Mr & Mrs W Wallen

21 Lucerne Road

Inspection report

21-23 Lucerne Road
Thornton Heath
Surrey
CR7 7BB

Tel: 02082399547

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
21 Lucerne Road is a family run residential care home providing accommodation and personal care. It is registered to support up to three people with learning disabilities and/or autism. At the time of the inspection there were three people using the service.

The service has not always been fully been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

At this inspection we found a continued absence of monitoring systems to improve the quality and safety of the service. This meant that some areas of risk had not been identified. The provider acted to address some areas we identified following the inspection, but they had not recognised these issues through their own quality monitoring. Some areas we had identified for improvement at the last inspection, such as systems for monitoring staff training had not been fully addressed.

The provider had addressed the issues we had previously identified in relation to DoLS. However, we found continued concerns about arrangements to ensure staff followed the Mental Capacity Act 2005 (MCA) code of practice.

Medicines were safely administered but arrangements for 'as required' medicines did not follow best practice guidance. Staff had not been assessed as competent to administer medicines.

We have made two recommendations, one about the use of best practice guidance on managing medicines and the other that the provider consults best practice guidance on positive behaviour support to better inform the planning of people's care.

The registered manager was involved in the day to day care of people at the service and they were supported by a deputy manager. However, they had limited understanding of their roles and responsibilities. They had limited contact with other providers or health and social care professionals to help stay up to date with changes and developments in adult social care.

Some Improvements had been made since the last inspection and people were accessing the community for some activities. People had care plans that reflected their care needs. However, further improvements were needed to care records to evidence that outcomes for people consistently demonstrated the principles

of choice and control, independence and inclusion. People did not always have information about the service in a format they understood.

People were not able to express their views to us verbally at the inspection. Relatives told us people were safe at the service and we observed people were relaxed in the presence of staff and each other. Staff understood how to protect people from abuse or neglect and how to raise safeguarding alerts if needed. Details of accidents or incidents which occurred at the home were recorded. The registered manager and deputy reviewed accident and incidents for learning, to reduce the risk of repeated occurrence.

There were enough staff to meet people's needs. Staff understood how to protect people from the risk of infection.

People's nutritional needs were met. Staff received training and support, but improvements were needed to ensure the training was reflective of people's needs. People had access to health care services.

Relatives told us staff were kind and caring. Staff knew people well and understood their likes and dislikes as well as their needs. Staff treated people with dignity and respected their privacy.

People were involved in making decisions about the support they received. Since the last inspection the home had introduced measures to try to gather feedback from people and their families about the running of the service.

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

Rating at last inspection and update:
The last rating for this service was requires improvement (report published 13 February 2019).
At the last inspection we found two breaches of regulation in relation to the arrangements to follow the MCA and Deprivation of Liberty Safeguards (DoLS), and in the way the service was managed with an absence of quality assurance systems.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating and to follow up on the actions we had asked the provider to take at the last inspection.

Enforcement
At this inspection we identified continued breaches in relation to quality monitoring and systems to oversee possible risks, and in the provider's arrangements for meeting the requirements of the MCA. We also found a new regulatory breach because risks to people had not always been identified and action had not always been taken to manage risks safely.

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

Follow up
We will request an action plan from the provider and we will meet with them following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We

will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

21 Lucerne Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by a single inspector.

Service and service type
21 Lucerne Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding teams for their views about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
People using the service were not able to express their views about the care provided. We observed staff

interact with them during the day. We spoke with a staff member, the registered manager and a deputy manager.

We looked at two people's care records, three staff records' and records related to the running of the service such as fire safety records, audits and meeting minutes.

After the inspection
We spoke with two relatives and a representative of one person by telephone following the inspection, to ask for their views. We contacted on health professional for their views. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People were not always protected from the risk of infection. A legionella risk assessment to reduce the risk to people of infection from legionella bacteria had not been carried out at the home. The registered manager told us they were not aware of the need to carry out such a risk assessment, despite the guidance from the Health and Safety Executive on 'Health and Safety in Care Homes.'
- Following the inspection, the deputy manager organised a legionella risk assessment to be completed however, this did not follow recommended guidance. The provider told us a further risk assessment would be conducted. However, they had not identified the need for this risk assessment to ensure risks were minimised prior to our inspection.
- Some risks to people had been identified and assessed. However, falls risk assessments had not been completed where people were identified as unsteady on their feet or used equipment to mobilise. We found no records of any falls but it was not evident that possible risks had been assessed and there was no risk management plan to guide staff
- For one person there was no epilepsy protocol from a heath professional to guide staff on seizure management. Staff told us the person had not had any seizures for over a year. The person's risk assessment and care plan advised staff to call emergency services straight away in the event of a seizure. However, it did not identify any risks of seizure while having a bath or guide staff on what action to take. Staff had also not received epilepsy training, so may not have been aware of how to support the person safely during a seizure.
- People were mobile and had taken part in fire drills but there were no personal emergency evacuation plans to guide staff or emergency services on their safe evacuation. This placed them at risk of not receiving appropriate support in the event of an emergency.

