Conquest Care Homes (Norfolk) Limited

The Oaks & Woodcroft

Inspection report

2a Dereham Road
Mattishall
Dereham
Norfolk
NR20 3AA

Tel: 01362858040
Website: www.craegmoor.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The Oaks and Woodcroft is registered to provide accommodation and personal care for up to 12 people who are living with learning and physical disabilities. At the time of our inspection there were 11 people living at the service.

This unannounced inspection took place on 19 and 20 April 2016.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been away from work for a number of weeks and the service was being overseen by a registered manager from another of the provider's services.

The provider was not taking appropriate action to manage risks. Risks were not always identified and risk assessments were not reviewed appropriately. Risks around the use of equipment were not identified and action was not taken in a timely way to reduce the risks to people living at the home. Moving and handling techniques were not always in line with current recommended practice.

Staff had an understanding of abuse and safeguarding procedures. They were aware of how to report abuse as well as an awareness of how to report safeguarding concerns outside of the service. Staff undertook safeguarding training providing them with knowledge to protect people from the risk of harm.

Care plans were not up to date; the information within them was not current and was contradictory in some instances. We could not be confident that people always received the care and support they needed.

The Care Quality Commission is required to monitor the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had some knowledge of the MCA and DoLS. Not all DoLS applications required had been submitted.

The service was poorly managed. The provider did not have an effective governance system to monitor the quality of the service and identify the risks to people. Care records were out of date. Effective audits were not being carried out. The provider had not picked up issues that were identified in this inspection.

The provider conducted a survey for people using the service. However we saw no evidence in the records or in the information we reviewed documenting that the survey was made accessible to people in the form of an 'easy read' version.

The provider had a recruitment procedure in place. People were supported by staff who had only been

employed after the provider had carried out checks. Once employed, however, staff were not supported in their role through regular training and supervision.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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.

People were not protected from risks to their health and safety.

Risk assessments of equipment were not undertaken placing people at risk of harm.

Not all staff were equipped with the training and skills to support people whose behaviour may have challenged the service.

Staff were knowledgeable about safeguarding and knew who they could report to both within and outside of the organisation.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not always acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. People's rights were therefore not always being promoted.

Staff did not receive the training necessary for their role.

Staff did not always receive adequate support and supervision.

People had access to healthcare professionals to ensure they received effective care and support.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always treated with dignity and respect.

Staff knew people and their support needs well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service conducted an annual survey however people were not supported to provide feedback about their care.

People had health plans in place; however these were not reviewed in light of people's changing needs.

Is the service well-led?

Inadequate

The service was not well-led.

The provider had not established quality assurance and risk management systems to effectively and consistently identify issues or to improve the service.

The service was not organised in a way that promoted safe care through effective record keeping and quality monitoring.

The provider was inconsistent in monitoring the performance of staff and the provision of staff support.

The Oaks & Woodcroft

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 19 and 20 April 2016 and was unannounced and was completed by one inspector.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to aid with our planning of this inspection.

All of the people who used the service had complex communication support needs. We spoke with staff and looked at care plans to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care staff, the team leader, manager who was covering the service and the regional manager. This was in the absence of the registered manager during our inspection. During the inspection we looked at two people's care records as well as records in relation to the management of the service including staff recruitment records, staff supervisions, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from avoidable harm. Risks were not always assessed, planned for and monitored to ensure people's safety and wellbeing. We found that one person had experienced a significant injury when they were being supported by staff to use a piece of equipment supplied by the service. We were told by the manager that there were no risk assessments in place for use of the equipment despite it being used. We were also told that the additional parts used with the equipment that were being used were incorrect and that staff had received no training in how to use them. This action placed a person at risk of avoidable harm. We were not notified of this significant injury when it occurred. All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it.

We found that other risks to people were not well managed. For example, one person who had a risk assessment in place in relation to their nutritional support had not had the risk assessment reviewed since 2014. A management plan had been developed as a result of the risk assessment. However despite the residual risk after the control measures being considered 'high risk' no reviews had taken place. We saw that completion of a specific nutritional monitoring tool and monthly weighing had been identified as being required following the risk assessment. The nutritional monitoring tool was not in place at the time of our inspection and we could not see any records to demonstrate that the person had been weighed between August 2015 and March 2016. We asked the manager and team leader about the records and they could not locate them either. Neither the manager nor the team leader told us they could be sure the person had been weighed during this time.

