

Paramount Care (Gateshead) Limited

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Inspection report

The Ropery
Derwentwater Road
Gateshead
NE8 2EX
Tel: 0191 461 8799
Website: www.paramountcareltd.com

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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



Overall summary

This was an unannounced inspection which took place over four days on 25 and 26 November and 3 and 11 December 2015. The service was last inspected in April 2014 and the service was meeting the regulations in place at the time.

Paramount Care (Gateshead Ltd) are registered to provide accommodation for persons who require nursing or personal care at The Ropery for up to 20 people, mostly

with a learning disability. There were 18 people living at the home on day one of the inspection. The service is split into three six bedroomed houses, two four bedroom houses and six one bedroom flats. Not all the rooms were registered so the houses had 12 un-used rooms; some were used as additional communal areas.

There was a registered manager who had been in post since June 2015. A registered manager is a person who

Summary of findings

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.

We found that the service was not always safe; people's complex needs were not always managed safely. Risk assessment and care planning records did not always support effective management of people's complex needs or of potential risks in their environment. People's rights and choices were supported by the service, but records did not always reflect this. People using the service, their relatives, staff and professionals felt their concerns would be addressed by the staff and registered manager. However, staff failed to adequately review and learn from incidents, such as safeguarding and police incidents meaning care practice may not have improved.

We saw the registered manager recruited and trained staff to meet the complex needs of the people they cared for. Staff were encouraged to work safely and share good practice. The registered manager took disciplinary action against staff whose performance was ineffective.

Medicines were not always managed safely. We saw that 'as and when required' medication use was not always based on clear guidance. Storage and recording of medications was inconsistent. As people's needs changed their medication and treatment was reviewed by external professionals.

Care plans were inconsistent and did not always reflect the care people were receiving. Feedback we received from people and staff indicated that people received effective care, but this was not being effectively evaluated by staff as the records kept could not support this process. Staff were knowledgeable about people, and knew them well. Relatives and professional feedback was that they felt the staff were effective.

It was not always clear how people's consent and involvement was sought by the staff in delivering care and treatment based upon best practice. We saw people were supported to eat and drink enough. People were

encouraged to make choices about their food and drink. Staff encouraged the development of kitchen skills so people could take control of their meals and become more independent.

People told us they were supported to access health care services and social support to work towards their goals of becoming more independent or of managing their behaviours. Support was available and staff were mostly intervening effectively when people needed them. This was largely due to effective handover between staff as care records did not always support this.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw that where people were deprived of their liberty this was in their best interests, and assessments of capacity had been carried out. However people, or their representatives, consent had not always been sought or recorded in their care plans where this was appropriate.

People, relatives and external professionals felt that the staff were interested in people's development. Through the use of one to one time people and staff felt they had a stronger relationship based on trust and mutual respect. Staff encouraged people to express their views about how they wished to be supported.

People told us they were supported in way that respected their dignity. People's privacy was promoted by staff and we saw that people's relationships outside the service were supported and encouraged.

The care plans we saw were not always person centred and contained often contradictory or limited information on how best to support the person. It was unclear how people, their relatives or external professionals had been involved in the creation or review of these plans.

The registered manager encouraged staff and people to speak up and make suggestions. However the quality of audits and review of the service were inconsistent. Checks of the service quality were not comprehensive and areas for improvement had not been identified by the registered manager. This meant continual improvement could not be assured.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Risks to people and from their environment were not always assessed and managed effectively due to limited learning and review. Medicines were not always managed effectively.

The staffing was not always organised to ensure people received appropriate support to meet their needs throughout the day and night.

Staff mostly knew how to act to keep people safe and prevent further harm from occurring. People and staff were confident they could raise any concerns about poor practice in the service.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Requires improvement



Is the service effective?

The service was not always effective. Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, but this was not always reflected in the records. Care records were not written in a person centred way and it was unclear how progress towards agreed goals was being made or evaluated.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. They attended training, as well as accessing local resources, as required.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when needed.

Requires improvement



Is the service caring?

This service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people and took an interest in people and their families, to provide individual care.

Good



Is the service responsive?

This service was not always responsive. It was not always evident that people were involved in their care planning and review. Care plans were not consistent and did not contain enough accurate information to show how the service supported people.

Requires improvement



Summary of findings

The care records showed that changes were made to respond to requests from people who used the service and external professionals.

People who used the service and visitors were supported to take part in therapeutic, recreational and leisure activities in the home and the community.