We found no evidence that people had been harmed. However, people were at risk of unsafe care and treatment because risks were not always identified or assessed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks had been identified. A fire risk assessment had been carried out In August 2019 and the provider was in the process of implementing its recommendations. Fire equipment checks were in place.
- Staff followed safe infection control practices when they were delivering care. The home was clean and tidy. Relatives confirmed this was also the case when they visited. There were hand washing and drying facilities which were available for use by people, staff and any visitors. We observed staff washed their hands appropriately and told us there was a stock of disposable gloves and aprons which they had access to when needed.

Using medicines safely

● Medicines were safely administered but medicines management did not always follow recommended guidance. There was no guidance for an 'as required' medicines to guide staff on when to administer this medicine. Staff received training on medicines administration but their competency to administer medicines had not been assessed in line with recommended guidance.

We recommend that the provider consults best practice guidance on the management of medicines and amends their medicines management procedures to reflect this.

● Medicines administration records detailed people's allergies and showed that people had received their medicines when they should. People's medicines were securely stored and were only accessible to staff responsible for medicines administration

Staffing and recruitment

● There were enough staff to meet people's needs. Our observations at the inspection confirmed that people did not have to wait for long periods when needing support. Staff told us they had time to sit with people and talk with them, as well as being able to support them access the community. Relatives told us that they had no concerns in relation to staffing and there were always enough staff on duty when they visited.

● The registered manager told us they could increase staffing levels on any day to respond to changes in people's needs. The staff team were mostly family members who could be flexible about the support they provided.

● The provider followed safe recruitment practices. Staff recruitment records included completed application forms, employment references, evidence that criminal record checks had been carried out and evidence of checks on proof of identification.

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

● People were safe from abuse, neglect or harm. We observed people interacted positively with staff and were comfortable in their presence. Relatives said they thought people were safe at the home. One relative told us," They are all 100 per cent safe there. Everyone gets on well with everyone else. The staff are all kind. "

●Staff had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had any concerns. The registered manager understood their responsibilities under safeguarding. They knew how to raise safeguarding concerns appropriately with the local authority and to notify CQC.

● There was a system to respond to and monitor accidents and incidents, and to share learning at the service. There had been very few incidents at the home since the last inspection. Staff were aware of when to complete an accident or incident form. We saw these were reviewed by the registered manager for any learning.

● Learning from incidents was identified and shared. For example, we saw protection for a remote control had been identified as needed following an incident at the home and this had been actioned.

Requires Improvement

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to seek lawful authorisations to deprive people of their liberty, under Deprivation of Liberty authorisations (DoLS). Staff knowledge and understanding of MCA and DoLS also needed refreshing.

This had been judged a breach of regulation 11(Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 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 had the appropriate legal authority and were being met.

Not enough improvement had been made and the provider was still in breach of regulation 11.

- The provider had made relevant applications for DoLS following the last inspection; these were lodged with the relevant authority for consideration. Staff told us, and we observed people were asked for consent before care was provided to them.
- Staff including the registered manager had received training on MCA and DoLS and they understood when to apply for a DoLS authorisation. However, their understanding of MCA had not been fully embedded. Staff did not always record separate MCA assessments and although they told us they had consulted with families and powers of attorney, this was not recorded. Separate MCA's were sent to us following the inspection, but these did not include recorded best interests' decisions or evidence that the registered manager understood their responsibilities under this legislation.

Staff did not always act in accordance with the MCA Act 2005, which was a continued breach of regulation 11

(Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
● At the last inspection we had found some improvements were needed as staff had not received dedicated training in relation to meet people's specific needs such as learning disabilities or autism.
● At this inspection we found some improvements had been made and staff had received training on challenging behaviour. However, further improvement was required because staff had not received training in other areas relevant to people's needs including on learning disabilities, autism or epilepsy. This meant staff may not have been familiar with how best to support people. The deputy manager told us they would organise this immediately following the inspection.
● Staff had completed mandatory courses in areas including infection control, food hygiene and safeguarding adults. This training was regularly refreshed.
● Staff told us they felt well supported through regular supervision. Records were kept of supervision meetings and there was an annual appraisal for their development. No new staff had started to work at the service but the deputy manager told us that new staff would be supported with an induction including work shadowing and training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved into the home to help understand whether the service would be suitable for them. These assessments were then used to develop people's care plans. Assessments were personalised to include their wishes and preferences.
● Staff had developed their own ways of communicating with people and managing behaviour which may require a response. However, the registered manager and deputy manager were not aware of good practice guidance from the National Institute for Health and Care Excellence (NICE) on managing challenging behaviour or the principles of Registering the Right Support.

