARD stated the service had addressed the items we identified at the last inspection. However, we were concerned the review completed by a previous manager since our last inspection had not identified the issues we found.
• We found the service had not embedded lessons learnt or made sufficient improvement to ensure people were protected from the risk of harm. At this inspection we found continued breaches of the regulations. The provider's monitoring systems did not always highlight areas of concern we found or where it had, failed to take timely action.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager responded immediately during and after the inspection. They sought advice from relevant professionals such as speech and language therapist for swallowing and took action to update risk assessments and the fire evacuation plan.

• Throughout our inspection we observed other staff successfully distracted a person from eating grass through meaningful engagement. Staff were clear they needed to prevent this although said it was difficult to do so at times.
• Other health and safety checks and compliance certificates were in place. We saw items were added to a maintenance list and progress made to rectify issues.

Using medicines safely

At our last inspection we found the provider failed to ensure people were supported with their prescribed medicines in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

• The provider's medicines policy and procedure contained contradictions regarding the required training for staff. We provided this feedback to the ARD who agreed to discuss it with the provider's policy team.
• Staff did not consistently implement the provider's medicine policy. We found hand-written medicine administration records (MARs) had not been signed and checked by two staff, which was found at the previous inspection. We discussed this with the ARD who advised us there was not a prompt on the audit tool for this. They agreed to update the tool used.
• We observed staff supported people to take their prescribed medicines in a dignified manner, however, staff told us this was not always the case. On both days of the inspection we observed people being supported with their medicines either in their bedroom, or a place of their choice. However, a staff member told us people would be called to the office to have their medicines administered.
• We found stock levels of medicines were not always recorded accurately. We found one person's

prescription was not accurately recorded on the pharmacy dispensing label. The label on the medicine stated, "One 5 ml spoonful every 4-6 hours." However, the MARs and the repeat prescription stated, "Take two to four 5ml spoonful's every 4-6 hours when necessary." This had the potential for the person not to receive the correct dose and had not been picked up by any member of staff or audits.
• We found there was a lack of stock rotation to ensure newly dispensed items were used last. We discussed our concerns with the management team. The registered manager confirmed additional protected time would be given to the deputy manager to ensure stock levels were recorded accurately.
• People who were prescribed as required medicines had additional written guidance for staff. However, these protocols did not always record what circumstances they should be administered. For instance, one person was prescribed two pain relief medicines, but the protocols did not provide advice as to which should be administered or for what type of pain.

We found no evidence that people had come to harm however, the provider had failed to ensure safe practices were in place for administering medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• We found improvements had been made to people's experience of receiving their prescribed medicines. Relatives we spoke with gave us positive feedback about how their family member had received their prescribed medicines.
• The hygiene of the medicine cabinet was improved. We noted this was allocated to a member of staff on the allocation list.

Preventing and controlling infection

At our last inspection we found people were exposed to an unhygienic environment. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, we found some ongoing concerns in relation to infection prevention which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People were supported by staff who had received infection control and food safety training. However, on day one of the inspection we found food items stored in a kitchen draw had been opened and not secured to prevent contamination. We found food items in the fridge had not been labelled as to when they had been opened. Old burnt food items were found in the cooker. We bought this to the attention of the registered manager who expressed their disappointment.
• The provider had produced guidance for staff on additional cleaning in response to the risk of infection from Coronavirus. This included, "Wipe keys with disinfectant wipes when you hand them over" and "Keypads – wipe with disinfectant wipes (not wet) – min 2x shift, 4x day." Throughout both days of the inspection we found these were not routinely and consistently carried out. On day one of the inspection we observed a person who uses the service enter the main staff office and opened the key cabinet on more than four occasions. At no time did staff intervene or clean the cabinet after this. On day two of the inspection we observed staff routinely handed keys to each other. We asked the registered manager where the disinfectant wipes were as we could not locate them in the main office. They asked the home's domestic staff to get disinfectant wipes. It was clear this was an unusual request as we observed the domestic staffing seeking clarification from the assistant regional director (ARD) which wipes should be in place. We spoke with the registered manager and ARD about this, who confirmed all staff would be reminded about the provider's policies around infection control.
• We asked the provider for evidence of additional cleaning as described in their policy. No records were available at the time of the inspection. A staff checklist has since been sent to us.

