

Care Network Solutions Limited

Avon Lodge and Avon Lodge Annex

Inspection report

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16 January 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We visited on 11 and 16 January 2018. The inspection was unannounced on the first day and we told the registered provider we would be visiting on the second day.

The service was rated Requires Improvement in December 2016. The service continues to be rated Requires Improvement. This is the third consecutive time the service has been rated Requires Improvement. We will meet with the provider outside of the inspection process to understand what action they will take to improve their overall rating to Good.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection in relation to good governance, staff training, safe care and treatment and safe recruitment. You can see what action we told the provider to take at the end of this report.

Avon Lodge 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. Avon Lodge can accommodate up to 13 people. Nine people lived in Avon Lodge when we inspected.

Avon Lodge Annex is a service which provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. One person lived in Avon Lodge Annex when we inspected.

Avon Lodge and Avon Lodge Annex are two buildings next door to each other. The service can support people with mental health concerns and learning disabilities and/or autism spectrum disorder.

The service has undergone major refurbishment works over the past two years and this is still on-going. Avon Lodge's environment now has independent living accommodation alongside en-suite bedrooms which form part of a communal living 'care home'. It was difficult to determine the model of care and support the provider intends to provide and whether this meets the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. Also how people with learning disabilities and autism using the service can live as ordinary a life as any citizen. We will meet with the provider outside the inspection process to understand the model of care and support they intend to provide.

The home did have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager had failed to implement effective systems to improve the service, manage risk and keep people safe. Poor recruitment practices, staff training and induction, alongside a failure to assess the needs of new people who moved into the service, were seen. All of these placed people at risk of harm. On one occasion this had led to one person being harmed.

The provider and registered manager did not use information recorded by staff or feedback from people to understand whether people were receiving a high quality, person centred service. People told us and staff agreed that more support was needed for people to consistently access meaningful activities, particularly in the community, to enable them to receive a responsive service. This meant we saw people did not have enough activity to prevent social isolation or boredom.

We saw people receiving support that was delivered in a person centred way and people were treated with dignity and respect. People confirmed this was the case. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. This meant staff were working within the principles of the Mental Capacity Act 2005.

People, and their relatives, told us they felt confident raising concerns and that the registered manager was always available should they need to speak with them. Staff confirmed the registered manager was visible in the service and worked alongside them at all times. Staff told us the morale in the team was positive and that they felt good team work had supported the service to maintain stability since the last inspection in December 2016.

People were pleased with the renovation of their home and had been an active part in choosing the décor and design. People were looking forward to the works being completed. Staff had worked hard to maintain a safe and clean environment during the renovations which were ongoing after over two years. The provider has confirmed works will be completed in April 2018.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

For one person no assessment was carried out to ensure the service could meet their needs prior to admission. The person was found to be unsuitably placed. People had been placed at risk of harm because of this.

Staff were not recruited safely to prevent unsuitable people working with vulnerable adults.

A system to ensure safe staffing levels was not fully embedded to ensure people were safe.

People received medication in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received appropriate specialist training to enable them to effectively support people's specific needs. Agency workers had not received an appropriate induction to enable them to perform their duties.

Staff told us they felt supported and the registered manager had ensured staff received plenty of opportunity for support.

People were supported to maintain good health and had access to healthcare professionals and services. This included access to a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service.

People were supported to be as independent as possible.

Is the service responsive?

The service was not consistently responsive.

People did not have consistent access to meaningful activities, particularly in the community. This area was not monitored effectively to understand the outcome for individuals.

Care plans contained person centred detail around how people wanted to be supported.

The provider had a complaints policy in place and people and their families told us they knew how to make a complaint if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The quality assurance system was not robust enough to ensure people received high quality, person centred support which maintained their safety.

Feedback received via questionnaires was not used to reflect on the service provided or to make plans to continuously improve the service.

People and staff spoke highly of the support they received from the registered manager who they said listened to them and valued their opinions.

