

Mitchell's Care Homes Limited

Rosetta

Inspection report

2 Queens Park Road
Caterham
Surrey
CR35RB

Tel: 01342 844772

Website: www.mch.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Rosetta is a residential home which provides care and accommodation for up to 12 adults with moderate learning difficulties, autism and people that display behaviours that may challenge others. The home, which is set over three floors, is located on the outskirts of Caterham. There is a combined dining and lounge area on the ground floor, kitchen and a level garden to the rear of the building. On the day of our inspection nine people were living in the home.

This inspection took place on 19 May 2015 and was unannounced.

We carried out an unannounced inspection of this service on 1 and 12 September 2014. During this visit we identified areas of concerns where the provider was failing to comply with the relevant requirements of the Health and Social Care 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010).

We asked the provider to take action to make improvements, the provider sent us an action plan and

Summary of findings

some of these actions have been completed. We undertook this comprehensive inspection on 19 May 2015 to review the improvements made and to see if they met the legal requirements.

The home did not have a registered manager, the acting manager was present on the day of the inspection visit had submitted their application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Staff had written information about risks to people and how to manage these. Staff we spoke to were aware of individual risks to people. We saw in care plans that risk assessments were up to date and there was information around what to do to minimise the risk. These included mobility, medication etc.

The service did not have adequate processes in place to safeguard people's finances and staff were unclear what to do should financial abuse be suspected. This is subject to investigation.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. Staff said they would report any concerns to the acting manager. They knew most types of abuse and where to find contact numbers for the local authority's safeguarding team if they needed to raise concerns

People were at risk of unsafe care at night as there were not enough staff working to safely meet their assessed needs. During the day there were sufficient staff to help keep people safe.

Processes were in place in relation to the correct storage and management of people's medicines. All of the medicines were administered and disposed of in a safe way.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The acting manager and

staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or their liberty needed to be restricted.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the acting manager that people could go out for lunch if they wished.

Staff had not received regular supervision to ensure that best practice was followed at all times.

People were treated with kindness, compassion and respect. However staff did not always take time to speak with the people who they supported. We observed minimal interactions and it was evident that when staff did interact people enjoyed talking to staff. People were able to see their friends and families as and when they wanted and there were no restrictions on when people could visit the home.

People took part in community activities on a daily basis, for example trips to the shops. The choice of activities was specific to each person needs and interests and had been identified through the assessment process and regular house meetings held.

People had an individual care plans, detailing the support they needed and how they wanted this to be provided. We read staff ensured people had access to healthcare professionals when needed. For example, the doctor or optician.

The acting manager told us how they were involved in the day to day running of the home. People felt the management of the home was approachable.

Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

The home had a satisfactory system of auditing in place to regularly assess and monitor the quality of the service or manage risks to people. Where audits identified risks steps were taken to ensure that improvements were made and people were kept safe.

Summary of findings

We found that the acting manager had assessed incidents and accidents, staff recruitment practices, care and support documentation, and decided if any actions were required to make sure improvements to practice were being made.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding and power cuts.

People's views were obtained by holding residents meetings and sending out an annual satisfaction surveys.

We found a number of 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 this report.

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.

Staff were not clear about all types of abuse and what they should do in response to specific concerns raised. Staff were aware of the safeguarding adult's procedures.

There were not always enough staff deployed at night to meet the needs of people and help keep them safe.

Recruitment procedures were not robust and appropriate checks were not always undertaken.

Medicines were managed safely and administered to people when needed.

Written plans were in place to manage risks which staff knew and followed to help keep people safe.

Inadequate



Is the service effective?

The service was not always effective.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities but did not always have regular formal supervision.

Staff were aware of, and followed the requirements of the Mental Capacity Act 2005 but best interest decisions had not always been documented particularly in relation to what people spent their money on.

Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Requires Improvement



Is the service caring?

The service was not always caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff did not always take time to speak with people and engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Requires Improvement



Summary of findings

Is the service responsive?

The service was responsive.

Care plans were in place outlining peoples care and support needs.

Staff were knowledgeable about peoples needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People said there were regular opportunities to give feedback about the service.

Good



Is the service well-led?

The service was not always well-led.

The home did not have a registered manager.

Staff were supported by the acting manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The acting manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Records were not always accurate and up to date.

Requires Improvement



Rosetta

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection of Rosetta on 19 May 2015.

The inspection team consisted of two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR) as our inspection was in response to safeguarding concerns raised by the local authority. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information we held about

the provider. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, two relatives, four members of staff and the acting manager. We spent time observing care and support being provided. We read three people's care plans and other records which related to the management of the service such as training records and policies and procedures.