Is the service well-led?

This service was not always well led. The systems in place to make sure the staff learnt from events such as accidents and incidents were not comprehensive.

The provider had notified us of incidents that occurred, as required by current regulations. People were consulted on the service provided to influence service delivery.

Those people, relatives, professionals and staff spoken with all felt the registered manager was approachable. However staff told us they felt team leaders were not always consistent in how they supervised and supported staff.

Requires improvement



Paramount Care (Gateshead Ltd)

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 was planned to check 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.

This inspection took place on 25 and 26 November, 3 and 11 December 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and a specialist advisor. The specialist advisor was from a qualified learning disability nursing background.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. There had been a number of

safeguarding alerts and incidents where the police had been contacted. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed.

During the visit we spoke with 12 staff including the registered manager and five people who used the service. We had written feedback from three relatives following our visit. We also had written feedback from six external professionals who regularly visited the service.

Seven care records were reviewed as were seven medicines records and the staff training matrix. Other records reviewed included safeguarding records and deprivation of liberty safeguards applications. We also reviewed complaints records, seven staff recruitment/training and supervision files and staff meeting minutes. Other records reviewed also included people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and the dining areas in two of the houses, offices, activities rooms and with their permission, some people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe living at The Ropery. One person told us, “I have my own flat and staff team. They go with me when I need support and I feel safe living here.” Another person told us, “The gates always locked so I feel safe here.” Another person told us they had felt unsafe in a previous service due to other people’s behaviour and a lack of staff. They told us there was enough staff at The Ropery to make them feel safe.

Relatives also said they felt the service was safe. One relative said, “It is most comforting to see (relative) being cared for so well and any apprehensions that we as parents had quickly evaporated when we saw how the staff interact with and genuinely care for (relative).”

Feedback from external professionals regarding the safety of the service was also positive. They felt people’s needs for safety were met well by the service. One external professional said, “(Person) went missing when out in the community and the risk management plans were followed and no concerns raised regarding staff interventions.”

Staff told us what they did to make sure people remained safe, for instance, by ensuring that people who needed supervision at all times were supported by a staff member. They told us they had attended safeguarding adults training and could tell us what potential signs of abuse might be in people with impaired capacity or limited communication. Staff we spoke with all felt able to raise any concerns or queries about people’s safety and well-being, and felt the registered manager or the deputy would act on their concerns.

We saw that in people’s files there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. However we saw that at times these risk assessments and plans were not always comprehensive. One person had been identified as at risk due to their vulnerability and staffing levels had been put in place to reduce this risk. However at night times this stated staffing level was not always in place leaving the person at potential risk. This issue had been resolved by moving the person within the service to another house. However the risk assessment was not updated.

The registered manager explained to us how they calculated the staffing numbers across the service to

ensure there was adequate staffing. This was based on individual assessments of people and their levels of dependency. Staff told us they felt there was enough staff on duty.

The service had a health and safety policy for staff to follow, but this was not always implemented adequately, which may have placed people at risk of harm. Staff told us the home had systems, processes and policies in place to manage and monitor risks to people, staff and visitors. They told us all staff carried out visual checks daily when walking around the building to identify, document and report any health and safety risks. We saw records of these checks and how risks were managed and assessed. When we walked about the service we found staff had failed to identify some health and safety risks. We found take away food in the fridge which had not been labelled and dated. This meant people may eat food that was unfit for consumption. We found some hazards, such as unsecured access panels to wiring and piping that people could then access. We found cleaning products stored insecurely where people could access them. We found window restrictors in one room on the ground floor on a Juliette window that had either been unlocked or broken. We found that not all electrical equipment had been PAT tested (Portable appliance testing). We brought these items to the registered manager’s attention. They acknowledged our concerns and undertook to take immediate action.

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

We reviewed staff recruitment files; a robust process was in place to recruit new staff, with the aim of ensuring that only applicants suitable to work with vulnerable people were employed. Appropriate checks, such as with the Disclosure and Barring Service regarding previous convictions and suitability to practice, were undertaken. Applicants’ work histories were checked for unexplained gaps, and proof of identity was required. Previous employers were approached for references. Staff we spoke with confirmed the process was followed.