Requires Improvement ●

Avon Lodge and Avon Lodge Annex

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 11 and 16 January 2018. Day one was unannounced and we told the provider we would be visiting on day two. The inspection team on day one consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Two adult social care inspectors visited on day two.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. We sought feedback from the commissioners of the service. The provider also completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

At the time of our inspection visit there were ten people who used the service. We spoke with seven people and two of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During, and following, the visit we spoke with the registered manager, area manager, area director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four members of staff including senior support workers and support workers. We spoke with one visiting professional during the visit.

We reviewed a range of records which included five people's care records, such as care planning documentation and medication records. We looked at three staff files in relation to staff recruitment and support. Also records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

The provider's recruitment process outlined the standard expected to ensure staff were recruited safely and to prevent unsuitable people working with vulnerable adults. The provider had not ensured this process was followed. This meant members of staff had started to deliver personal care to people before checks such as references and Disclosure and Barring Service check (DBS) were made. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. A full employment history had not been sought on all occasions and references which were received had not been verified as correct where inconsistencies were seen.

Where agency workers were used to cover vacant shifts no checks had been made with the agency to ensure the workers had been recruited safely.

This placed people at risk of harm from members of staff or agency workers who may have been unsuitable to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager explained the three members of staff most recently recruited had all worked within the service as agency workers and this meant they felt confident in their character. The registered manager accepted the process to recruit all members of staff must be the same regardless of their prior knowledge of them.

A new person had recently moved into the 'care home' part of the service. We saw no assessment of their needs had been completed. There had also been no consideration as to whether the person would be compatible with the other people who lived in the service. Each time a new person is referred to a service an assessment of their needs must be carried out to enable the provider to establish if they can meet the person's needs and more importantly mitigate risk to keep everyone safe.

We saw the person had not been appropriately placed; this meant staff did not have the knowledge or skill to meet their needs. For example, staff had not received training around autism or drugs and alcohol support. Staff told us they were concerned the person had not been placed appropriately and they had raised their concerns with the provider. The provider had instigated this placement and had not given the registered manager the time to complete an appropriate assessment. We spoke with the area manager on day two of our inspection who accepted, on reflection, the placement was not appropriate.

The person had little in common with other people who lived in the service. We observed they did not spend time with each other interacting. Risk assessments had not been carried out appropriately to ensure the likelihood of harm to the person and others was reduced. We saw that the person posed a known risk to others and that this had actually occurred. Therefore the lack of assessment and risk assessment had meant people had not been safeguarded.

Lack of risk assessment and admission assessment placed people at risk of harm and on one occasion a

person had been harmed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw all other new admissions to the home had received an appropriate assessment. Risks to other people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

The registered manager understood how to raise concerns to safeguard people. All incidences were recorded and the service investigated concerns. The registered manager had sought professional advice where necessary; this included discussing concerns about the person who was new to the service.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

People told us they felt safe, one person said, "We are not shouted at or called names or bullied." Another person told us, "I feel safe. I have the phone numbers to call and I can go next door for support. They [staff] check every day that I am ok."

At our last inspection in December 2016 we made a recommendation that a system and process to assess dependency was implemented. This was to enable the provider to understand the number of staff required to meet people's needs. On day one of this visit no system had been implemented.

Since the last inspection the provider had sought reviews for each person from the local authority to see if people required additional 1:1 funding. They had also worked with commissioners to improve the fees they received to support better staffing. The reviews had just been finalised prior to our visit.

Following the visit we worked with the provider to ensure a system was in place to assess dependency and staffing requirements. New people were due to move into the service and the provider was asked to use the tool to provide reassurance staffing levels would be appropriate. The provider sent us the information required.

During our visit we observed there were enough staff available to support people who currently lived in the service whilst they were at home. The registered manager told us the work completed to provide individual assessment of people's social needs would mean people received better support to access the community in the future.

The arrangements in place for the management, storage, recording and administration of medicines were safe. A recent pharmacy visit in November 2017 confirmed this. The registered manager was working to ensure all 'as and when required' medicines had a corresponding protocol to give staff full guidance around when to administer them.