• We found records relating to Coronavirus were not always completed. For instance, twice daily resident temperatures were not always recorded, and staff daily temperatures were not always recorded.
• Systems in relation to water safety were not always fully implemented. We found gaps in temperature records for the prevention and control of Legionella bacteria. The presence of Legionella had been identified since May 2019 in two outlets. The provider took action to address this and made improvements to records, however, this had not been successful in eliminating the bacteria. One of the safe measures was for the outlets to be flushed weekly 'in a safe manner'. There was no guidance about how staff should do this safely, or risk assessment that considered whether people using the service or staff could be exposed to contaminated water droplets.

We found no evidence that people had come to harm, however, the provider had failed to ensure people were routinely protected from potential harm from infectious diseases. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff told us the cleanliness of the environment had improved with comments such as, "The house is much cleaner now", "Everything is cleaned as and when it needs cleaning" and "If there's a mess, all staff members will clean it". On day two of our inspection the service received a visit from the local food standards inspector, who provided us with direct feedback they were satisfied with the standards in place and had no concerns with food hygiene.
• Relatives and visitors to the home told us they had been prevented from entering the main home before a series of questions were answered and their temperature taken.
• We were assured the provider was meeting shielding and social distancing rules, accessing testing for people using the service and staff and the provider's infection prevention and control policy was up to date.

Staffing and recruitment

At our last inspection the provider failed to ensure people were supported by safe staffing levels to fully meet their needs. This was a breach of regulation 18 (Staffing) 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 18.

• People were supported by staff who had been recruited using safe practice. All new staff were subject to pre-employment checks which included previous employment references, health questionnaire and proof of identity.
• Some staff were supported to commence work prior to an enhanced disclosure and barring service (DBS) check to ensure they were suitable to work with people. The service carried out a risk assessment which stated they should not be lone working with people until the DBS outcome was received. However, the rota and staff shift planners showed two staff without DBS checks had been allocated to provide people with one to one support. In one case the provider had taken action and dismissed a staff member when their returned DBS showed a criminal conviction. This was not disclosed by the employee, which was against the provider's policy and procedure.

We recommend the provider takes action to ensure staff DBS risk assessments are fully implemented at the service.

• The provider had reviewed people's needs and staff support levels with commissioning authorities where relevant. Staffing levels during the day had increased in line with people's identified support hours, which was reflected on staff rotas. The registered manager had recently implemented a sleep-in member of staff in response to people's needs, however, we were told this was a temporary solution. We queried when the

sleep-in staff was removed whether staffing levels would be sufficient to evacuate people safely in an emergency. The ARD told us a fire drill had been completed at night with three staff but not two. They assured us this would be completed with two staff and evaluated to ensure staff levels were enough before reducing back down to two staff.

• During our inspection we observed people received one to one staff support according to the staff shift planner. A provider spot check completed on 6 September 2020 identified that one person was left unsupported for a period of time by their allocated one to one staff. This was raised with the management team to make sure staff adhered to people's care plans.

• Staff told us staffing levels had improved. One staff member commented that when they are fully staffed on shift, "That is amazing – can go out and do stuff." They said the service sometimes operated at a lower staffing level if suitable cover could not be found. In this event, the rota showed the registered manager and deputy would provide cover directly and other staff would complete overtime.

• The service implemented an overtime policy which was closely monitored by the registered manager to ensure staff were not fatigued. Staff told us they received formal welfare checks before being authorised to do excess hours in exceptional circumstances and felt well supported by this.

• Relatives commented there had been a high turn-over of staff recently and increased use of agency staff. The registered manager demonstrated that agency use was limited as far as possible to three regular agency staff to promote continuity of care. They were actively recruiting to four care worker vacancies and appointments were in process.

