

Counticare Limited

# Richardson Court Cottage

## Inspection report

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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?

Requires improvement



### Overall summary

This inspection took place on the 3 and 4 November 2015 and was unannounced. Richardson Court Cottage provides accommodation and personal care for up to three people who have a learning disability or autistic spectrum disorder. The service was last inspected in November 2013 and was found to be compliant with Health and Social Care Act Regulations at that time.

Three people were living at the service; which is a small detached property. Each person had their own bedroom on the first floor and had access to a shared lounge, dining area, kitchen and bathroom. There is a well

maintained, secure garden to the back of the property. The service is set within well-secured grounds with a chicken run and poly tunnel for growing vegetables. Within the same grounds is another registered service which was not part of this inspection, there is off street parking within the grounds.

The service is run by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager is also responsible for the other service located on the same grounds as this service.

There were not enough competently trained staff to support people with their individual needs and preferences particularly at times when people required personal care or when meals were being prepared/taken. Staff struggled at times to manage people's behaviours as well as the other tasks they had to perform.

People were not protected from potential abuse and harm because not all staff were trained to recognise and understand their responsibilities around protecting people and reporting concerns. There was no evidence of regular discussion and learning about the importance of protecting people from potential harm and the processes staff should follow if it occurred.

The provider had not kept the premises well maintained or suitable for the people living there. Some areas of repair had been reported and no action had been taken for a substantial period of time.

Some staff had not received the required training to enable them to competently complete their role safely. People were at risk of improper care and treatment because staff did not have the suitable skills or experience to support them. Some staff had not received regular supervision to allow them to develop or improve.

People had a range of activities which they enjoyed. However, people sometimes missed out on activities and records did not clearly show why this was the case. We observed staff encouraging people to participate in activities in the service which promoted their independence and were enjoyable.

Staff did not support people who may have behaviour which could challenge others in a consistent way. Care plans did not reflect some of the practices staff were observed to use at the time of the inspection.

Auditing systems were in place but were not always effective. The service had not acted to ensure all staff were well trained and supervised to carry out their roles effectively meaning people were at risk of inconsistent support and care.

Staff demonstrated caring and compassionate attitudes towards people but were not always able to give them the attention and support they needed or perform the tasks which they were required to do.

People had individual risk assessments to reduce the potential for harm which were person centred. Environmental risk assessments were kept up to date and available for staff to view.

People were supported to receive their medicine in the way they preferred and audits of medicine ensured errors were identified quickly. Medicines were stored, administered and recorded safely.

Each person had their own individual care file which was personalised and incorporated pictures and an easy read format to help them understand its content. Some documentation had not been updated to reflect the preferences of people or how they should be supported.

An accessible complaints policy was available for people to use if they were unhappy about the care and treatment they received. Staff observed people's moods and behaviours to determine if they were unhappy with the support they were receiving. Not all staff were clear in the process for receiving or dealing with complaints.

Safe recruitment processes were in place to minimise the risk of inappropriate applicants being employed. Necessary checks had taken place before the commencement of new staffs' employment.

People were able to choose what food they would like to eat at meal times and were encouraged to help prepare meals with staff. People had access to drinks and snacks when they wished and cultural preferences were incorporated into menus.

We found five 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.

# 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 consistently safe.

There were not enough staff to support people with their individual needs.

Some areas of the service were in an unsafe condition.

People had individual risk assessments to minimise risk of harm.

People received medicines in the way they preferred by trained staff.

Safe recruitment processes were in place when new staff were employed.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Not all staff had received induction training or other training to carry out their duties effectively prior to lone working. Not all staff were receiving regular supervision.

People were not supported in a consistent way to manage their individual behaviours.

The provider had met the requirements of the Mental Capacity Act 2005.

People were involved in making decisions about their care.

Peoples health needs were responded to and met.

Requires improvement



### Is the service caring?

The service was not consistently caring.

Staff worked alone for much of the time which meant they were not always able to meet the needs of each person as well as perform their other duties.

Staff knew people well and cared about their welfare. Staff tried to involve people in daily living skills, offered choice and respected peoples wishes.

People were supported to maintain relationships which were important to them.

Requires improvement



### Is the service responsive?

The service was not consistently responsive.

People were not always able to participate in activities and outings.

Guidance documents in people's care plans did not reflect the practices that staff adopted to support people.

Requires improvement



# Summary of findings

Care plans and some guidance documents were written in an easy read format. Some documentation was still in the process of being updated to reflect people's current needs.

A complaints policy was available. Staff supported people to make complaints by observing their mood and body language.

## Is the service well-led?

The service was not consistently well led.

Internal audits to monitor the quality of the service people received was not always effective. Action had not been taken to ensure all staff received appropriate training and supervision.

Some staff were unclear about the aims, values and objectives of the service.

Staff felt supported by the registered manager and able to approach them for guidance.

**Requires improvement**



# Richardson Court Cottage

## 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 (Regulated

Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 3 and 4 November 2015 and was unannounced. The inspection was conducted by one inspector.

Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us

about by law. We reviewed the provider information return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The registered manager was asked to send us some further information after the inspection, which they did in a timely manner.