Each person had an appropriate assessment of their needs with regards to medicines and their care plan reflected the support required. People told us they were happy with the support they received around medicines. One person said, "Yes the staff always help me with my tablets."

Where people displayed behaviours which may challenge the service, we saw staff had received training.

Positive behavioural support plans were in place for staff to understand how to avoid people becoming anxious and what to do if they displayed behaviours. Staff we spoke with were not confident explaining the detail within the plans and how they linked to administration of medicines to support a person. The registered manager told us they would support staff in this area to improve their confidence.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. The building was still in the process of being renovated. The registered manager told us up to date fire risk assessments and electrical safety checks were due to be carried out in April 2018 when the works were completed.

We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Fire evacuation practices had been undertaken. The records of the practices did not describe fully whether the drill had been successful and who had taken part. The registered manager agreed to improve their records in this area.

Documentation in relation to accidents and incidents was appropriate and the registered manager reviewed patterns and trends each month for individuals. Health and safety audits also took place to understand if lessons had been learnt.

The service was clean and free from malodour. Lots of work had been done to improve the cleanliness of the service since the last inspection. Staff had worked hard to ensure on-going maintenance works did not affect the environment people lived in.

Is the service effective?

Our findings

The provider had a list of training which they deemed mandatory, this included areas such as medicines, moving and handling and first aid. We saw the mandatory training was well managed and the registered manager had ensured staff were up to date or had dates booked in to complete what was required. A relative told us, "Staff seem to know what they are doing."

The provider had also identified training they said was additional service specific training. At our last inspection in December 2016 the registered manager explained they would ensure staff accessed additional training to support them to fulfil their role. We saw the list of additional training included, autism, learning disabilities, schizophrenia and risk assessment. Staff had not received this training. Staff told us they felt additional training would benefit them particularly around autism and mental health. One member of staff told us, "I have asked about this (autism training) none of us have this. We would benefit from mental health training."

When we spoke with staff it was clear they knew about the people they supported and their needs but did not have the knowledge to enable them to understand their diagnosed conditions. This meant staff were unable to support the person to understand their care choices or to approach their role using recognised best practice to ensure positive outcomes for people.

Agency workers were being used regularly to support the team. No recorded inductions had been carried out to ensure they understood people's needs and how to safely support them. No details had been sought around the training the agency workers had received. Therefore the provider did not know if the agency workers had the knowledge and skill to effectively support people.

As new people move into the service with different or more complex needs staff, including agency workers, require the skills and knowledge to deliver safe and effective support. Staff did not have the training to do this. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal where appropriate. Records we saw confirmed the registered manager had provided coaching and support to staff since the last inspection to improve their confidence and competence. We saw topics such as promoting independence and record keeping were discussed. One member of staff said, "I feel supported at all levels of the organisation."

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'Best Interest' decisions. Staff were able to describe how they offered choice and sought consent before they delivered support. We observed this happening during the inspection. Staff were aware what decisions people had the capacity to make and where they needed to support people in their 'Best Interests'.

Records were not complete to evidence which areas of a person's life they did not have capacity to understand. We saw the area management team had highlighted this and a plan was in place to improve in this area. Five applications had been made to deprive people of their liberty and the registered manager was awaiting the outcome for them.

People were supported to develop the food menu and devise the shopping list. People went with staff to purchase the food they required and were involved, if they chose to be, in the cooking of their meals. Everyone told us they were happy with the choices available. People had free access to the kitchen and food cupboards to enable them to have snacks and drinks.

Some people had their own kitchen area following the recent renovations. People had been supported where they had the skills to cook their own meals and snacks. One person was seen independently visiting the local shops for provisions on the day of the inspection. The registered manager told us for one person the addition of a personal kitchen area had been a real positive and they had seen an increase in their independence.