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

Staff support: induction, training, skills and experience

At our previous inspection we found people were not routinely supported by staff who had the required skills and competency. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the service was no longer in breach of Regulation 18. However, we found ongoing concerns in relation to staff knowledge and their ability to support people safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People were supported by staff with their prescribed medicines who had not completed any external accredited training course. There were contradictions in the provider's medicine policy of the training requirements of staff. We addressed our concerns with the registered manager and the assistant regional director who confirmed the policy had been updated and the competency of assessors would be reviewed. The registered manager also provided confirmation staff had been booked onto additional medicine training.
• During our inspection we raised concerns about a staff member's practice in relation to a safety event. An ARD suggested the poor practice could be because the staff member was unfamiliar with the person's needs as they did not usually support that person. However, this had not been considered when allocating staff to support the person one to one. The situation was worsened as a staff member in their induction was assigned to shadow this staff member and presented a risk of the new staff member learning poor practice. We asked how the service intended to support the member of staff to improve, such as a development plan. The ARD deemed this formal process only applicable in very serious cases and told us they had no prior concerns about this staff member. We cross-referenced information with other intelligence we held and found one month before our inspection the same member of staff had been "found to be at fault" by the provider in an incident where a person was harmed. We were concerned that poor staff performance was not recognised or properly responded to and people were at risk of harm as a result.

• The provider had failed to ensure people were supported by staff who had the required qualification, competence, skills and experience to support them safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff we spoke with and records we looked at demonstrated people were supported by staff who had been through an induction period. Staff were routinely supported. Comments from staff included "I think my

induction went well … and I was inducted properly" and "I felt confident when starting to work with people."
• Staff supervisions were used to check staff knowledge. For instance, we observed supervision records routinely asked staff to share their understanding about people who were at risk of choking.
• People benefitted from staff who attended specific training to meet their needs such as epilepsy, communication method and autism.

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

At our previous inspection we found the service did not routinely support people in line with the MCA 2005. This was a breach of Regulation 11(Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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.

• People's care records did not always reflect a clear understanding or appropriate application of MCA requirements by the service. For example, one person's care plan stated they lacked capacity to consent to manage their finances but went on to state "[The person] has given consent that staff can manage his finances for [them]" which was contradictory. An assistant regional director told us they would need to gain the person's permission to access their financial records in relation to online transactions, rather than follow the best interest decision process. This showed a lack of understanding of MCA. The service failed to follow the best interest decision process to consider safe alternatives for the person to access their money.
• Two people's care plans stated they did not require a DoLS authorisation because they were deemed as being able to consent to the restrictions in place. However, other care records contradicted these decisions. For example, one person's care plan stated they had "limited awareness of risks posed both within the home and in the community…limited range of geography (only familiar with his local areas) and has little sense of direction…Subsequently [the person] requires some support and restrictions in place in order to manage risks to [themselves] or others." Having read about the person's needs and lack of insight into risks we were not assured MCA assessments were sufficient or completed by a competent person who understood the person's needs.

The service failed to understand and apply the MCA code of practice. This was a breach of Regulation 11(Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The service had made applications or had DoLS authorisations on file in relation to other people using the service.

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

At our previous inspection we found the provider had failed to ensure people were supported with a nutritious diet that promoted good health. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, we have made a recommendation regarding food provision.

• People were not routinely supported with a balanced and nutritious diet. The registered manager had acknowledged this and had implemented changes to the main menu. On day one of our inspection we found one person actively went to the fruit bowl in the kitchen. It was empty, the member of staff supporting them stated "I know you would like a banana, but we haven't got any." We checked the fridge for any fresh vegetables, none were present. We discussed this with the registered manager who advised a food delivery was due in the following days. An ARD went to the shop to purchase some fruit and vegetables following our discussion with the registered manager.

We recommend the provider ensures people have access to fresh fruit and vegetables on a daily basis.