We looked at the management of medicines. Effective systems were in place for the ordering and delivery of prescribed medicines and for the collection and disposal of unwanted medicines. The management of medicines was audited on a regular basis and staff competencies were regularly checked. However when we looked at people’s

Is the service safe?

medicines records we saw these were inconsistent. Some people had specific care plans for 'as and when required' medicines, others did not, although they were required by the provider's policy. Some care plans contained inaccurate or incomplete details about the medicines people received. For example one person's assessment said they were on one medicine to manage their behaviour, whereas their hospital passport said another. Plans did not always contain details of how best to support people to take their medicines.

We looked at two medicines storage areas in use at the service. One room, which had been in use for eight days, did not have daily temperature records taken or have soap and towels for staff use. The other room did not have a record of temperature checks in the fridge to ensure medicines were stored at the correct temperatures.

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

Is the service effective?

Our findings

People told us they felt the staff team were effective at meeting their needs. One person said, “I like the people here, they know me well now. The staff are interested in me.” Another person told us they felt the staff team knew how to look after them well and they were happy. Feedback from relatives was also good. One relative said, “It’s been an amazing time for us all, down to hard work and dedication from fantastic staff.”

Feedback from external professionals was also positive, one commented, “I have always found the staff to be very helpful and informative with regards to the care my client is currently being provided.” Another added, “They continue to answer any correspondence or requests in a timely manner and provide regular updates around clients; which is very useful.”

Records of staff induction training showed that all staff went through a common induction process to prepare them for their roles. New staff shadowed senior staff to become familiar with people, their needs and their routines within the service. We saw all staff had attended training identified as mandatory by the provider, such as fire safety. The registered manager kept a training matrix for all staff that showed when refresher training was needed. Staff told us the key to knowing the people who lived there was spending time with them and talking to their families, external professionals and existing staff about how best to support them.

All staff were regularly supervised by senior staff. Records showed that supervisions included discussion about the changing needs of people as well as the performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required. Supervision and appraisals had not been happening as frequently in the past, but the present registered manager had a system in place to ensure these occurred. Some staff commented to us that the team leaders who carried out their supervision were not consistent in how they managed supervision. We brought this to the registered manager’s attention who agreed to support team leaders in developing supervision skills.

An external professional told us how the service sourced additional support to meet a person’s needs. They told us that following a meeting “The Ropery arranged workshops for all of their staff who regularly work with a client who requires communication in a specific way.”

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. 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. We saw from records that the registered manager had referred people for assessments for DoLS as necessary. The service had a process in place to review and renew DoLS as required. This meant they were being protected against the risk of unlawful restriction of their liberty.

Not all staff were up to date with training on the MCA and how best to assess people’s capacity. In records we saw there was limited evidence of seeking peoples (or their representatives where they lacked capacity) consent, where these people did not meet the criteria for a DoLS. Where decisions about how best to support people had been made, it was not always clear that the principles of the MCA had been followed in reaching this decision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people had records around their need for support to eat and drink healthily. We saw that some of these records lacked clear goals and that records staff kept could not support effective audit and review. For example,

Is the service effective?

one person had a goal to lose weight. Records were in place to record their daily intake. These were not completed every day and a menu planner had not been fully completed to guide staff. We saw that this person had gained eight pounds in weight over five months but the care plan had not been evaluated or changed. We brought these to the staff's attention who acknowledged our concerns and agreed to take action.

People told us that they were supported to make choices about the food they ate and they were encouraged to eat healthily. We saw in one person's care plan where a specialist diet was being used to help manage their condition. This plan lacked some details, but from talking to staff we could see they understood what this diet contained. We also found that the service had made reasonable adjustments to meet their cultural and spiritual needs of one person. This included accessing specialist food shops to buy the correct ingredients.

There was evidence of good collaboration between the service and the local GP's and community health

professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly changed following this advice. From records we saw that psychiatric advice was sought for people as their needs changed and advice about how to manage people's changing behaviour was incorporated into care plans. Staff told us how they used this advice to adapt their approach to working with some people.

People's care plans included hospital passports which gave NHS staff information about a person's needs. These could be taken with a person if they needed to be admitted to hospital in an emergency. Some of these plans had only been partly completed; others had contradictory or out of date information when compared to the main care plan. These would not have been effective if hospital staff had referred to them on admission.

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

Is the service caring?

Our findings

People felt the service was caring towards them. One person told us, “The staff here are interested in me and caring.” Relatives were also complimentary of the caring attitude of staff. One stated, “(Relative) likes and is obviously well liked by all of the staff and gets on well with the other residents.” Another relative said “We could not have asked for more, and we know that (relative) is as happy as they can be.”

