Mr & Mrs L Difford

# Pen Inney House

## Inspection report

Lewannick
Launceston
Cornwall
PL15 7QD

Tel: 01566782318

Date of inspection visit:
20 January 2016

Date of publication:
23 March 2016

## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 21 January 2016 and was unannounced.

Pen Inney House provides care and accommodation for up to 20 older people who are living with dementia or who may have physical or mental health needs. The provider also offers a day care facility. On the day of the inspection 17 people were living at the care home. Pen Inney House is owned and operated by Mr and Mrs L Difford. Mr and Mrs L Difford also have three other care homes and a domiciliary care agency in Cornwall.

The home was on two floors with access to the upper floor via stairs or a stair lift. Some rooms had en-suite facilities. There were shared bathrooms, shower facilities and toilets. Communal areas included one lounge, a dining room, and garden and patio seating area.
The home had a registered manager. 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.

People and staff told us there were not always enough staff to meet their needs. There were care staff vacancies at the service and the registered manager had been covering shifts which had impacted negatively on the management of the service. People told us staff were usually kind and caring but their attitude could change when the service was short staffed. People were cared for by staff who had not received training and supervision to carry out their role. Staff did not feel supported.

People were supported to maintain a balanced diet. Comments about the quality of the meals were varied. Some people told us the meals were nice, whilst others felt improvements could be made. People's care plans provided details to staff about how to meet people's individual nutritional needs. However, the system in place to monitor people's weight was not effective in ensuring prompt action was taken when concerns had been identified.

People felt safe, but did not always feel "secure", because staff spoke with them about difficulties they were experiencing regarding the management of the service. The registered manager and staff had not undertaken training in safeguarding procedures, which meant staff may not always make safeguarding alerts when they were concerned people may be subject to abuse or mistreatment. Staff did not feel confident about whistleblowing.

People were not always protected from risks associated with their care needs because staff did not have the correct guidance and direction available about the risks or how to mitigate them. Accidents and incidents were recorded. A new process was being implemented to analyse incidents to help prevent them from occurring again. People had personal evacuation plans in place, which meant people could be effectively supported in an emergency. People's specialist equipment was serviced to ensure it was working correctly.

People were not protected from the spread of infection, because staff did not follow infection control practices and had not received training. People told us they did not always feel the environment was kept clean.

People's consent to care and support was not always sought in line with legislation and guidance. The registered manager and staff had a limited understanding of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This meant decisions being made by staff may not always be in people's best interests. People's privacy and dignity were promoted, staff knocked on people's bedroom doors and their health and social care needs were discussed in private.

People did not always have care plans in place to address their individual health and social care needs. People's care plans were not always reflective of the care being delivered. People were not involved in the creation or review of their care plan. Social activities were not always promoted which meant some people did not have much to occupy themselves. People had access to health care services, such as GPs, district nursing staff and opticians. People did not receive their medicines safely and documentation relating to medicines was inaccurate.

People were not confident their complaints would be listened to and acted upon. People and staff were not encouraged to feedback or involved in developing the service. For example, there were no residents meetings, staff meetings or quality surveys.

People and staff did not feel the service was well led. An external health professional told us they did not feel the staff team had leadership and direction. The registered manager and provider did not have effective systems and processes in place to ensure people received a high quality of care which met people's needs. The Commission was notified appropriately, for example in the event of a person dying.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 always safe.

There were not enough staff to meet people's needs.

People were not protected from risks associated with their care and
documentation relating to this did not reflect people's individual needs.

People were at risk of not receiving their medicines as prescribed because
documentation relating to medicines was inaccurate.

Staff had not been trained in safeguarding procedures, which meant staff may not always make safeguarding alerts when they were concerned people may be subject to abuse or mistreatment.

People were not protected from the spread of infection, because staff did not follow infection control practices and had not received training.

People told us they felt safe.

People were protected from risks associated with the environment.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People were cared for by staff who did not receive regular training and support to help ensure they could meet people's needs.

People's consent to care and support was not always sought in line with legislation and guidance. The registered manager and staff had a limited understanding of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This meant decisions being made by staff may not be in people's best interests.

People were supported to maintain a healthy balanced diet. However, the system in place to monitor people's weight was not effective in ensuring prompt action was taken when concerns had been identified.

## Is the service caring?

**Requires Improvement**

The service was not always caring.