We recommend the provider consults best practice guidance on positive behaviour support to better inform assessment planning.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a balanced diet. We observed that people were offered a choice of meals and had access to pictures of a range of foods to aid their decision making. People's cultural needs in respect of their diets were assessed and catered for and their weight was monitored to help identify any concerns.
● Staff supported people to eat a range of heathy options and one person had been supported to lose weight through support with healthy choices and exercise as recommended by health professional.
● People could help themselves to snacks including fruit and cold drinks throughout the day which were readily available. The registered manager told us that where possible people were supported to help to prepare aspects of their meals where this had been assessed as safe to do.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● Staff worked in partnership with GPs and other health and social care professionals to meet people's needs. Relatives told us that people attended health appointments and staff notified them about the outcomes.
● People's care records included evidence of regular contact with a range of health care professionals for example, the GP, dentist and chiropodist. However, records of individual health care appointments, did not always records the reason for the visit, the outcome and any recommendations. We discussed this with the

deputy manager who said this would be recorded moving forward.
● People had care passports which outlined their health needs when they were admitted to hospital to share information with health professionals when required.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet people's current needs. For example, equipment had been put in place to support people to have a bath. The building was not wheelchair accessible due to the number of internal steps and narrow stair well. However, the registered manager told us that they considered people's mobility carefully before they came to stay at the home to make the layout met their needs.
● The environment was warm, homely and people were encouraged to personalise their rooms. People have access to a small garden area and a communal lounge.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were warm and caring and their diverse needs were respected. During the inspection we observed staff interacted with people calmly and with appropriate humour. Where needed, they supported people to make choices through the day. They knew people well and were aware of their likes and dislikes. They understood possible signs of anxiety or distress.
- Relatives commented that staff were kind and compassionate and the home was family orientated. One relative remarked, "[My family member] has been there a long time and is really very happy there. It's like they are part of the family." People had all lived at the home for several years and staff knew them well and understood their wishes and feelings.
- Staff understood the importance or supporting and protecting people's diverse needs. For example, staff told us how they could support people to practice their faith and to attend religious services or meet any cultural needs in respect of their diet or personal care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make day to day decisions by staff who understood their wishes and preferences. We saw people were consulted about their care and support and were able to make choices about what they did. They were involved in regular individual meetings with a named staff member to maintain a close working relationship and where they could raise any issues they wanted to.
- Staff described how they supported people to be involved in decisions about their care by offering them choices and seeking their consent in relation to their support needs. They understood people's non-verbal signs that helped them communicate their moods or wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted. Care plans showed people were encouraged to do as much for themselves as they could in relation to their personal care. A relative commented, "Everyone is always treated respectfully there. Its harmonious, staff are respectful and kind."
- Staff were aware how to protect people's privacy and dignity. They told us how they knocked on the door before they entered people's rooms and were mindful of their privacy during personal care. Staff understood the importance of keeping their information confidential and people's records were stored securely.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always consistently met.

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

● At the last inspection we found some improvement was needed to ensure people were engaged in meaningful activities, to ensure they were stimulated and did not become socially isolated. At this inspection we found some improvements had been made and people were involved in some activities. However, daily records did not fully evidence the activities being undertaken so we were unable to fully evaluate how often people were able to follow their own interests and take part in activities of their choosing.

● People were supported to attend day centres if they wished and there was a schedule of the activities they took part in there. There were games and arts equipment in the lounge area and people's art work was displayed in the home. The registered manager told us people went swimming and bowling. However, people did not have personalised activity organisers or other records to demonstrate that they consistently took part in a range of regular activities in the community that reflected their needs and interests.

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

● People had care plans that described their health care and support needs and preferences across all aspects of their care. Relatives told us that people received care from a small consistent staff team who knew them well and understood their preferences and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Improvements were needed to ensure people's communication needs were fully met. People's communication needs were clearly identified in their care plans. The registered manager and deputy manager were aware of the AIS. However, information about the service such as the complaints policy was not always available in formats to meet people's needs.

● Staff showed us communication cards and Makaton symbols they used to communicate where people were unable to express their views verbally. Makaton is a method of communicating that uses speech with signs and pictures or symbols to help people communicate.