People had access to healthcare professionals and they told us staff supported this well. Records relating to health appointments did not reflect each person had seen relevant professionals recently. When care plans were reviewed each month staff were signing to say people's health was good without reflecting on whether appointments needed to be made. We discussed this with the registered manager who told us they would work with staff to ensure any necessary appointments made would be.

The staff team worked closely with visiting professionals where they were involved to improve the outcomes for people. We saw for one person their mental health had remained stable due to this joint working. For another person we saw their mobility had improved. This person told us, "I feel better now I am more active."

The on-going renovations had taken over two years and were still not complete. People told us they had got used to the workmen in their home but would like the work to finish. The provider confirmed work would finish in April 2018. People had been involved in choosing the colours of paint and design of their own rooms. People were pleased with the outcome and we saw people now had more privacy as they had their own en-suite shower rooms.

Is the service caring?

Our findings

People we spoke with during the inspection told us they were happy and the staff were caring. One person said, "Staff help me a lot and I appreciate that." A relative said, "My family member would certainly let me know if they were not happy about something and they haven't." Another relative told us, "The staff do a terrific job supporting my family member."

During the inspection there was a calm and relaxed atmosphere. Staff interacted with people in a caring and friendly way. When people required support we saw staff were able to anticipate their needs which demonstrated they knew people well. One person had independently got dressed and staff saw they needed to help the person dress more appropriately for the bad weather. They gently intervened to ensure the person's dignity was respected.

Staff spoke about people in a kind way and wanted the best for people. It was evident staff knew people's life history and preferences which enabled them to develop positive relationships and deliver person centred support. Staff told us how they worked in a way protected people's privacy and dignity. We observed staff knocking on doors before they entered and respecting people's choice when they did not answer.

Staff knew each person's preferred way of communicating and were able to understand what people wanted and needed. This supported people to feel empowered. Staff supported one person to speak with us and we saw this made them more confident.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. People were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

Staff said where possible they encouraged people to be independent and make choices, such as what they wanted to wear, eat, and drink and how people wanted to spend their day. People made their own choices throughout the time we spent in the service. One person introduced us to their pet which they cared for independently and were proud to show us. Another person told us, "I am more independent, staff are brilliant. I have two hours support each day to help me with cooking, cleaning and laundry. I had fun cooking yesterday with staff. I made roast chicken pieces with paprika."

Relatives told us they were kept informed of their family member's progress and care. They were happy with the level of input they had. A relative told us, "My family member sees Avon Lodge as their home they are content. They always want to return after visiting family. I would pick up if they were unhappy and I don't feel they are."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

At our inspection in December 2016 we reported that changes to people's individual funding and the introduction of a key worker system would mean more focus would be placed on people receiving a responsive service with regards to their social needs.

We saw the key worker system was in place and that each key worker was delegated the task of reviewing whether people had received support in line with their preferences and to achieve their aspirations. The registered manager had provided staff with the tools to monitor progress in care plans. We saw the monitoring tools were not always completed and the key workers were not using the tools to understand if people had received a good service. People were also not always involved in the review of their support each month so they could describe how they felt.

Through our observations we saw people were still not stimulated or occupied in meaningful activity when at home. Records showed people spend a majority of their time alone or watching television. The registered manager was able to tell us key activities they had seen happen but records did not reflect this level of activity. Our observations were that staff did not motivate people or instigate meaningful activity in the service.

Some people attended day services and they told us they enjoyed this. Others accessed church independently and they told us they were an active part of the congregation. People were supported to see family and friends if they chose this. One person who had moved to the area had been supported to understand the local bus routes and shopping area. They told us, "I now go to Tai Chi on the local bus, I know the route."

We saw people had been on day trips to Whitby in the summer and shopping trips to prepare for Christmas. One person told us, "I would like to take part in cooking meals." People had weekly planners which included baking, shopping, preparing dinner, but we were not able to confirm such things consistently happened from the records we saw, what people told us and what we observed.

Staff told us, "People can't go out much because of staffing." Additional funding had recently been agreed and the registered manager told us they were confident this would improve people's access to meaningful activity which would reduce the likelihood of them being socially isolated.

