

Faith Globallinks Ventures Limited

Faith Global Links Ventures Limited

Inspection report

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20 November 2023

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Faith Global Links Ventures Limited is a residential care home providing personal care to up to 5 people. The service provides support to people living with mental health support needs. At the time of our inspection there were 4 people using the service.

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

Risks to people's safety were not assessed and managed. Environmental risks were not monitored, and people did not have detailed, personalised risk assessments in place. The service was poorly maintained. The provider's infection control and cleaning processes were not robust. People's medicines were not safely managed. Staff had not always received all relevant training for their roles and recruitment checks had not always been completed accurately.

The provider's safeguarding processes were not effective. People did not receive person-centred care. People's care plans were not personalised and the provider was not able to demonstrate how they had adapted the service to meet people's individual needs and preferences. People were not encouraged to eat a healthy and varied diet or engage in meaningful activities which reflected their individual preferences. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider's processes for monitoring the safety and quality of the service were not effective and had failed to identify the significant concerns found during the inspection. The culture of the service did not empower people to achieve good outcomes. The provider was not able to demonstrate continuous learning in order to drive improvements in the service.

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

Rating at last inspection

The last rating for this service was good (published 06 October 2017).

Why we inspected

We received concerns in relation to staff training, medicines management, food preparation, infection control and management oversight at the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive, and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective,

responsive, and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Faith Global Links Ventures Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person-centred care, safeguarding, nutritional support, recruitment, and governance at this inspection.

We have made recommendations about the provider's processes for supporting staff and documenting people's decision-making support.

Please see the action we have told the provider to take at the end of this report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below</p>	<p>Inadequate ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service responsive?</p> <p>The service was not responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Inadequate ●</p>
<p>Is the service well-led?</p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

Faith Global Links Ventures Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people about their experience of the care provided. We gathered feedback from 5 members of staff including the registered manager and care staff. We spoke to the local authority. We reviewed a range of records. This included 4 people's care plans and medicines records, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had not assessed and managed risks to ensure people were safe.
- During the inspection we identified multiple concerns with the cleanliness and condition of the building which placed people at risk of injury and infection. For example, in 1 person's bedroom we found mould on the ceiling and furniture. The bedroom furniture was chipped and damaged and could not be effectively cleaned and there was a bathroom door which was jammed and posed a hazard to the person using it. We found peeling wall coverings and stains on communal and bedroom walls and a screw sticking through the dining room wall which could cause injury.
- Communal spaces were not hygienically clean, with a build up of dust and grease and stained equipment and appliances. Fridges had not been checked to make sure they were clean, and ensure the food was within date. During the inspection we found rotten items of food in the fridge and out of date items in the food cupboards.
- The provider did not have processes in place to effectively monitor the safety of the premises and equipment. For example, no appropriate fire risk assessment had been completed since 2018 and people did not have person emergency evacuation plans (PEEPs) in place to provide staff with guidance about what support they would require in the event of a fire. Water safety and boiler checks had not been completed to ensure equipment was working properly and did not pose a health risk to people.
- The provider had not assessed and monitored individual risks to people's safety. For example, 1 person's care plan stated they were at risk of leaving the property and not returning; however, there was no risk assessment in place to explain how staff should minimise this risk. Where the provider had identified a concern around a person accessing and eating uncooked foods, no risk assessment had been completed to explain what the risks were or how to provide support to minimise these risks whilst maintaining the person's independence.
- People did not have detailed risk assessments in place to provide staff with guidance about how to support them appropriately during periods of anxiety and distress to ensure they did not pose a risk to themselves or staff.

The provider had failed to manage risks to people's health and safety or prevent the risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- People were able to receive visits from friends and relatives in the service without restrictions.

Using medicines safely

- Peoples medicines were not safely managed.
- During the inspection, we found medicines bottles and creams with no date of opening. This meant there was a risk out of date medicines may be administered.
- People did not have protocols in place for their 'as and when required' [PRN] medicines such as pain relief or medicines to support people experiencing anxiety. This meant staff may not know how or when these should be administered.
- People's medicines administration charts were not always easy to read and understand. We found some charts had been altered using correction fluid and handwritten instructions which were not clear and legible. This meant there was a risk staff may not have clear guidance on how to administer people's medicines safely.
- The provider was not completing audits or balance checks on people's boxed medicines. This meant they were not able to evidence how they knew how much of each medicine was on site and whether this was the correct amount.

The provider had failed to manage people's medicines safely. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider did not have effective systems in place to safeguard people from the risk of abuse.
- Staff had not received safeguarding training since 2014. This meant they may not have the appropriate knowledge and skills to identify different types of abuse and raise safeguarding concerns.
- The provider told us there had not been any safeguarding concerns in the service since 2019. However, this did not accurately reflect the information held by the local authority safeguarding team. The provider was not able to evidence any records relating to more recent safeguarding concerns including investigation reports, outcomes, or learning. This meant we could not be assured appropriate actions had been taken to make improvements and prevent a reoccurrence.