This inspection was undertaken to check that improvements to meet legal requirements after our last inspection on 1 and 12 September 2014 identified breaches in regulations.

Is the service safe?

Our findings

At our last inspection we found breaches in Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective procedures were not in place to protect people from risk of harm or abuse. Not all the practices we observed were managed safely.

We found during this inspection that there had not been sufficient improvements made to ensure safe practices were in place to demonstrate consistency.

Staff told us they knew about the local authority safeguarding procedures and said, "I would report anything to the acting manager if needed". Whilst staff had received safeguarding training and knew about the policies and procedures in relation to this they did not have a clear understanding about all types of abuse. They were unsure about their responsibilities about concerns raised in relation to people's finances. People were not always protected from the risk of financial abuse as there was no clear records kept of their individual finances. There were not regular audits of people's finances to ensure that people were protected from the risk of financial abuse.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not always enough staff deployed to meet people's needs at all times. The acting manager told us that staffing levels were not determined based on people's needs and their dependency levels were not assessed. The acting manager said that at night time only one member of staff was on duty which meant that they could not always support people safely. For example one person had to be supported by two staff if they choose to get up or stay up during the night. The acting manager told us, "It makes it difficult for the one member of staff to meet their needs." As a result the person had to go to bed before the day staff went off duty which ordinarily was not a problem. The person usually went to bed before then however there were occasions when they wanted to stay up later but were unable to do so. Another person experienced night time incontinence which put pressure on one staff being on

duty, and increased the risk to the person should they need support. The acting manager told us they had asked for an additional member of staff at night and the provider was looking into this.

There was not always enough staff deployed at night to keep people safe. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that there were usually enough staff to keep people safe and meet their needs however when staff were off sick or on leave it was "Sometimes a problem." Agency staff were not used as the provider managed any shortages by using staff from their other homes.

Staff recruitment records did not always contain information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Only one member of staff had been recruited to the service since our last inspection but application forms did not cover a full employment history, there was only one reference and no photo identification. A Disclosure and Barring Service (DBS) check had been undertaken. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or people who use care and support services.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Assessments of the risks to people's safety from a number of foreseeable hazards had been developed such as bathing, shopping and community activities. Care plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The acting manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff members said how they would record accidents and incidents and that any learning from these was discussed at handover, at staff meetings or written in the communications book; for example they discussed how they had supported a person who's mobility had deteriorated.

Is the service safe?

At our last inspection in September 2014, we found breaches in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, management of medicines. During this inspection we confirmed that improvements had been made and they were now meeting the legal requirements.

There were safe procedures in place for the administration and storage of prescribed medicines. We looked at medication administration records (MAR) and audit checks undertaken by the local pharmacy and observed staff administering medicines to one person. Staff explained what the medicines were to people and signed the correct

entry on the MAR chart. People were prescribed as required (PRN) medicines, who had received these medicines as and when necessary and staff had recorded the reason why they had been administered. For example one person had exhibited highly anxious behaviour and the guidelines from the community mental health team were to administer the medicine to help reduce the level of anxiety and distress the person was experiencing. Staff administered the medicine as directed and this showed us that people had received their medicines as prescribed and that staff managed medicines appropriately.

Is the service effective?

Our findings

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Consent to care and treatment. We confirm that they have now met some of the legal requirements and actions documented in the action plan submitted to us.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 and aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw evidence of DoLS authorisation which related to people at Rosetta. This shows the correct procedures had been followed for the provision of accommodation for the person who lacked capacity to make the decision or choice about where they lived.

The acting manager told us since the last inspection mental capacity assessments had been undertaken for everyone and included assessments for important decisions that affected people such as their annual flu jab and consent to care. An easy read tool was used to assess people's capacity and Best interest meetings were recorded and included evidence of discussion with family and other relevant healthcare professionals. Staff said that they would, "Assume people can consent first." Staff had a good understanding of MCA and best interest meetings and decisions.

However the provider, acting manager and staff had not undertaken best interest meetings and obtained consent from people appropriately about how they spent their money and on what they bought. There were no systems in place to obtain consent from people or to guide staff about how consent should be recorded.

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

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities

to access the community. The acting manager showed us copies of minutes that included issues people had discussed at the monthly 'house meeting'; issues were discussed such as menus and trips out.

One person said; "I like the food here." People were encouraged and supported to be involved in the planning and preparation of their meals. Staff said that the quality of food for people was good; "People will tell you what they want and don't want; they help to cook the meal." People were able to choose to eat their lunch where they wanted and second helpings were offered. People's weight was monitored on a regular basis and each person had a nutritional profile which included their food allergies, likes, dislikes and particular dietary needs. Staff knew that one person is diabetic and another person requires a soft food diet.