• One person had been supported to develop a bespoke menu of their most liked foods. The registered manager told us the intention was to support the person to cook each item. The person's social worker told us how proud they had been to show the menu to them.
• People's relatives found food choices had improved. We heard the current manager had changed menus to increase choice and incorporate healthy fruit and vegetables. One relative commented, "The meals seem to be a lot better and more varied than they were." Three relatives informed us about past concerns of weight loss and hoped improvements to food and drink choices would continue. We saw staff monitored people's nutritional intake and weight and made referrals to the GP where there had been concerns.
• Staff told us how they supported individuals with varied dietary needs. This included cultural needs, allergies and food for individuals at risk of choking. Staff told us how individualised snack boxes helped meet people's likes and dislikes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The service was working with relevant healthcare professionals to assess and review people's complex needs. However, care plans were not always up-to-date to reflect people's changing needs and assessment outcomes were not always fully understood or implemented by staff.
• Assessments of people's needs in relation to the suitability of the environment and mix of people using the service were not always considered. The registered manager and staff told us that people's noise contributed to other people's anxiety and sleep disturbance. The registered manager had begun to implement measures to address this. One person was seeking alternative care as the commissioning authority and provider identified the placement was no longer suitable.
• Positive behaviour support (PBS) plans contained detailed information about proactive, responsive and restrictive support strategies, however, they were not always comprehensive to meet the full range of people's complex needs. For example, two people's PBS plans did not identify support strategies in relation to eating disorders as a behaviour of concern. The provider updated this information during our inspection. In addition, PBS plans did not always specify exemplar phrases for staff 'assertive commands' (an approved strategy to keep people safe). This was important to make sure staff used communication that people understood and avoided 'trigger' words and/or body language which could cause distress. The provider gave us assurances they would review people's PBS plans.

Adapting service, design, decoration to meet people's needs
• The design of the premises did not always meet people's needs. For example, corridors presented blind corners and the potential for unplanned social interactions. This also meant it was difficult for staff to keep people safe from the risk of harm in relation to behaviours of concern. The provider's PBS annual review of a

person's needs identified transitions between places sometimes resulted in signs of distress, however, this was not captured in the person's PBS plan. The ARD said they would raise this with the PBS team to consider how the environment and/or staff support strategies could be improved.
• People's bedrooms were in close proximity to each other which presented challenges in managing noise levels. The 'quiet' room was used by sleep-in staff which reduced the facilities available to people who were awake at night. The registered manager had identified these issues and was considering alternative arrangements for sleep-in staff as well as sound proofing to minimise noise.
• Technology such as sensor alarms were used to keep people safe. A member of staff told us this sometimes contributed to the noise levels during the night and said, "people are used to it." The registered manager explained the type of alarm had been update to a staff pager alarm, which reduced this issue.
• People were involved in making choices about the premise's décor. One person told us of their plans to redecorate their private space. A staff member explained the service repainted walls in light calming colours for the benefit of people with autism.
• Hygienic walls had recently been installed. We saw this aided staff to keep people's private spaces clean and eliminated malodours. A built-in robust wardrobe was fitted in a person's bedroom to prevent destruction and kept their personal belongings secure.
• During our inspection we saw progress was being made to improve the facilities and accessibility of the outside activity and sensory rooms.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The registered manager told they planned to support one person with their transition to another service with the use of social stories and a review of all of their care plans. They intended to work collaboratively with the commissioning authority and the new service to ensure a smooth transition at the person's pace.
• Records showed people were supported to access a range of healthcare services such as their GP, occupational therapy and speech and language therapy.
• During our inspection we found a person's specialist chair lap belt was not long enough for them to use. The service confirmed they made a referral to the occupational therapist to address this.
• Care plans documented how staff should meet people's healthcare needs such as oral health, hearing and vision.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection we found people were not routinely treated with dignity and respect. This was a breach of Regulation 10 (Dignity and Respect) 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 10.

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

• In general, we observed positive and respectful interactions from staff towards people. However, one staff member told a person "you need to be good" (in a gentle warm tone). Another member of staff encouraged a person by saying "good man." We queried this with the registered manager and ARDs as disrespectful terms of reference for adults. The ARD for the service told us they felt this was appropriate in one case as it was what the person understood and how they referred to themselves. We raised concerns that it is inappropriate for the service to reinforce people's self-image as 'good' or 'bad'. The ARD said they would take action to agree alternatives to build upon people's self-esteem.

• A staff member showed concern and took appropriate action when a person indicated they were in pain. We saw other people appeared engaged, relaxed and smiled in the company of staff, except for one occasion where a staff member appeared to make no attempt to engage the person in meaningful interaction. We fed-back this back to the registered manager, who confirmed they took action to address this immediately following our inspection.

• A person we spoke with told us they were happy living at the care home and said staff helped them. We asked if there was anything they would like to be different, to which they replied, "To be happier" and then went on to talk us through all their plans for decorating their private space which was important to them and they were looking forward to.