The provider did not have robust processes in place to protect people from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not completed all appropriate employment checks to ensure staff were safely recruited.
- Applicants did not always have employment histories documented and references were not always checked to ensure all appropriate information was included. For example, we found handwritten references with no dates and no company stamps or verification to evidence where they had come from.
- The provider had not always ensured all appropriate visa and sponsorship information was recorded to clearly evidence applicant's right to work and visa status.

The provider did not have effective processes in place to ensure staff were safely recruited. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there were enough staff available to support them when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff training was reviewed regularly and renewed when required. The provider's training records showed training courses which had not been completed by staff since 2013 and 2014. This meant there was a risk staff may not have the up-to-date skills needed for their role.
- The provider had completed competency assessments with staff to check their understanding in specific areas of people's support. However, these were not dated, and this meant it was not clear how recently they had been completed or renewed.
- The provider completed an induction checklist with new staff and carried out regular supervisions. However, these lacked detail and did not demonstrate how the provider was identifying any training support needs or promoting staff's professional development.

We recommend the provider reviews their processes for supporting staff to ensure they receive appropriate ongoing training, support and development opportunities.

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

- The provider had not encouraged people to eat a healthy and varied diet.
- During the inspection we found there was a lack of fresh fruit and vegetables available and no choice of healthy snacks.
- People told us they did not always enjoy the food prepared. One person said, "The food is rough, it's not good. None of it is nice."

The provider had failed to ensure there was a variety of nutritious, appetising food available to meet people's needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider completed an initial assessment of people's needs. However, these assessments lacked personalised detail, and this meant they did not fully reflect people's physical, social, or mental health needs or how to support them holistically.
- The provider was not able to demonstrate how people or those important to them had been involved in the assessment process or encouraged to make decisions about how they would like to be supported.
- The provider had not always considered people's protected characteristics or any cultural needs and

preferences. We found some of these sections of the assessment were blank. This meant there was a risk people's need and choices were not considered.

The provider had failed to provide person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider was not able to demonstrate how people had been consulted and involved in making decisions about the design and decoration of the service.
- People's bedrooms were not always personalised, and they told us they had not been involved in making choices about how the room was decorated. One person said, "I don't like my bedroom, I didn't choose the colour."
- Following the inspection, the provider told us they were implementing a redecoration plan for the service and would be consulting people about their preferences for their bedrooms as part of this process.

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

- We received mixed feedback about how promptly the provider identified and responded to concerns with people's health. For example, whilst the provider was able to demonstrate they had sought advice from the GP or pharmacist when people were feeling unwell, it was not always clear from people's care records whether there had been a delay in seeking this advice and in accessing the prescribed medicines. This meant there was a risk people may not have been referred to the relevant healthcare professionals in a timely way.
- At the time of the inspection, the provider was liaising with the local authority's safeguarding team to investigate and address these concerns.
- People's care plans contained information about the regular health professionals involved in their care. People were supported to attend their routine health appointments when appropriate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider told us people had the capacity to make their own decisions about their care and people confirmed they were able to enter and leave the service as they wished. However, we found no information in people's care plans about how to empower them to make decisions.

We recommend the provider reviews their processes for documenting how people are supported to make their own decisions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not supported as individuals, in line with their needs and preferences.
- People's care plans were not personalised. Information focused on task-based support and did not include what was important to the person such as their likes, dislikes, and life history.
- People were not supported to plan and achieve meaningful goals. For example, the care plan sections titled 'Where I'd like to live in the future' and 'My dreams' were blank in 1 person's care plan.
- Where people had been supported to plan goals, such as living more independently, it was not clear how they had been involved in monitoring and reviewing their goals to ensure they remained relevant and achievable.
- The provider had implemented set times for meals and snacks being served in the service. However, it was not clear how people had been consulted and involved in making the decisions around the timing of meals and snacks. One person told us they didn't like to get up early. This meant they sometimes missed breakfast and were late for lunchtime meals. They told us their food was cold by the time they sat to eat it. The provider was not able to evidence how the person had been offered a choice around their mealtimes in line with their individual needs and preferences.
- During the inspection, we observed locked food cupboards and a locked fridge. The provider stated this was due to the risk of 1 person eating uncooked foods and the other people living in the service were able to access the cupboards and fridge with keys. However, we found no information in people's care plans to explain why the locks were needed or how to support people to use the keys. People did not seem to know they could access the cupboards if they wanted to, 1 person told us, ""That wouldn't be right, it wouldn't be right to have a cupboard to help myself to."
- The provider was not able to demonstrate how they had encouraged and maximised people's choices in managing and preparing their meals or evidence why this restriction met people's individual needs.
- The provider had installed a large number of closed-circuit television (CCTV) cameras in the service. The provider told us this was to protect people and staff. However, there were no personalised care plans or risk assessments to evidence why this level of CCTV was necessary in order to meet people's individual needs. It was not clear how people had been consulted and involved in reviewing decisions about the CCTV in their home. The last CCTV agreements seen during the inspection were dated 2014.
- The service specialised in supporting people with mental health needs. At the time of the inspection, staff had received no specific mental health training since 2013. This meant there was a risk staff may not be trained competent to understand the specific, personalised needs of the group they were supporting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not encouraged to take part in meaningful activities which reflected their personal preferences.
- People's care plans did not provide information about how to explore different social and leisure opportunities with them. During the inspection, we reviewed people's daily care records and found people were not always going out regularly. People we spoke with told us they usually only went to the local shops. It was not clear whether the provider was supporting people to consider what else was available in the local community.
- The provider had implemented a weekly timetable for in-house activities; however, it was not clear how much involvement people had in this or how often it was reviewed to ensure it reflected their personal interests.
- The provider had not fully considered people's risk of social isolation. For example, 1 person told us they had lost confidence following a fall whilst out alone. They told us they no longer went out very often. The provider was not able to demonstrate how they had minimised the risk of the person becoming isolated or how they were supporting them to rebuild their confidence.