During our inspection we spoke to three members of staff and the locality manager for the organisation. After the visit we spoke with three staff members and one relative by telephone. We observed communication between people who used the service and the staff but were unable to receive verbal feedback from people because of their limited communication skills. We looked at management records including people's support plans, daily records of activities and support, training records, risk assessments, staffing rotas and quality assurance information.

# Is the service safe?

## Our findings

Staffing levels were not always sufficient to meet the needs of the people living at the service. The staff team consisted of four day staff and two wake night staff. The day staff also worked at the other service located in the grounds. People were supported by one staff member from 07:30am until 09:15pm and worked alone throughout this time, sometimes for consecutive days. The team leader said, “One staff can support all three ladies in the house and when doing activities. If there was a more high risk activity like swimming or going to noisy, crowded places another staff would be allocated”. Throughout the night there was one wake night staff. The registered manager covered shifts if short staffed as well as using agency workers. One staff told us, “The lack of staff and lone working is stressful. When you’re upstairs with one person, the other people are left downstairs alone, it’s worrying”. All three people required support with their personal care. A staff member told us, “It can be difficult to manage; you worry if people are left alone downstairs”. The lack of sufficient staff meant people’s safety and wellbeing was being impacted on, particularly at times when they required personal care or when meals were being prepared/taken. The support staff were able to offer people at these times was task focused rather than personalised. There was an on call system that staff were able to utilise for out of hours. One staff said, “I can call a supervisor if I need help through the night. I called for help once as one person was unwell and the on call person came within twenty minutes”.

The service was unable to demonstrate that they supported people to manage their behaviour consistently. One staff said, “I don’t know how other staff deal with behaviour, we don’t have meetings specifically for this house to discuss how we deal with it”. Staff told us that one person’s behaviour had become increasingly more difficult to manage over the last few months. One staff said, “It is hard here sometimes when you’re by yourself. If there was another staff member they could help when (persons) behaviour is difficult”. We observed staff supporting people throughout our visit and found that staff struggled to manage behaviours as well as completing the other duties they had to perform; this was noticeable particularly around lunch time. Staff struggled to manage a person’s behaviour that was becoming increasingly agitated, whilst trying to support another person to participate in preparing lunch. One person was repeatedly told to “Sit down and

stop” and finish eating their meal by staff; this person then threw their lunch away and shook the staff by the shoulders. Staff said this person was agitated because they wanted the other person to finish eating and they were often agitated around meal times. Staff said they would make more food for this person later if they wanted any. A person received their medicine later (although within acceptable time to remain safe) than usual as staff could not leave the kitchen area where the other people would be alone whilst the hot stove was on. A staff member commented, “It’s hard doing a long day and coming back the next day if the shift has been hard because of behaviours”. There had been a noticed change in one person’s behaviour which the service had responded to by making a referral to the person’s GP and psychologist to re-assess their behaviour. Although referrals had been made other action such as providing the person with additional staffing had not been actioned.

The lack of adequate staff is a breach of regulation 18(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Robust processes were not in place for protecting people from harm. Not all staff were able to describe what action they would take if they saw or suspected abuse. Some staff were unaware of the outside agencies they could contact if they had any safeguarding concerns. One staff said, “I don’t know who I could report concerns to outside of the home. I did safeguarding training a long time ago and we don’t discuss it in meetings or supervisions”. Not all staff had completed their training in safeguarding and had been lone working for a substantial period of time. People were not able to express their views about their safety due to their limited communication skills. One staff member said, “I don’t know what I would do or who I would go to outside of the home if I saw abuse”. Most policies, procedures and working documents were not available in this registered location and were stored at the other service on site. There were safeguarding guidelines in the office of the other service and guidance for staff about how safeguarding investigations should be conducted, numbers of outside agencies to call and a flow chart of what action should be taken if abuse was witnessed. This meant that staff at this location could not readily access these important documents should they need them throughout their shift. A safeguarding concern had recently been raised to the local authority which was being investigated. The team leader told us that the registered manager planned to give staff

## Is the service safe?

further training in this area as the way the alert was raised did not follow the services agreed processes. Some staff were aware of the whistle blowing policy which was available and were able to demonstrate they understood the process for reporting abuse.

The provider could not demonstrate that staff understood how to protect people from abuse and improper treatment. This is a breach of regulation 13(1)(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Maintenance of the property was not responded to in a timely way, meaning some areas of the service were in a condition which was not satisfactory for the people living there. Some jobs had been reported to the maintenance department in April 2014 but no action had been taken. For example replacement of people's carpets which were worn, kitchen units, and replacing flooring so it would be non-slip. One staff said, "It's embarrassing, we want to make this a nice home for people". We observed all areas of the service and found that a window restrictor in the lounge was broken, although still usable. There were gaps where kitchen cupboards met the floor, some kitchen drawers were missing and handles were broken. The bathroom was in need of an update although still functional, and the patio doors were rotting which posed a risk of harm to people if the glass came away. Staff had been doing some of the maintenance works themselves and had helped one person decorate their bedroom. The tumble drier was located in the dining area which made the room hot and noisy which was not pleasant for people.