We saw care plans included information about people's likes, dislikes and preferences. Staff were aware of these and this helped them to deliver support in the way people liked it. One person's care plan did not include up to date details because they had not received an assessment of their needs prior to them moving in. This meant staff did not have the guidance around how to support their needs fully. Staff did have a copy of an old care plan from their previous placement which was being used as a guide.

Although reviews were happening staff were not using the details collected through monitoring to determine if any changes were required. This led to an inconsistent approach when supporting people to

achieve their goals and aspirations. For some people we couldn't determine progress and for others they were able to tell us in detail. A visiting professional told us, "I am very impressed, they are in a good placement and they have a great care plan. They receive multiple visits from staff and have a good environment to live in. They have links with family too. They have really bonded with [Name of staff member] and we are celebrating success."

The registered manager was keen to work with the team to support their skills to deliver consistently responsive support which meets people's needs.

No complaints had been received since the last inspection. The provider had an appropriate policy which the manager was aware of should they need to use it. People told us they knew who to go to if they had concerns as did their relatives.

Is the service well-led?

Our findings

During this inspection we found incidences where the provider's policies had not been followed by the registered manager and area management. This was in relation to staff recruitment and the assessment of people's needs. The policies were in place to protect people from harm.

We saw staff had not received the training required to enable them to understand how to meet people's specific needs in areas such as mental health, learning disabilities and autism. This impacted on the quality of the records kept in relation to people's progress and also the progress people made towards their goals and aspirations, such as access to meaningful activities.

The registered manager and area management team had conducted numerous audits since the last inspection. They had recognised some of the areas which required improvement such as development of Mental Capacity Act records and the need to review risk assessments. However, they had not produce an action plan with specific tasks to complete to make improvements and had not given deadlines to complete such actions. On some audits we saw items were ticked as complete when they were not, such as 'Service users are supported to access social and community, hobbies and interests'.

Surveys had been completed in 2017 to gather views from people who used the service, their relatives and visiting professionals. The feedback had not been reviewed to develop actions to improve where issues had been highlighted.

There was no strategy to outline the model of support the provider intended to provide once the renovations were completed. The assessment of people who were referred to the service had not included a check to see if people were compatible.

The leadership and management of the service since the last inspection by the provider and registered manager had failed to ensure the overall rating had improved from Requires Improvement to Good for the third consecutive time. In addition, breaches of regulation were found at this inspection.

The quality assurance process and leadership was therefore not effective enough to ensure people received high quality, person centred and safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us the registered manager had worked hard since the last inspection and that they felt the team was stronger and more consistent. The staff now had more opportunities for support via their own supervisions and staff meetings. In addition, they told us the manager was a visible part of the team and worked alongside them. One member of staff told us, "[Name of registered manager] tells us all the changes and gives us notice of things. There is good team work and good communication."

People who used the service had opportunities to discuss the service in 'residents meetings'. We saw people spoke up about the food choices, changes to the environment and outings in these meetings. One person

told us, "[Name of registered manager] is lovely I know they are there if I need them." A relative told us, I feel I can go to the manager and they would address any issues I had."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	No assessment of a person needs was completed to ensure the service could meet their needs. All that was reasonably practicable was not done to mitigate risks to others. Staff providing care did not have the skills and competence to do so safely. Regulation 12 (1) (2) (a), (b), (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	Recruitment procedures were not operated effectively to ensure that safe recruitment practices reduced the likelihood of unsuitable candidates working with vulnerable adults. Regulation 19 (1) (a) (2) (3) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	Staff had not received the appropriate training to enable them to carry out their role effectively. Agency workers had not received an induction. Regulation 18 (1) (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems and processes were not operated effectively to ensure people received high quality, person centred, and safe care. Feedback received was not used to continuously evaluate and improve the service.
	Regulation 17 (1) (2) (a) (b) (c) (d) (e)

The enforcement action we took:

We issued a warning notice against the provider.