External professionals were also complimentary of the caring nature of the staff. One told us, “All the staff have been very pleasant, professional and friendly, willing to do whatever they can to support people to settle into the environment.” Another stated that “They have made (person) feel comfortable in the unit by allowing them to have their home as they wish, offering any additional items they wished to have to help them settle in. They facilitate contact with their friends and family and staff are flexible to meet their needs.”

Staff were able to tell us about some people’s history of behaviours that could be challenging. They told us how they recognised that people had the need for effective and caring responses to these behaviours. Staff were able to tell us how they tried to divert these behaviours and see the person with needs first, and not the challenges. Staff showed they could respect diversity and people’s choices, offering them options and alternatives, such as how to improve their diet and well-being or look for voluntary employment. The registered manager was clear about the role the service had in advocating for people’s choices and rights, and to refer to external services, such as advocacy support, when required.

On some people’s records we saw that relationship maps had been completed. These showed in pictorial form the people they loved, the people they liked, the people they knew and the people who are paid. This helped people using the service understand relationships but also helped the staff be familiar with the relationships that were important to people. However, not all people had one of these in place and some had only been partly completed.

Due to the needs of people at the service, the majority of people received a minimum of one to one support. Staff told us this didn’t mean that people had to be with them at all times, just that staff were available for them or nearby.

Staff told us they still encouraged people to be independent and to have time to pursue their own interests; they could just do so knowing staff would be free to help if it was needed. Some staff told us how they supported people discreetly in the community, for example when shopping. This way people had a chance to develop skills knowing staff were available.

We observed a staff member was supporting a person on an outing in the evening of the inspection, and it was observed the person was very relaxed in the staff members company, and had a good rapport, laughing and joking with them.

Staff we spoke with talked about the people they worked with using positive language. When talking about people’s behaviour, which could be challenging, staff were able to tell us how they worked to defuse potential situations and not blame the person. Staff we spoke with understood their role in providing people with compassionate care and support.

We saw that the registered manager regularly met with people using the service, as well as being accessible to people and staff. From records we saw that changes to the service, to staffing and activities were all discussed wherever possible with people or their relatives. People told us they felt listened to and included in decisions about how the service was developed by the staff.

We saw that people accessed advocacy services, either Independent Mental Capacity Advocacy or general advocacy as required. Staff we spoke with knew who to contact for external advocacy support.

Staff were able to tell us how they ensured that people’s privacy and confidentiality were respected. This included ensuring all personal care was provided in people’s bedrooms, with curtains closed. We saw that people had been asked if they preferred male or female staff to provide personal care. We did find in one house confidential material had been temporarily stored in an unsecure area. When we brought this to staff’s attention they agreed to take immediate action, and when we checked later this had been removed.

Staff told us how their aims with people were to encourage their independence and develop self-caring skills. One person was able to tell us how staff supported them to develop coping skills in the community. They told us they had been vulnerable in the past and how staff had worked

Is the service caring?

on their self-esteem to reduce this. This was confirmed by an external professional who told us how staff were monitoring their wellbeing discreetly and had gained high levels of cooperation through their sensitive approach.

Is the service responsive?

Our findings

The service was not always responsive to the needs of the people living there.

When we looked at care plans and care records we found a number of issues. Index's at the front of files often did not match the contents. There were a number of critical errors or mistakes that could confuse the reader or give inaccurate information, such as likes and dislikes or what medication a person was taking at that time. Some material in files was repeated, but with slight variations. As these documents often lacked dates or signatures it was unclear which guidance should have been in current use. Other documents had only been partly completed after the person had been using the service for more than six months. When we talked to staff they were able to tell us how they used handovers to ensure that staff were kept up to date on any changes in a person's care. But often these changes were not then carried over into the written records.

We looked at the review process used by the service. A person's care was usually reviewed monthly and the plan was adapted as the person's needs changed. However we found that some people had changes, for example in the medicines they received, and these changes were not reflected in the care plan. We also looked at two people's care plans where an incident had occurred that led to a statutory notification being made to the CQC. From talking to the registered manager we could see that appropriate steps had been taken following this incident, but this had not led to any change of care plans or a record of the incident in the monthly review for either person. Staff we spoke with were aware of the incident, but only through word of mouth.