● People had easy read hospital passports and there were pictorial menus. However, we noted that information about the service such as the complaints policy or minutes of resident meetings were not

available in a format that met their communication needs. The provider said they would introduce this following the inspection.

Improving care quality in response to complaints or concerns

● There was a system to manage and respond to complaints, but it required some improvement. The provider had a complaints policy which identified the timescale in which they would respond to a complaint. However, we noted the policy did not provide the correct details of where a complainant could go if they were unhappy with the outcome of the provider's complaint investigation. The deputy manager told us this would be addressed following the inspection. We will check at our next inspection.

● The registered manager told us they had not received any complaints since the last inspection. Relatives told us they had not needed to complain about anything but would speak with the registered manager or other staff if they had any issues or concerns.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to operate effective quality monitoring systems or obtain people's views about the service and use this to drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Continuous learning and improving care

- As identified at the last inspection, we found an absence of systems to evaluate and improve the quality and safety of the service, or to comprehensively identify and reduce risks to people. The provider had failed to recognise the need for a legionella risk assessment or to fully understand their responsibilities in relation to legionella risk as a care home provider.
- There was no system to monitor the safety of the premises and equipment. No health and safety audits or checks were completed. We found there was a fire extinguisher which had come off its mount and was on the floor posing a potential trip hazard. The registered manager told us they were aware of this and it was being fixed, but they also told us this kept happening. There was no evidence of how long it had been there or of any attempts to find a more secure mount. There were no recorded checks on radiator temperatures or window restrictors to ensure they remained safe and fit for purpose.
- There were no audits of medicines carried out to help monitor and ensure that people were receiving safe support in this area, and provider lacked oversight of risks to people's health and safety. The deputy manager told us they regularly reviewed records but they were unable to provide any further evidence to support this. The provider's system had failed to identify the issues we found in relation to people's risk assessments or the gaps in epilepsy, autism or learning disability training for staff.
- While some areas identified at the last inspection had been acted on, there were other previously identified issues which had not been addressed. These included ensuring information was available in formats that met people's needs, staff training issues and a lack of proper understanding as to how to comply with the Mental Capacity Act 2005 (MCA).

Systems to assess monitor and improve the quality of the service were not fully established or operated effectively and this was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following this inspection, the registered manager and deputy acted to remedy the issues we found during or inspection. However, these issues had not been identified and rectified by the provider's own auditing systems which were not sufficiently robust.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● This was a small service staffed mainly by family members who knew people very well. The registered manager had been registered as manager for a number of years but told us they preferred providing day to day support and care of people rather than managing the service. They were supported by a deputy manager who we were advised would be applying to become registered manager in the near future.

● Neither the deputy manager or registered manager demonstrated full awareness of their responsibilities. For example, they were not fully aware of how to follow the MCA code of practice or the need for a legionella risk assessment. They told us they were aware of the duty of candour regulation but there was no procedure or policy for staff to follow. A duty of candour policy was sent to us following the inspection.

● There was no business contingency plan to evidence planning for a range of emergencies. Some policies were out of date and were not service specific but appeared to come from larger organisations such as health care trusts as they referred to committees and structures that the service did not have.

● The registered manager told us they attended provider forums when they could. However, there was no evidence of how they used these to remain up to date with changes in health and social care or understanding and applying best practice guidance for people with learning disabilities.

● Other staff were clear about their roles and responsibilities. Staff meeting minutes recorded discussion about the way the service was run, such as ideas to improve areas such as activities. The deputy manager had carried out spot checks on staff to observe their practice and support learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

● There was limited evidence of partnership work with other agencies and professionals at the inspection or of proactive links being made with voluntary or community groups in order to support people's integration in the community. This required improvement.

● People and their relatives views were sought through comments slips, informal contact, residents' meetings and surveys. Minutes of residents' meetings showed that they were consulted about key choices such as holidays and activities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Relatives told us they thought the care and support offered was very family orientated, personalised and that people were involved in their care as much as possible.

● Records were kept of individual time staff spent with people exploring their ideas and their preferences. Relatives told us their views were asked about the service and we saw how feedback from one relative in relation to future wishes was being considered and acted on.

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 11 HSCA RA Regulations 2014 Need for consent Staff did not always comply with the MCA 2005 Regulation 11(3)

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 as not always provided safely as risks to people were not always identified or assessed. Regulation 12(1)(2)(a)(b)

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 Systems to monitor the quality and safety of the service and to identify and mitigate risks were not always in place. The provider failed to act effectively on feedback from the previous inspection report. Regulation 17 (1)(2)(a)(b)(f)

The enforcement action we took:

We served a Warming Notice on the provider.