• Relatives we spoke with expressed previous concerns about the standard of care their relative received. They now mostly felt reassured under new management, that staff were generally caring with comments such as, "Staff appear helpful and kind. Happy with attitude of staff and management" and "[their family member felt] safe, secure and understood." The deputy manager commented, "I'm confident all the members of staff are here because they want to care and support our service users."

• Support to encourage people's independence was not fully implemented at the time of our inspection. For example, one person told us they enjoyed cooking and showed us a new recipe book of their favourite meals, but said so far they had not been supported to cook these recipes. A relative told us they did not believe any improvements had been made in relation to their family members independence and had spoken the registered manager who agreed they would make a referral to a psychologist to support with

this. Some staff had received 'active support' training which aims to empower people and focuses on developing skills and independence. We saw examples of this in practice where staff enabled time and space for people to use their skills.
• We observed staff respected people's privacy. For example, when a person became distressed staff responded discretely and supported the person to a private space. Staff routinely knocked on people's doors and waited for the person's permission before entering.

Supporting people to express their views and be involved in making decisions about their care
• We observed staff involved people to make day to day choices. We saw some staff using Makaton (a form of sign language and symbols) alongside speech when supporting a person, which they responded to. Other staff supported people to use objects of reference to make choices. People had access to pictures to aid communication, however, we did not see staff referring to these when they communicated with people. A member of staff we spoke with told us they were not confident to use sign language but said they used a picture board to understand people's wishes.
• One relative told us staff did not fully understand their family member's communication needs as they relied too much upon speech, which they believed triggered distress and behaviours that challenge. The provider was taking action to address staff communication skills through training and a series of staff reflective practice workshops to improve staff confidence. The deputy manager told us communication training had resulted in positive outcomes for people and commented, "Some behaviours for people have minimised with better communication."
• Relatives we spoke with told us the service had improved their involvement in making decisions about their family member's care. The service kept relatives up-to-date with changes and provided them with opportunities to read and contribute to people's care plans.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

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

At our last inspection people were not always provided with activities that protected them from social isolation. This was a breach of regulation 10 (Dignity and respect) 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 10.

• The service provided photos and descriptions of people engaging in a variety of internal and external activities. The ARD commented it had been very difficult during the pandemic and felt the staff team had made positive efforts to provide people with meaningful occupation.
• Daily notes we looked at for September 2020 showed activities for some people were quite limited and repetitive. For example, garden time, water play (in their shower), drives and visits to a park. There was evidence that new activities were being trialled with people and an activities coordinator was recently recruited to improve opportunities and lead staff in how to engage people.
• We were provided with positive feedback from a music therapist about staff support, which facilitated people's engagement with music sessions via video calls and now in person. We listened to an audio of a person who engaged with the music session to express their emotions.
• Throughout the pandemic staff routinely supported people to maintain contact with their relatives through video calls and phone calls. Some relatives were able to participate in people's activities through video calls, which provided rich opportunities for meaningful engagement. Staff told us phone calls between one person and their relatives enabled them to be more expressive about their day to day life, which staff felt had a positive impact on the person's wellbeing.
• Garden visits for some relatives were facilitated by the service after the easement of restrictions. Where relatives were not able to visit staff had taken a person to visit a relative at their door.

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.

At our last inspection the service failed to facilitate the most suitable means of communication for people. This was a breach of Regulation 9 (Person-centred care) 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 9.

• The service understood the AIS requirements and used a range of adapted communication methods to share information with people such as social stories, easy read documentation and pictures.
• People's communication needs were captured in PBS plans. Social stories using photos and pictures were used to help people understand and prepare for different experiences or events outside of their usual routine, such as medical appointments and our CQC inspection.
• Kitchen cupboards and people's clothes drawers were labelled using pictures and symbols to help people navigate their environment.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider did not always investigate thoroughly and take necessary action when failures were identified. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