There was a wide selection of food available to people. Fridge and cupboards were well stocked. One person used thickening powder to have drinks as they had been assessed as having a risk of choking from normal fluids. We saw that people were offered drinks throughout the day. The acting manager said they consult with the dietician to ensure a healthy and balanced menu was available. New photo menus were being developed for people to see what the choices were, so they could make an informed decision. We observed staff ask people where they would like to go out to for lunch and then act on this.

At our previous inspection we found breaches of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made in relation to staff training; however we found that staff had not always received the appropriate support through supervisions and appraisals.

Staff undertook a training programme which included how to support people in a safe and dignified manner who may harm themselves or others. Staff had access to a range of other training which included MCA, DoLS and manual handling. The training plan showed that all staff were up to date with training. Training included a four week course provided by the specialist behaviour team in how to support someone who has behaviours that challenge others. This meant staff developed essential skills to provide the appropriate support in a positive and constructive way. Staff said that they were all up to date

Is the service effective?

with the training. One said “They give you time to do your training.” Staff files showed that new member of staff completed an induction. One staff member said that they had “Shadowed other staff for a period of time to understand the people’s needs.”

Management did not always support staff to review the appropriate induction and training in their personal and professional development needs. Staff confirmed they had supervision, although were unclear about when they last had one and with whom. One staff member said, “Supervisions don’t happen regularly but I know I can talk to the manager at any time.” We looked at supervisions files and found the some staff had not had any one to one supervision since August 2014 and other staff since February 2015. This meant that staff were not always given the opportunity to receive effective support and develop

their skills. Most of the recent supervisions were generalised and did not show a record of how staff members were feeling, of any additional support offered, or of any concerns and professional development needs of the staff member.

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

Care plans contained up to date guidance from visiting professionals involved in people’s well-being and evidence that people had access to health care professionals such as GP’s, psychiatrist, specialist support and development team and chiropodists. We saw one persons had required support from a hearing specialist, the person care plan detailed actions and subsequent appointments.

Is the service caring?

Our findings

Relatives told us staff were kind and caring and staff kept them informed of any changes to the health, welfare and safety of their family member. Comments from staff included “I engage myself with people here, I make sure that they are alright and don’t feel rejected, I like working here, and there is a sense of fun”.

At our previous inspection we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made in relation to person centred care. The acting manager had undertaken actions to improve the quality of care people received.

We observed staff interaction with people and saw several examples of staff being kind and considerate. Staff knew Makaton and were able to communicate with at least one person on the day using this form of communication. Staff joked and laughed with people, it was clear that they knew people well and their backgrounds. We observed one person approach staff to get re-assurance from them which staff offered. However we observed in the afternoon three people sitting in communal areas with one staff member who did not freely interact with people. They just sat on the sofa watching. We spoke to the acting manager about this and they told us they would address the issue with the staff member.

Staff had an understanding of people’s histories. One staff member said, “The person always wants staff to give them attention, they need their privacy but they are so friendly”. The staff member talked through the routine of this person and their calling out once they had gone to bed. The staff said “The person does this every night and I understood that this behaviour may have stemmed from being in an institution before and that it may have been a scary experience for them”.

Staff gave good examples of how they would provide dignity and privacy by closing bathrooms doors and

covering people up when supporting someone who needed personal care. One staff member said “I allow people to make choices, knock on people’s doors, and ask them what they would like to wear, close the door and curtains when giving personal care.” Another staff said, “You offer support with personal care, allow people to pick their own clothes.”

However there were occasions where dignity was compromised for example in one male persons care plan it referred to them as female and language was used that was inappropriate. The member of staff that had recorded this was unconcerned by this.

We recommend that the service supports and trains staff using best practice guidance, to ensure that dignity for people is maintained.

Staff told us they reviewed people's care plans regularly and would involve the person in reviewing their care and ask for input from relatives. One relative we spoke to said that they were contacted by the home and invited to care review meetings which they attended.

The acting manager told us they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person’s body language. Care plans were not in an easy read pictorial format which meant it may be difficult for people unable to read to understand what had been said about them.

People were appropriately dressed and presented. For example, with appropriate clothes that fitted them and tidy hair which demonstrated staff had taken time to assist people with their personal care needs.

People looked relaxed and comfortable with the care provided and the support received from staff.

Staff told us that relatives visit and that the home has no limitations on visits. Care staff said that they support people to maintain close contact with their family.

Is the service responsive?

Our findings

One relative told us, “We are happy with the care.”