People told us staff were kind and caring, however, staff's attitude could change when there were staff shortages.

People had not been involved in the creation or review of their care plan to ensure it was reflective of how they wanted their health and social care needs to be met.

People's privacy and dignity were maintained.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People were not involved in the design and implementation of their own care
plan which meant care planning documentation was not reflective of their
wishes and preferences.

People's care plans were not individualised and did not always give guidance and direction to staff about how to meet people's individual care needs.

People's independence and social life were promoted but social activities
were limited, which meant some people had very little to occupy their time.

People were not confident their complaints would be listened to and acted upon. Complaints had not been recorded in line with the provider's complaints policy.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

People did not feel the service was managed effectively.

People did not receive a high standard of quality care because there were no systems and processes in place for assessing and

monitoring the care provided.

The registered manager was unable to manage the service effectively because they had been working as a member of care staff because of staffing vacancies.

People and staff were not encouraged to provide feedback about the running of the service.

The registered manager had notified the Commission of significant events which had occurred, in line with their legal obligations.

# Pen Inney House

**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.

We visited the home unannounced on 21 January 2016. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We reviewed the information we held about the home and spoke with the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

During our inspection, we spoke with eight people living at the home, five members of care staff, the chef, the maintenance man, the assistant director and the registered manager.

We observed care and support in the lounge and dining rooms, spoke with people in private and looked at five care plans and associated care documentation. We also looked at records that related to medicines as well as documentation relating to the management of the service. These included staffing rotas, training records, and environmental risk assessments.

After the inspection we contacted the nominated individual for the service. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed. We also contacted the local authority adult social care department and service improvement team as well as one GP practice, a community district nursing team, the mental health team and a community physiotherapy team.

Requires Improvement

# Is the service safe?

## Our findings

Overall people felt safe living at the service. However, one person told us they did not feel "secure", and explained this was because staff spoke with them about the frustrations they had about the leadership and management of the service, they commented, "There's a bit of aggro…tension between staff".

People were not supported by suitable numbers of staff to help keep people safe and meet their needs. People told us, "Sometimes only two members of staff are on duty in the evening…I can see all of this, it is so distressing" and "Some are a bit ferocious. They are so busy they haven't got time to speak to you" and "If they are busy they can't always help. But you can't expect it". Staff told us "Look at the staffing levels. Today is very unusual; we've got four of us on but yesterday only two" and "Yesterday morning there were only two and the manager and in the evening there were only two carers but one of them had to do tea so only one carer on the floor for an hour or so. Sometimes you get called from food prep to take someone to the toilet". The registered manager used a staffing dependency tool to help calculate the number of staff required to meet people's needs. However, the rota showed the service was not always fully staffed as required by the tool. The registered manager explained recruitment had been difficult.

People told us, and records showed, there were not always enough staff to meet people's needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected from avoidable harm and abuse because staff working at the service had not been trained in safeguarding procedures and how to recognise different types of abuse. The registered manager was due to attend a course in May 2016 to ensure she understood her managerial responsibilities and the change to procedures within the local authority.

People did not always have risks assessments in place covering aspects of potential regarding the harm associated with their care needs. This meant staff did not always have guidance and direction about how to meet people's needs and support them effectively. For example, one person had diabetes but did not have a risk assessment in place to guide staff should this person become unwell. Risks associated with people's weight loss were not recorded effectively to help ensure responsive action was taken. For example, one person had lost weight over a period of five months. Their weight loss had been documented and their care plan had been reviewed during this time. However, because their weight loss had not been identified, risk assessments had not been implemented therefore required action, such as contacting the person's GP had not been taken.

Risk assessments were not always in place, updated or reviewed as necessary. Risk assessments were not always reflective of people's individual needs. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not safely managed. Medicine administration records (MAR's) did not always match the medicine which had been given. The storage and recording of controlled medicines was not always accurate. People's paracetamol, prescribed for individuals, was being administered to anyone who

requested it. Medicine was not always securely stored; however, action was taken to rectify this by the end of our inspection. The medicine fridge had been broken for over a year and no pro-active action had been taken to follow this up. Staff administering medicines had not all received training and there were no monitoring systems in place to ensure people's medicines were being managed safely and effectively.