Meeting people's communication needs

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

- Staff did not have detailed guidance about how they should promote and support people's communication. For example, the provider told us 1 person's care plan was incomplete as it was difficult to communicate with them and understand what they were saying. There was no guidance about any alternative methods and nothing to demonstrate how staff had tried to make information more accessible.

The provider had failed to provide person-centred care. The evidence above demonstrated a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our first inspection site visit on the 13 December 2023, the provider removed the locks from the kitchen cupboards and fridge.

Improving care quality in response to complaints or concerns

- The provider had a complaints log in place to record any concerns raised. This provided a brief overview of the concern and action taken.
- The provider told us they also used people's feedback in house meetings to record and monitor people's concerns and complaints.

End of life care and support

- People's care plans did not currently incorporate future planning and end of life wishes. At the time of the inspection, the provider was not supporting anybody with end of life care. The provider told this information would be considered at their initial assessment and during care plan reviews if required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider's processes for monitoring the quality and safety of the service were not effective and had failed to identify the significant safety and quality concerns found during the inspection.
- The provider was not able to demonstrate how they assessed, monitored, and reviewed the condition of the premises including the fixtures and fittings. Health and safety checks had not always been completed in line with the provider's regulatory responsibilities and they were not able to evidence how they maintained effective oversight of the safety of the premises.
- The provider had a kitchen cleaning schedule and home cleaning schedule in place. However, these did not identify any of the concerns we found with the cleanliness of the service.
- The provider's food storage handover checklist was marked as completed, with no concerns. However, we found rotten, out of date and unlabelled food in the kitchen and dining room. This meant the provider's checks were not robust in identifying and addressing concerns.
- The provider did not have effective oversight of staff recruitment and training. The concerns we identified with training compliance and employment checks had not been identified by the provider's own quality assurance processes.
- The provider told us they did not complete audits around the safe management of medicines. We identified concerns with the storage and recording of people's medicines which had not been identified by the provider. This meant we could not be assured they had robust oversight of the safety of people's medicines.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not created a positive culture where people were supported to achieve good outcomes. People told us they were not happy living in the service. However, it was not clear how they were being supported to move on or how the service was being adapted to better meet their individual needs and preferences.
- Staff did not always use language which was empowering or inclusive when describing people's care and support needs. For example, people's care plans referred to whether or not they were 'compliant' with their support rather than describe how people were involved or encouraged to make choices about their care.
- The provider was not able to demonstrate how they listened to people's views or empowered them to make changes. Where satisfaction surveys had been completed, these were brief, and no in-depth analysis

had been completed. This meant we could not see how this feedback was being used to drive improvements in the service.

Continuous learning and improving care

- The provider had not created a learning culture at the service, so people's care was not improved.
- The provider did not have robust processes in place to review the quality of people's care and this meant they were not identifying shortfalls or implementing improvements.
- The provider was not able to evidence any longer term development plans for the service to improve people's lived experience. For example, there was nothing to demonstrate any planned improvements to the décor or decoration of the service.
- The provider had not considered learning opportunities for the people living in the service in order to develop their independence.
- The provider had not invested in the staff team by reviewing their current training and development processes and exploring how these could be improved to ensure staff were up to date with best practice guidance.

The provider's processes for assessing, monitoring and reviewing the quality and safety of the service were not effective. The evidence above demonstrated a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Working in partnership with others

- The provider told us they were aware of the duty of candour and understood it was their responsibility to be open with people when things went wrong.
- The provider worked in partnership with other health and social care professionals including the GP, local authority, and mental health support teams. People's care plans evidenced input from relevant professionals following appointments and reviews of people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider had failed to ensure there was a variety of nutritious, appetising food available to meet people's needs.</p> <p>This was a breach of regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have effective processes in place to ensure staff were safely recruited.</p> <p>This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to provide person-centred care.</p> <p>This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage risks to people's health and safety or prevent the risk of infection.</p> <p>The provider had failed to manage people's medicines safely.</p> <p>This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have robust processes in place to protect people from the risk of abuse.</p> <p>This was a breach of Regulation 13 (Safeguarding</p>

service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's processes for monitoring the quality and safety of the service were not effective.</p> <p>This was a breach of Regulation (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We issued a Warning Notice