People who lived at Rosetta had complex health and communication needs which impacted on some decisions about their care, treatment or how they lived their daily lives. Records we viewed and discussions with the acting manager demonstrated a full assessment of people’s needs had been carried out before people had moved into the service. Relatives we spoke to confirmed they had been involved in the pre admission assessment process. People had lived at the home for many years and were only involved with external professionals if the home referred them.

Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person’s daily records stated they regularly spent time at a day centre and the positive impact this had on them.

Care plans comprised of various sections most of which were not in an easy read pictorial format and which recorded people’s choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care plans contained information on a person’s personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals. For example, one person’s behaviour monitoring plan had been reviewed monthly for the previous six months and showed an improvement in the behaviour that challenged others.

People’s care plans were reviewed regularly and changes made when people’s needs changed. Two people’s health needs had changed which had been identified promptly and as a result staff responded to this appropriately. As the service could no longer meet their needs the people had left the service which was in their best interests..

Staff responded to people’s needs promptly on the day. One person indicated that they needed the toilet and staff responded to this instantly. The person didn’t speak but

staff understood what they wanted as they knew the signs to look out for. Communication about people and changes in their needs were regularly recorded in the staff communication book.

There were activities on offer each day and an individualised activity schedule for each person. Staff said that most people had their own activities schedules. The care plans showed a lot of group activities which people said that they enjoyed. Staff supported people to access the community which reduced the risk of people being socially isolated.

One person said, “I like living there; my favourite day was when staff helped me clean and clear his bedroom.” They also said, “I like going to my activities. I like the food here.” They said that they likes their photos and pictures and had them all over their room. The person said that they "Enjoy going on holiday to Pontins".

People’s health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual’s communication and support needs should they need to go into hospital. Staff told us they had used these for people before.

There had been no formal complaints made by people or their relatives within the last year. The acting manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The acting manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. Relatives we spoke to confirmed that they had not needed to raise any complaints as the acting manager was approachable and they could openly discuss issues when needed.

The acting manager showed us customer satisfaction pictorial questionnaires that people had completed in May 2015; all of which showed positive comments. They explained to us that the staff had supported peoples individually to fill them in. Relatives had also been sent questionnaires one response said, “I am made to feel very welcome when I visit.”

Is the service well-led?

Our findings

The home did not have a registered manager. There was an acting manager who was in day to day charge who was in the process of applying to the CQC to be registered as manager. Staff said that they felt supported by the acting manager. One said, “I feel I can go to the house management any time. I feel supported by them and the staff team.”

The previous registered manager was in transition of going to work at one of the providers other services. The house was going through a period of adjustment and change regarding the management.

The provider did not have a robust process that ensured people finances were managed appropriately, and the acting manager was not fully aware of the processes to follow. However they had not undertaken audits of people’s finances to ensure people were protected against financial abuse.

We observed members of the staff approach the acting manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the acting manager; even if this was to challenge or report poor practice. They said they felt they would be taken seriously by the acting manager if they raised concerns. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

The acting manager had recommenced staff meetings as they had stopped being held in October 2014. The acting manager showed us the minutes of the latest staff meeting held on the 12 May 2015 which showed staff discussion about the correct use of incident and accident forms and

that a staff handover sheet of information that had happened between each shift had been implemented. The acting manager told us this was to support continuity in care.

The acting manager carried out daily quality and safety audits. These included checks of care plans, the environment, fire safety and the minibuses. We saw a copy of the latest pharmacy inspection which had identified no concerns in medicines management, administration storage and disposing. The legionella risk assessment was up to date, however it showed that the water had tested positive, the acting manager had implemented risk assessments including daily check to reduce the risks to people of contracting legionella.

Records were stored securely however not all of the records were of a good standard. One of the daily care notes had been written in the wrong place on the back of an old MAR sheet that the manager said was no longer in use. Where there had been a weight loss for one person a record was not made in the file of the discussions that had taken place with the person’s GP. This meant that staff may not have the most up to date information to provide consistency in care and meeting people’s needs.

The provider’s policies and procedures were in the process of being updated. Some of the policies such as Whistleblowing and complaints had been reviewed in February 2015. Some of the other policies such as Advocacy and access to information had not been reviewed since 2011.

Staff were aware of the home’s contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The staff explained the provider owned other buildings locally which staff could use if events occurred that stopped the service from running.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was not always enough staff deployed at night to keep people safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not ensured robust recruitment procedures were followed.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from the risk of financial abuse as there was no clear record kept of their individual finances. This is subject to investigation.

The enforcement action we took:

We issued an urgent notice of decision to impose conditions on the providers registration in respect of how people's finances were managed. We also restricted admissions to the service.