The management of medicines was unsafe and ineffective. Documentation relating to medicine management was not being completed accurately. There were no monitoring systems in place. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected by infection control procedures. Staff had not received training, did not always wear personal protective equipment (PPE) when carrying out tasks, such as cleaning. Paper towels and liquid soap were not always available in bathrooms. The recent environmental health report of the kitchen showed two stars had been deducted because staff had not been carrying out correct procedures, such as dating food.

On entering the home, there was a strong smell of urine. The registered manager told us some people had continence difficulties and explained new flooring was being sourced. There had been no cleaner at the service since November 2015 so staff were cleaning when they had time. One member of staff explained, "We did have a cleaner but he disappeared so I'm afraid we're back to cleaning, so I tend to do a few rooms while they're having their lunch". People told us their bedrooms had not been cleaned as much as they would have liked, comments included, "It badly needs doing" and "Bedroom hasn't been cleaned for a month…the girls run a hoover around when they have time". One person told us their relative tidied and cleaned when they came to visit. We asked for cleaning schedules to establish how often people's bedrooms had been cleaned, however these were not provided.

People were not protected by infection control procedures. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's environment had been risk assessed to ensure the premises were safe. Equipment, such as hoists and the chair lift had been serviced. The fire system was serviced and the alarm was tested weekly. People had personal emergency evacuation plans in place (PEEP's); however there was no date to show when these had been written to demonstrate they were accurate. The registered manager told us she would take action to ensure these were dated and effectively reviewed.

Accidents and incidents were recorded. These were in the process of being collated to help monitor the number of accidents people were having, to help prompt action and reduce the likelihood of an accident occurring again.

Requires Improvement

# Is the service effective?

## Our findings

People were concerned staff did not have the right skills and training to meet their needs. One person gave us an example of this and explained staff were nervous when assisting them with personal care, in case they did something wrong or caused them discomfort. They told us, "They are not trained…they're very kind and helpful. No they don't have training". An external health professional also commented they did not feel staff received training. They explained they had observed poor manual handing and commented about the lack of competence of the management and of some staff to carry out instructions relating to people's care.

The provider's training matrix, a document which collated training for staff, showed significant gaps. Staff had not been trained in areas relating to their role and to meet people's needs. For example safeguarding, dementia care, manual handling, and infection control. Staff did not always receive supervision or appraisal of their work and told us they did not feel supported. Comments included, "There is no support", and "I can't remember the last time that I had supervision". Confidentially was a concern for some staff, one comment included, "We have supervision with (the registered manager) every three months but she talks to other staff …so I cannot speak in confidence to her. There is no one to talk to here". The registered manager told us she had limited time to carry out the supervision of staff because she had been working as a member of care staff to cover staffing vacancies.

Staff did not receive support, training, supervision and appraisal to enable them to carry out their duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's consent to care was not always sought in line with legislation and guidance. For example, people's mental capacity was not always assessed whilst having regard for the Mental Capacity Act (MCA) 2005. 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. This meant decisions being made by staff may not always be in the person's best interest. For example, one person had been given a homely medicine by their family which was being stored in their bedroom. The registered manager removed the medicine because of concerns about the person taking it without supervision. The person's care plan made no reference to their mental capacity or to how this decision had been made. We asked the registered manager about this decision and the impact this may have had on the person's human rights. However, the registered manager had a limited understanding of the legislative framework.

People who may be deprived of their liberty had been assessed and applications were awaiting approval by the local authority. 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). However, when speaking with the registered manager there was a lack of understanding about why people had to have applications in place.

The training matrix showed the registered manager and some staff had not undertaken training in respect of the Mental Capacity Act (MCA) 2005 and the associated deprivation of liberty safeguards (DoLS).
The legislative framework of the Mental Capacity Act (MCA) 2005 was not being followed and there was a lack of understanding of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). This meant decisions being made by staff may not be in people's best interests. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain a healthy balanced diet and able to choose where they ate their meals. The chef explained, although there was a daily menu, people were free to choose from other options that were available. People's comments about the meals varied, whilst some people told us the food was "Nice", "There is nothing wrong with the food. It's good food, adequate and I'm healthy for it". Other comments included, "The food isn't what you are used to, some is not so good", and "I wouldn't call them qualified cooks. Sometimes they're better than others. They do try their best". The menu had not been created with people, however, the chef told us, "People tell us what they want" and the registered manager told us they did consider people's likes and dislikes. However, for people who may be unable to express their preferences, the process for creating the menu had not taken this into consideration.