We saw that staff were using techniques to assist one person to move that were not in line with current safe practice. We viewed the care records and risk assessment around moving for that person and from our observations saw that the care plan was not detailed or clear around how the person should be assisted. We spoke with staff about how the person should be assisted with moving. One staff member told us, "[Person] relies on staff to get them out of their wheelchair; we are physically getting them out of their wheelchair." This was in line with our observation. This person was at risk because staff were using unsafe moving techniques. Inappropriate moving and handling practice can lead to injury to both people being assisted to move and staff. We spoke to the manager on the day of the inspection who agreed to make a referral for specialist advice to ensure that the care plans provided clear guidance for staff.

Medicines were stored in each bungalow in suitable medicine cabinets which were secure. We viewed a sample of medicine administration records (MAR) and there they were correctly completed with no gaps in signature on the records. In three instances we found amounts of medicines carried forward from one month to the following were not recorded so it was not possible for the provider to audit medicines fully. We found that some people's 'when required medicines' were not included on the MAR record. This meant that we couldn't be clear whether the person was having the medicine or not. We discussed this with the team leader who took the lead role for medicines at the service. We were told by the team leader that the medicines had not been added to the MAR record yet as the provider had recently changed the pharmacy that supplied the medicines to the service.

We asked to see competency assessments of staff administering medicines to people. The team leader and manager were not able to locate up to date assessments for any staff. The only records that could be located were for two staff and these dated back to 2012. The manager told us there were no other competency assessments at the service. We viewed the training matrix for the service and saw that 87% of staff had received training in medicines administration. We asked staff about their training in medicines. One staff member told us, "I do administer medication to [people]. I have done some online training and was watched initially. They wanted me to administer it [medicines] without being watched but I refused."

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

Staff raised concern that as they worked 12 hour shifts they rarely met some members of the staff team. One member of staff told us, "The rota doesn't work. "There is poor communication between the teams of staff. One person had a serious injury and this had not been handed over fully by the staff leaving shift. We never see the other shift teams and the communication is not very good."

We spoke with the manager and team leader about the rota and about whether there were enough staff to meet people's needs. The team leader told us there should be six staff working through the day, three in each of the bungalows that make up the service. The team leader told us that there should also be a minimum of four staff working during an evening and one staff member on a waking night in each bungalow. We looked at six weeks of staff rota and saw that on the majority of the days the rota showed that staff levels were in line with what we were told. We were told by the team leader that these were accurate copies of the staff rota. On the day of our inspection we saw staff that the number of staff on shift reflected the staff rota.

The service followed safe recruitment practices. Appropriate recruitment checks were carried out before staff started working at the service. We viewed three staff files and were told by the service manager that the relevant checks were completed to ensure that staff were suitable to work with people living at the home before they were employed. We saw that the appropriate information was gathered prior to staff commencing work at the service including police checks.

Staff members we spoke with had undertaken adult safeguarding training. All of the staff we spoke with gave us examples of the types of abuse they should be vigilant for. All of the staff had a good understanding of safeguarding procedures and were clear about what they should do if they suspected abuse. One staff member told us, "I would definitely report. I know about whistle-blowing." Another staff member told us, "I have had safeguarding training; we had to sign to say we had done it. I know who to report to. There are also telephone numbers for safeguarding available." During our inspection the manager was creating a safeguarding noticeboard which provided staff with the information they needed to make a safeguarding referral.

Records we looked at showed that a variety of health and safety checks were undertaken. We saw records of a recent evacuation plan in the event of a fire. All people living at the service had an individual evacuation plan. We saw that weekly checks had taken place of fire call points. We found that there were checks on the safety of the premises to ensure that hazards were addressed promptly.

Requires Improvement

Is the service effective?

Our findings

The staff that we spoke with told us that they only very occasionally received supervision. All of the staff also raised concerns with us about the supervisions process and their concerns that this was not a confidential or effective process. The staff told us that they felt nothing changed at the service as a result of their supervision sessions. We raised this concern with the regional manager on the day of our inspection.

We were told, and records confirmed, that all staff had recently had an appraisal meeting which had been carried out since the manager had been at the service. One staff member told us, "I never had an appraisal until recently and that is only since we have another manager in." Prior to the recent appraisal meetings, records showed that the meetings were carried out infrequently.