• There was a complaints policy and procedure which was implemented by the service. Records showed two formal complaints had been raised with the service. We gained feedback from one relative who said they no longer experienced the same concerns under the current registered manager.
• Relatives we spoke with could not recall receiving a copy of the complaints procedure but knew who to contact and had confidence their concerns would be listened to, which was not the case with previous registered managers.
• A recent service user meeting shared information using easy read formats and sign language about staff's role to keep people safe. Staff explored how people could raise their concerns such as "telling a manager."
• Records showed the service had received a number of compliments from relatives about staff support and their pleasure about the newly implemented newsletter. An example of comments are as follows, "I was so pleased to see [staff member's care and kindness towards my [family member]" and "This is a note to say how much we appreciated [staff member's] support today. [They are] a delightful person and a thoughtful, capable carer."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• The provider's care plan system aimed to identify people's preferences and diverse needs, including protected characteristics such as religion and sexual orientation. However, information was not always comprehensive. For example, where a care plan identified a person's sexual preferences there was no information about how staff should support the person to meet their needs beyond providing a video about sex education. Further information was included in the person's PBS plan and staff knew the person benefitted from private time and respected this.
• Staff members and the management team told us a person preferred male staff to support them but did not understand the reasons for this. This was respected in practice but was not identified in any of their care records.
• At the beginning of our inspection the registered manager was open that care plan and risk assessments needed a full review. They told us it was a priority but felt it was beneficial to get to know people and observe how staff provided support first. Where the registered manager had gained relevant knowledge, they reviewed how staff supported people with their continence needs and monitored this daily. Staff consistently told us people's continence had improved over a short period of time.
• Records showed that one person generally went to bed between 8pm to 9pm and woke-up at 6am. A PBS review in August 2020 referred to a pattern of behaviours that challenge at 6am and advised staff to redirect

the person back to their bedroom to keep people safe. There was no consideration about whether the person would benefit from starting their day at 6am after 9-10 hours sleep/resting.
• Some staff had received specific autism training about how to provide people with structured support. A relative told us "Staff know [family member] well – down to not planning anything in the evening as [their] routine with Emmerdale and Coronation street is so important."

We recommend the service reviews people's daily routines to ensure they are person-centred.

Requires Improvement

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

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

At our inspection in November 2019 we found a lack of effective management had placed people at risk of harm, this was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement was made at this inspection and the provider was still in breach of regulation 17.

• Governance systems did not always identify or manage risk effectively. For example, provider financial audits did not identify the concerns we found. Where financial risks were highlighted by the local authority the service did not take appropriate action to manage this. The provider's health and safety audit, dated 24 April 2020, identified a number of issues which had not been resolved to date, such as the management of water safety systems to address ongoing presence of legionella bacteria.
• The provider's policies and procedures were not always robust or fully implemented by the service. We found contradictions in the provider's medicine policy. The finance policy and procedure did not address how services should manage the use of people's bank cards. Other aspects of this policy were not implemented by the service, such as the authorisation process for large transactions or regard for the type of expenditure. Additional policies had been supplied to manage a potential outbreak of coronavirus, such as enhanced cleaning regimes. However, we found this was not always followed by staff or the management team.
• Safeguarding systems had not always responded effectively to the level and type of concerns found at the service. The provider's internal safeguarding board recognised that more work needed to be done to improve safeguarding actions in general. However, there was no formal provider system to ensure incidents were evaluated and escalated appropriately in a timely manner, until they were assured these were managed effectively at service level.
• People's care and management records were not always accurate, complete or contemporaneous. For example, no records could be found in relation to a person's financial benefits and their values list was not up-to-date. Incident report documentation was not always comprehensive. For example, a staff member had a broken bone in their hand due to an accident at work, but the form stated they were able to continue with normal duties. This was concerning particularly due to the level of physical interventions needed at the service. Another incident report did not reflect information provided to CQC about the potential cause of an injury or agreed safe measures. Other reports did not specify actions taken to control risks. People's care

plans were not always reviewed in response to changes in need and did not specify the author.

Governance systems did not always identify or manage risk effectively which put people at risk of harm. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to review policies and procedures following our inspection.

• There was evidence that the new registered manager had made some progress with the service development plan. They had notified the local safeguarding authority and CQC recently in line with requirements.
• Staff we spoke with consistently told us the registered manager had the knowledge and skills required and supported the service to continuously improve, with comments such as, "We've improved but there's still loads of space for improvement" and "I wasn't working to [my] full potential [before]." This staff member went on to describe how the registered manager had helped them to develop their skills and improve their confidence in their role.
• The provider had a system in place to review and monitor implementation of people's positive behaviour support plans. This was ongoing in response to the level of behaviours that challenged and physical interventions used at the service. The instructor for positive approaches and physical interventions who was also a senior care worker at the service felt supported by the system in place.
• The provider's safeguarding board had assessed workforce understanding of safeguarding and taken some actions to address this, such as refreshing organisational procedures around reporting and why reporting is required.