The system in place, to monitor people's weight, was not effective in ensuring prompt action was taken when concerns were identified. For example, the registered manager explained to us what action was taken when a person lost weight. This included implementing food and fluid charts to monitor how much a person was eating and drinking. However, for one person who had lost weight over a period of five months, this had not been recognised, and action had not been taken. This had not been communicated to the chef so meals could be adapted to increase the calorific content. An external health professional also commented, when staff had been asked to complete food and fluid charts, this had not always occurred.

The system in place to monitor people's weight was not effective in ensuring prompt action was taken when concerns had been identified. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had care plans in place to provide guidance and direction to staff about how to effectively support people with their meals, to help ensure it met with their individual needs. For example, the chef explained one person required their meals to be cut up because of their deteriorating sight. The person was seen to have their meal in this way, and their care plan was reflective of the support being delivered.

People confirmed they had access to external health professionals, such as GPs and district nurses, and documentation supported this. One person told us, if they needed a GP, "They would immediately call the GP in". Another person told us, a dentist and optician visited. External health professionals told us, communication was not always effective, because staff and management did not always carry out instructions when requested, for example applying creams and completing documentation.

Requires Improvement

# Is the service caring?

## Our findings

People had not been involved in the creation or review of their care plan to help ensure it was reflective of how they wanted their health and social care needs to be met. One person told us, "I know there is a file in the office…I haven't discussed it with the manager. However, I have only got to ask questions and they are answered". People's life histories within their care plans had not always been completed. A person's history helps to enable staff to have meaningful conversations with people and tailor social activities to their past interests and memories. This is particularly important when supporting people living with dementia.

People were not involved in the creation or review of their care plan, which meant people's care plans did not reflect their wishes or preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, overall, told us staff had a kind and caring approach, comments included, "The staff are all very nice, very helpful", "Night staff are excellent", "They're all very kind in their own way" and "Wonderful girls". However, people did tell us, when they were short staffed, staff's attitude changed, explaining staff did not always have time to stop and chat, and their call bell was not always answered promptly.

Staff demonstrated through their actions, a kindness and understanding towards people. For example, staff had taken time to arrange with district nursing staff for one person to have their surgical dressings removed, so they could wear their shoes to an important event. One person told us they enjoyed a sherry on a daily basis and staff took time to pour it out for them, they commented, "One (member of care staff) is particularly good, they always make sure I get a good serving". Another person had a sore throat and a member of staff prepared a hot honey and lemon drink to sooth their discomfort. People who required support when walking were given time to walk at their own pace, staff placed their arm around the person, providing comfort and reassurance.

People's privacy and dignity were promoted. Staff knocked on people's doors and spoke in private about people's health and social care needs. However, people did not have locks on their bedroom doors and had not been asked if they would like one. The registered manager told us she would address this. People's relatives were welcome to visit at any time.

Requires Improvement

# Is the service responsive?

## Our findings

People told us there was not enough to do. One person who had lived in the home for over a year told us, other than attending health appointments, they had been outside once. They told us, "I've been longing to get to the shops", "No outings, some people have been here for years and haven't been out" and "No stimulation for conversation". One person told us they enjoyed having their nails done by the beautician who visited the home. On the day of our inspection, people spent time in their bedrooms or sitting in the lounge reading the newspaper.

People had a section in their care plans to record their personal history, dreams and aspirations. However, this had not always been completed. This information is useful to help staff have meaningful conversations with people, and empower people to help them achieve any future goals that they may have.

People had care plans in place to provide guidance and direction to staff. Care plans addressed health and social care needs. However, care plans had not always been effectively reviewed to ensure they were accurate and up to date. For example, one person had diabetes; however, there were no care plans in place associated with this care need.

People's care plans were not always in place, effectively reviewed and reflective of the care being delivered, which meant people's care plans did not reflect their wishes or preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care needs were discussed at a handover carried out at the end of each shift. This helped to ensure people's care needs were shared with staff, so they knew of important information such as medicine changes and any deterioration in health.

People felt their needs were met during the night, and were comforted to know there was staff always available if they required any assistance. One person explained, the night checks which were carried out provided confidence and told us "I'm pleased to know they are there".

People did not always feel their views were listened to or respected. One person gave us an example of when they had made a suggestion about improving the environment to better meet their needs. However, the suggestion had not been acted upon and the person explained "Nothing has been done". The registered manager spoke of the issue she had faced in resolving the person's request; however this had not been effectively shared with the person. There were no processes in place for people to feedback about the care and service they received to help ensure they were involved in decisions and planning of their care.