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

People told us that the staff and registered manager were always there when they needed them. One person told us, "The staff are there when I need them." One relative commented, "(Relative) has become more mature and

independent and seems really settled." External professionals also agreed that the service had made changes to respond to people's needs. One told us "The Ropery have been and continue to be very effective in sharing information and raising and addressing concerns relating to clients. They also have and continue to work well with other professionals and agencies to ensure their service is delivered in a person centred way. They are pro-active in following recommendations where it is felt their service could improve." Another told us "I have found them to be very responsive to service user's needs, willing to adapt the environment in order to meet specific requests. Putting a walk in shower into a flat, and placing a shower over the bath for another user."

We saw that people were supported to continue activities and interests, as well as to develop new interests. We saw that friendships and family relationships were supported by the service, as was the development of structured activities, such as leisure, education and voluntary employment opportunities. One person had been supported to gain temporary paid employment. Staff we spoke with were able to tell us about how they ensured that people were offered choices alongside their structured activities programme. Some plans did not contain much detail, but they were all subject to regular review and we could see that changes had been made to people's programmes in response to their needs. An external professional told us, "They are focussed on inclusive activities and have made arrangements for my service user to explore catering courses with a view to supported employment opportunities."

As people often had high levels of one to one support they were able to access a wide variety of community services. People we spoke with told us they were happy and were rarely bored. People who were subject to DoLS were able to maintain a community presence with the staff support needed to keep them safe.

We reviewed the complaints records; there had been three complaints in two years. We saw that these had been investigated, the complainant had received a final response and the issues had been resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

The service was not always well led. From talking to staff we found there was some variability of management within the houses. Each house had a team leader and staff felt some of these team leaders were effective, whilst they felt others lacked key skills. Staff told us the level and quality of supervision and guidance they received was variable between the team leaders. From supervision records we could see that staff received a varied quality of supervision. Some of these team leaders were relatively new into post. We concluded the service as a whole did not have a consistent culture and effectively it was operating as a number of smaller services. We drew this information to the registered manager's attention who agreed to review the training, support and oversight of the team leaders.

We looked at the services audit and internal review processes. For example, learning from incidents that led to statutory notifications such as safeguarding alerts and police incidents. The registered manager was able to tell us what actions they had taken after such incidents, and the steps taken to reduce the likelihood of further incidents. But this was largely anecdotal and lacked critical review and questioning practice of the whole service. Each issue was managed in isolation without looking at the common themes between these incidents.

The health and safety audits that had been undertaken in the houses by the team leaders and registered manager had not identified the issues we noted such as window locks, unlocked access panels and electrical devices testing. The audit tool for medicines lacked key questions about the use of 'as and when' medication and safe storage of medicines. We were shown a care file audit tool that was being developed by the service. This lacked detail and would be ineffective in identifying some of the issues we found when conducting this inspection. Policies and procedures we looked at were in need of review; some

lacked dates of when they were to be reviewed or were not in line with current staff practice. For example the medication audit tool used was not in line with the provider's medication policy about how 'as and when' medication should be recorded in care plans.

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

People using the service told us they knew who the registered manager and the deputy were, and felt able to raise any concerns they might have. Relatives also told us they knew who to raise any concerns with and felt the registered manager was approachable.

An external professional told us, "The communication with management staff has been excellent and they always accommodate requests, and have been proactive at moving things forward and have always completed tasks they have agreed to do."

The registered manager was aware of their responsibility to inform the Commission of significant events. Our records showed such incidents were notified to (and, where applicable, to other agencies) in a timely manner. The registered manager was fully aware of the 'Duty of Candour', introduced under recent legislation.

Staff we spoke with all felt the registered manager and their deputy were caring, approachable and knowledgeable of the needs of people using the service. They all told us that if they had any issues they felt they would be resolved by the registered manager. Some staff felt the service as it was presently operating was not as it had initially intended to be. Staff told us they felt the service lacked a clear identity. Staff told us there had been plans for the development of an activity centre on site, (the MORE centre, Motivational, Occupational, Recreational and Educational), but these had not led to anything.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person had not ensured that each service user's care and treatment was designed to make sure it meets all their needs.</p> <p>Regulation 9 (3)(c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>The registered person had not ensured that all care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The registered person had not assessed the risks to the health and safety of service users receiving the care or treatment.</p> <p>The registered person had not ensured that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way.</p> <p>The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (a)(d)(g)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

The registered person had not assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity.

The registered person had not taken steps to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Regulation 17 (2)(a)(b)