We were supplied with a copy of the staff training matrix. The matrix showed that there were a number of staff who did not have up to date training according to the `provider's schedule of training. We were told by the team leader that the training that staff were undertaking was primarily online training. We spoke to staff about the training and one staff member told us, "We used to get really good training but now it is all online. You can whizz through it to get to the assessment and complete it. It isn't the same as when it was face to face." A second staff member told us, "The training really isn't very good. It is really hard to keep up to date. You also have to try and fit it around working with people as you don't get separate time to do it." Another staff member said, "I like online training, for me it sinks in more that way." Staff we spoke with told us they had received training in moving and transferring, first aid, health and safety and food hygiene however they all said that they had undertaken training a number of years ago.

Staff did not always have the training they needed to meet people's needs and ensure their safety.
We saw that staff did not receive training in supporting people whose behaviour may challenge others. All of the staff we spoke with told us that some of the people who lived at the service did display behaviours which the staff found challenging. Two of the staff we spoke with told they needed better and more detailed training in this area. One staff member described to us a situation where they had been out shopping with a person who became distressed and caused physical damage to the premises. The staff member told us that they did not have the training to help them support the person at this challenging time. When we spoke to the manager about this they told us that this was something the organisation was looking at but there were no plans to implement this yet.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 decisions, any made of their behalf must be in their best interests and the least restrictive. Records showed that staff have received training in MCA. We saw in two people's care plans that mental capacity

assessments had been carried out along with decision specific best interests meetings.

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 procedure for this in care homes is 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.

The manager told us some people living at The Oaks and Woodcroft may not have capacity to make decisions. We saw records of DoLS having been applied for two people. We were told that other people should have had DoLS applied for however the records of whether this had happened could not be located over the two days of our inspection. The manager told us that they would be applied for as a matter of urgency. We were told that people were restricted in their movements within the service. The staff we spoke with told us that no one could leave the service without a member of staff opening a door for them. We were told by the staff we spoke with that doors were locked and people required staff supervision outside of the service. This meant that some people were being unlawfully deprived of their liberty. We asked staff about their knowledge of MCA and DoLS. One staff member told us that no one at the service had a DoLS in place but told us that a number of doors were kept locked to prevent people from leaving the service.

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

We saw that a number of mental capacity assessments and best interest's decision making meetings had taken place. One staff member told us, "I always offer choice; I will show people photographs or the real thing if that helps them choose." We were told by another staff member, "We make sure they [people] have a choice and ask them first." We saw within the care plans we viewed that people had capacity assessments around the support they needed to make decisions such as how to manage their money. Following on from the capacity assessment, we saw that a best interest's decision meeting had been held and a decision made. The best interest's decision meetings had involved relevant health and social care professionals in some cases.

We observed lunch time and saw staff supporting people to eat their meals in a discreet way. We saw prior to the meal that people were offered a choice of their meal from a folder of photographs. Two of the staff that we later spoke with told us that they had never seen the folder of food pictures before. Both staff told us that the felt people responded to the actual food items as opposed to pictures when making a decision. We saw at lunch time people were eating different food. One person had a weekly delivery of fresh prawns which they confirmed they enjoyed. Another person went to the kitchen during lunch time and helped themselves to a bag of crisps. We saw that staff were assisting one person who required assistance with their meal and a soft diet. The food offered to the person was in line with the care plan. All of the staff we spoke with knew how the person should have had their meals. During the meal time staff were focussed on the person they were assisting and we saw some friendly interaction.

People were supported with their health needs. Everyone was registered with a GP surgery. We saw that people were referred to and supported by a number of health care professionals. Records confirmed that these appointments took place and that people were well supported by staff to attend them. The information was brief and did not contain enough detail to give an accurate account of the appointment and discussions held. We spoke with the manager and regional manager about this and they advised that the service was not using the most up to date paperwork that the provider organisation has in place. We concluded that this was a further indication that systems within the service were not being kept up to date.

Requires Improvement

Is the service caring?

Our findings

The people who lived at the service were not able to verbally tell us about the care and support they received due to their complex communication needs. We observed staff using varying forms of communication such as pictures and objects of reference. The information within people's care plans supported these approaches.

We received mixed views from staff who worked at the service about whether people were well cared for. We were told by one member of staff, "If I had to put a member of my family here [service] well I wouldn't. I would have years ago but not now. People [staff] don't have respect for them [people]. I think it has had its best days and will take a lot to get it back. We need fresh ideas here." Another staff member told us, "The problem here is the lack of communication and lack of interaction with people. That needs improving."