People's feedback was not always respected or listened to, to help with the ongoing evaluation and improvement of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not confident their complaints would be listened to and acted upon. One person told us, they

had written to the registered provider in November 2015, but they were yet to get in contact. Others said they did not have confidence in the registered manager, with one person stating "X (the registered manager) doesn't listen". There was a complaints policy which outlined the procedure which was to be followed but we were unable to confirm if the complaints procedure had been followed effectively because complaints had not been recorded.

People were not confident their complaints would be listened to and acted upon. Complaints had not been recorded in line with the provider complaints policy. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's family and friends were welcome to visit at any time and one person explained how they enjoyed going to stay with her daughter.

Requires Improvement

# Is the service well-led?

## Our findings

People told us they did not feel the service was well led. People's comments included "Not well managed, that is where the fault begins. The management is not trained" and "If it was run properly it would be excellent". One person told us they did not feel the provider took an interest and explained "The ownership does not pay enough attention to the staff and people who live here. They don't show an interest in either the staff or the clients".

Staff told us the registered manager did not effectively manage the service, with one member of staff expressing "X struggles as a manager there's no support and she doesn't listen to what we say. She's not assertive. She tries hard, but avoids confrontation". Staff also felt the registered manager was not supported by the provider. An external health professional told us they did not feel the service had strong leadership and staff were not always provided with direction and guidance.

The registered manager told us, although there was no formal supervision or appraisal process they felt supported and met with the nominated individual on a weekly basis for a chat, and he was always available on the telephone. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed.

People did not receive a high standard of quality care because the registered manager and provider did not have systems and processes in place for monitoring and improving the quality of care for people in respect of the planning of people's care, meeting people's individual needs, staffing, the management of medicines, the environment, complaints, and the implementation of the legislative framework the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). The registered manager told us the main reason for not being able to carry out monitoring checks of the service was because of staff vacancies, which had resulted in them working as a member of the care team. Following our inspection, the nominated individual wrote to us to tell us about what action they would be taking to make improvements.

People and staff were not encouraged to feedback or be involved in developing the service. For example, there were no residents meetings, staff meetings or quality surveys. The registered manager explained, meetings which had been held in the past, had not been well attended, and the survey had not been sent out because of not having enough time.

The systems in place to monitor and improve the quality of service people received were not effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had organisational policies and procedures which set out what was expected of staff when supporting people. However, policies such as infection control were not always adhered to. There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice. However, staff had failed to inform the provider of their concerns regarding the management of the service.

The registered manager had notified the Commission of significant events which had occurred in line with

their legal obligations, for example when a person had died, expectedly or unexpectedly.

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 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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Regulation 9 (1) (a) (b) (c) (3) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>People's care plans were not always in place, effectively reviewed and reflective of the care being delivered. People were not involved in the creation or review of their care plan, which meant people's care plans did not reflect their wishes or preferences. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The legislative framework of the Mental Capacity Act (MCA) 2005 was not being followed. There was a lack of understanding of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). This meant decisions being made by staff may not be in people's best interests. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations |

| | |
|---|---|
| | 2014.<br><br>People were not confident their complaints would be listened to and acted upon. Complaints had not been recorded in line with the provider complaints policy. |
| **Regulated activity** | **Regulation** |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>There were not always enough staff to meet people's needs.<br><br>Staff did not receive support, training, supervision and appraisals to enable them to carry out their duties. |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Regulation 12 (1) (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Risk assessments were not always in place as necessary, updated, and reviewed to ensure people were kept safe and to mitigate any ongoing risks associated with their care.<br><br>The management of medicines was unsafe and ineffective. Documentation relating to medicine management was not being completed accurately. There were no monitoring systems in place.<br>People were not protected |

**The enforcement action we took:**

We issued a warning notice. We told the provider they are required to become compliant with the Regulation by 25 March 2016.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Regulation 17 (1) (2) (a) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>People's feedback was not always respected or listened to, to help with the ongoing evaluation and improvement of the service.<br><br>The systems in place to monitor and improve the quality of service people received were not effective. |

**The enforcement action we took:**

We issued a warning notice. We told the provider they are required to become compliant with the

Regulation by 25 March 2016.