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

At our last inspection we found the design and delivery of care did not always meet people's needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the service was no longer in breach of regulation 9.

• We mainly found the registered manager and ARDs to be responsive and open during our inspection. However, where we had cause to query information, we found responses were not always as clear. This required further follow-up from us to understand if anything had gone wrong and what the service was doing to address this.
• The registered manager had a clear vision for the service, which was shared by the staff team. The majority of staff we spoke with and observed during our visit appeared to be engaged and invested in the service to provide people with quality care. Staff we spoke with described improvements to the culture and teamworking. One member of staff told us the manager had an "instant impact", commenting "staff morale has been good recently" and, the manager has "tried to motivate staff and make them work as a team". Another staff member said, "I really enjoy working here", adding the service "feels likes a more supportive and caring environment."
• People's relatives consistently told us they had been concerned about the turn-over of managers and staff and negative impact on the quality of care. They now believed the service had improved since the registered manager joined the service. A relative told us, "They are trying very hard to improve the service." The relative described how additional detail was included in their family member's care plan and communication had improved. Another relative told us "the management is tighter", advising they received a quick response from the registered manager and felt they are more informed regarding their family member's care.

• The provider had taken action to refresh staff with whistleblowing procedures. Staff consistently told us they were able to approach the registered manager with any concerns.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The duty of candour is a legal requirement for providers to be open and transparent and take actions when certain events happen, such as reporting incidents and apologising to relevant people. The provider had a clear duty of candour policy and procedure. Records demonstrated people and their relatives had received apology letters in relation to safeguarding allegations of abuse. These letters included details of the safeguarding and provider's investigation findings and what they service had done to prevent reoccurrence.
• The provider had not considered informing relevant others about the presence of legionella currently detected in one outlet. In response, the ARD told us the service had now told a person's relative and relevant care manager.
• The service sought people's feedback through regular residents' meetings. The most recent meeting showed the service considered people's equality characteristics to encourage meaningful participation. Effort went into providing a relaxing, supportive atmosphere where each person was provided with one to one support to understand and contribute using their preferred method of communication.
• Relatives we spoke with consistently told us the service was now more open and they received information about incidents and events involving their family member.
• The provider had systems in place to gain feedback from people, their relatives and staff. Records showed actions were identified and were progressing in response to staff survey, such as improved training and induction and range of activities to offer people. The most recent survey identified staff felt supported by the current manager. The service had only recently sent questionnaires to relatives and were in the process of collating and analysing results.
• A staff member told us, "Any concerns or ideas I have, the manager will listen to them, note them down and look into them." Another staff member described their suggested improvements for an individual's care plan were listened to and acted upon.

Working in partnership with others
• The service was working closely with the local authority to monitor progress against their service improvement plan. The service also collaborated with the Community Learning Disability Health Team to assess people's needs.
• Professionals involved with the service told us communication and partnership working has improved under the new registered manager. For example, referrals had resulted in people receiving specialist equipment to improve their experience and the provider's PBS team had been central in supporting the registered manager and staff team to make positive changes. There was a consensus from professionals that progress had been made with further significant improvements to make.

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 The service had failed to act in accordance with the Mental Capacity Act 2005 when providing care and treatment to service users who are unable to give consent because they lack capacity to do.

The enforcement action we took:

We served the provider with a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessments of the risks to the health and safety of service users of receiving care or treatment were not always reviewed or mitigated. Not all staff providing care and treatment had the competence, skills and experience to do so safely. Medicines were not always managed safely. Infection prevention and control procedures were not routinely implemented to by staff.

The enforcement action we took:

We served the provider with a Warning Notice.

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 The service did not have systems and processes in place that operated effectively to prevent abuse of service users.

The enforcement action we took:

We served the provider with a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The service failed to establish or operate robust systems or processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others, or the quality and safety of the services provided. The service did not routinely maintain an accurate, complete and contemporaneous record in respect of each service user or the management of the regulated activity.

The enforcement action we took:

We served the provider with a Warning Notice.