People were not always treated with dignity or respect. One person was left in the communal lounge, over two hours after lunch without the assistance they required. We observed that staff did not always engage with people when supporting them to move around. For example one person was observed to be supported into the lounge in their wheelchair by a member of staff who did not communicate with them. We saw the person was moved, their brakes on their wheelchair were applied by the staff member who then walked away with no communication to the person. People's equipment was not kept clean and this was therefore not treating them with dignity.

We did see some caring interactions. We observed staff crouching down to people's level to talk to them and spending time with people, engaging with them. We saw one member of staff interacting with a person who could not communicate verbally. The interaction was natural and included banter that was well received by the person. During another interaction we saw a member of staff sitting with a person talking about their plans for the day. The staff member had a good rapport with the person and was engaging them in the conversation.

We saw people moving around the service independently and without restriction and they were able to spend time where they wanted to. We saw there was a sensory area with mirrors and sensory activities. One person was taking pleasure out of using this area during our inspection.

Sometimes people were asked their preferences. We saw one person being offered a choice of what room they wanted to be in and at lunch time all of the people at the service were asked what they wanted to eat. On the second day of our inspection we observed one member of staff sat with a person showing them a folder containing photographs of food so they could make a choice. We saw some people being offered opportunities to take part in everyday living skills, for example involvement in shopping for food and household items. We saw another person helping in the kitchen with staff support. This helped to maintain their independence and we saw that the person enjoyed the tasks they were undertaking.

Staff had a good understanding of people's support needs and their preferences and backgrounds and were

able to tell us about these. We noted that the support plans contained information about how people should be communicated with, however people were not involved in the development of their care plan. We saw that staff were supporting people to maintain contact with their families.

The manager told us that no one currently needed to access an advocacy service; however the service could access one if needed. Advocates are people who are independent of a service and support people to make decisions and communicate their wishes and views.

Requires Improvement

Is the service responsive?

Our findings

People living at The Oaks & Woodcroft had their own support plan. We looked at two people's care plans and found they had been formulated primarily in 2014 and had not been reviewed since. Throughout the plans we looked at we saw a number of handwritten notes added to give additional information or highlight changes required. We saw in one person's plan that two different speech and language therapy reports were on file. Both of these reports gave conflicting advice on how the persons meals should be modified, however one was a year older than the other. We asked staff about this person's nutritional support needs. One staff member told us they were not sure about the guidance as they usually worked in the other bungalow, however today they were supporting this person. This meant staff did not have clear care plans to follow to make sure people's needs were being met.

Support plans included people's likes and dislikes, how they liked to communicate and spend their day and the activities they liked to take part in. This information was not always up to date. We looked at one person's support plan and saw that it said that the person enjoyed swimming on a regular basis. We asked three staff about their knowledge of this person and their interests. All three staff told us that the person had not been swimming in a very long time and this no longer happened. We concluded that people's support plans did not reflect their current preferences.

Care plans were large files with an extensive amount of historic information held in them. This made the plans difficult to read. One member of staff told us, "The care plans are too big. There is too much information in them." The team leader and manager told us that they had started work to update the support plans and that they had recognised that there was information in them that required removal.

We saw from records that monthly reviews of peoples support should have been taking place. Records showed however that these had been happening infrequently and that some people had not had a key worker review since 2015. We could not be assured that the information in people's care plans was up to date. This meant that people were at risk of receiving inappropriate support.

We looked at two people's health records. We saw that they both had a hospital support plan although these had not been updated fully since 2012. We looked at the recording of health appointments and records such as diaries of one person's nutritional intake. We saw that the records were incomplete and some of the records could not be located within the service. We asked staff about the nutritional needs of these two people. The staff we spoke with told us that they were aware of what people needed however records did not reflect this. This meant that people were at risk of not having their nutrition properly monitored.

Guidance about the use of the equipment was in the care plan for staff to refer to. We saw that in one person's care plan there was guidance for staff about what equipment the person should use when mobilising. During our observations we saw that staff did not support this person to use the equipment provided. We raised this with the regional manager during the inspection.

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

We observed during the two days that we were at the service some people taking part in activities within the service and also some people going out. Staff we spoke with told us about a range of activities that people take part in. We were told that some people went out to regular day placements whilst others took part in other activities. The staff we spoke with told us it depended how many staff were available. One staff member told us, "People do take part in activities. There are a range of things that they do at the moment and we are looking for new things to do." Another staff member said, "They [people] should have been going sailing today but they can't as staff are leaving shift early."

People's daily records of their care and support were recorded. We viewed two people's records. The information recorded on them was brief and there were a lot of gaps in recording. Daily records we viewed often recorded the care task undertaken but not where people had been involved in decision making or being offered choices.

Inadequate

Is the service well-led?

Our findings

The service was not well led. Records at the service were not always up to date. During the inspection we identified failings in a number of areas. These included managing risks to people, out of date care plans, poor record keeping and identifying and reporting incidents. These issues had not been picked up by the management team at the service and only recently by the provider.

One member of staff told us, "It's not been great here. There were lots of medication errors and safeguarding concerns. We are now trying to work as a team to bring standards where we want them to be."

There was a registered manager in post at the time of our inspection however they were away for a number of weeks. The service was being run on a day to day basis by the team leader with support from a registered manager from a nearby service of the same provider.

Both the team leader and manager were transparent with us from the first day of our inspection and informed us that there were a large number of documents out of date and missing from the service. The regional manager was present for part of our inspection and told us that they had devised a large action plan for the service over the past month.

The service was not organised in a way that prompted safe care through effective record keeping and quality monitoring. The offices at both bungalows were disorganised and we saw there was an array of notes and records relating to people on top of desks and drawers and on the floor. Confidential information was not stored in line with data protection legislation. Throughout our inspection the team leader, manager and regional manager had difficulties finding and locating information we requested.

During the inspection we found issues in a number of areas such as lack of risk assessments or risk assessments which were out of date and not reviewed. Health and social care professionals and other staff we spoke with told us the service had a lot of out of date information and people's records were long overdue being updated.

We saw some records of incidents that had been entered into the provider's online reporting system by a manager and printed off. These electronic records contained very little information. We asked to see the account of an incident that had been recorded by the staff member who witnessed or reported the incident. We were shown one handwritten record. The team leader told us that there were other records that staff had completed however these could not be located within the service.

We were shown records from a number of regional manager visits over the past year. We saw that these visits recorded that the service was compliant and that documents and processes that we identified as missing, were present. These visits were not undertaken by the current regional manager. The records we viewed stated that all care records were up to date, DoLS applications were all submitted and risk assessments reviewed. We saw, and the current regional manager told us, that much of the documentation

that the audits referenced was either not up to date or missing. There were not systems in place to identify the issues and therefore no measures had been put in place to ensure they were rectified. We concluded there were no effective quality assurance systems in place.

Staff told us that the communication between the two teams that made up the staff rota was not effective. We were given an example where a change in seating for one person had not been effectively relayed to the next team which resulted in staff not knowing how to use the equipment. We were told of another example where a person had experienced a serious injury but this was not adequately handed over to the following shift of staff.

Systems to ensure that staff had the right skills, competencies and attitudes were not effective. There were no systems in place to ensure that staff received regular and appropriate supervisions.

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

During our inspection we were told of a recent serious accident experienced by one person. We were not notified of this event. The regional manager checked the provider system and agreed that the notification for this serious injury had not been sent to us by the registered manager.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We were shown a copy of a 'service user questionnaire' and we were told that people are asked to complete the questionnaire in order to feed back their views to the provider. The document we were shown was a text based document and did not contain any pictorial information to help people who may find written information difficult to understand. There was no evidence in the records or in the information we reviewed documenting that staff or advocates had supported people to provide feedback. We were told that there was an 'easy read' version available however this could not be located within the service. There was no evidence to suggest that families and key stakeholders had been asked for their feedback. People who use services should be provided with the opportunity to give feedback to providers on how they are being supported. The records of this could not be located within the service.

Recent staff meeting minutes showed that the manager and regional manager were trying to develop an open culture within the service. We saw that discussions were taking place with staff that the service needed to 'move forward. All staff were reminded of the management 'open door' policy should they wish to discuss any concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of incidents were not received without delay. Regulation 18 (1) (2) (b) (ii) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People had not had regular reviews of their care and support plans. Information was not maintained up to date. Regulation 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. Some risks to people's safety had not been assessed and actions had not always been taken to mitigate identified risks. Regulation 12 (1) (2) (a) (b) (e) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not protected against the risks associated with the inadequate provision of training and supervision for staff members to ensure people's health and care needs were properly met. Regulation 18 (1) (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality and safety of the service had not been assessed, monitored or improved. Regulation 17 (1) (2) (a) Risks to the health, safety and welfare of people using the service had not been assessed, monitored or mitigated to reduce risks. Regulation 17 (1) (2) (b) The registered person had not maintained an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (1) (2) (c)

The enforcement action we took:

Issue a warning notice