The lack of adequate maintenance is a breach of regulation 15(1)(e) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their own individual risk assessments according to their needs. Assessments identified any possible risks to people and detailed what staff should do to help support people manage them. Risk assessments included areas such as skin care, medicines, health appointments and behaviour. Staff also had access to generic risk assessments on line and in hard copy which related to environmental risk, which was up to date and

reviewed frequently. Accidents and incidents were recorded and audited; the registered manager would review the logs and take action to prevent incidents recurring. One staff told us, "We have a communication book at the main house. If a resident has an injury we fill out behaviour forms and a body map. We then tell the manager". Each person had their own log which would be reviewed monthly. The locality manager would also carry out an audit of these logs to track any trends. A new fire alarm system had recently been fitted and there was an evacuation plan to guide staff. Each person had their own individual fire evacuation risk assessment.

People were prescribed medicines and required staff support to help them take these safely. The home adopted a monitored dosage system (MDS) for the storage and dispensing of medicines. Monitored dosage system (MDS) is a medication storage device designed to simplify the administration of solid oral dose medication. Medicines were stored in each person's bedroom in a locked medicine cupboard which staff held the keys to. Only trained staff were permitted to administer medicines to people and the service used a shift planner to allocate this task to specific members of staff, who would come over from the other service to administer medicines if an untrained staff member was working alone. The service had a clearly documented medicine policy which had been updated in May 2015. When errors were made, incident forms would be completed and audits were carried out daily and weekly by the registered manager, deputy manager and team leader.

We were not able to access the recruitment files of staff on the days we visited the service so asked the registered manager to send us evidence to show that safe and robust recruitment processes were being followed. Employment gaps had been explored and Disclosure and Barring Service checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. References had been obtained and photographs were available on the staff files. The registered manager conducted interviews and potential staff were asked to complete a written test and answer interview questions.



# Is the service effective?

## Our findings

The service had not ensured that people were being supported by staff that were trained effectively, leaving people at risk of inappropriate care and treatment. Not all staff had received adequate training before they began to work alone. Two staff had commenced work without supervision and before they had completed their induction training. The four day induction consisted of training to support people with their behaviours and using disengagement techniques to deal with physical challenges. Disengagement techniques are used to help calm, de-escalate and divert a person's behaviour. Staff had to frequently use disengagement techniques to deal with one person's behaviour. This meant that staff who had not had their induction training were ill equipped to support this person, and behaviour de-escalation was not being dealt with consistently by the staff team. One staff told us, "I didn't get all the training I should have when I began. I only did my induction and disengagement techniques training last week although it was excellent". Some staff had received their essential training to carry out their roles safely.

Not all staff had access to regular supervision with their manager. Because of this they did not have an opportunity to discuss and receive feedback about their work, or discuss their training and development needs. A supervision schedule was visible in the office of the other service which indicated some staff were receiving regular supervision with the registered manager, deputy manager or team leader. One staff member that we spoke to said, "I've had one supervision since I've been here, I could do with a bit more". Another staff member said "I always feel supported, I get regular supervision". The impact of supervisions not being consistently conducted with the whole team meant the quality of the care and treatment people received would be dependent on which staff had been allocated to shifts.

The lack of adequate staff training and consistent supervisions is a breach of regulation 18(1)(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. We found the provider was complying with this requirement and Mental capacity assessments had been made for less complex decisions and standard authorisations had been applied for to the appropriate body. After the inspection we asked the registered manager to provide evidence that a best interest meeting had happened for a person who underwent medical treatment. We were sent evidence in the form of staff notes to show that a best interest meeting had happened; although the official document for this meeting was not available or kept on the persons care file.

People were encouraged to choose their meals using pictures and could make alternative choices if they wished. There were four- weekly menus available and meals were written on the white board located in the kitchen daily. People were involved in helping to prepare their meals and we observed one person helping staff by stirring a saucepan. People could access the kitchen and fridge freely. One staff said, "To help people understand what the meal would be that day the ingredients will be shown and staff will observe their reaction. People participate in cooking, whoever feels like it on the day. One may do dessert; one may do the main meal". One staff told us, "One person who lives here has another cultural background and their family gives us ideas of the foods that we can make to meet those cultural wishes". Each person had a support plan in their care file detailing foods they liked and disliked. One person had lost weight previously which the service had recognised and acted on. Weekly weight charts were used to monitor this.

Each person had a health action plan which described any medicine they were prescribed, illnesses, appointments they had attended and an appointments calendar. People had a hospital passport which included guidance to help unfamiliar people understand more about the person and how to communicate with them. Previously one person had become ill which had been identified and acted on.



## Is the service effective?

There was lots of detail in this persons file about how staff had followed up on medical appointments and kept in contact with the person's relatives to share important information.

# Is the service caring?

## Our findings

People were unable to tell us directly of their experiences so we observed interactions between them and staff over the duration of our visit. Staff showed caring and compassionate attitudes towards people and could demonstrate that they knew and understood them well. However, because staff were left to lone work this meant that people did not always receive the support they needed as staff struggled to manage the needs of each person as well as the tasks they had to perform. Staff were not always able to devote the time a person may need when distressed or anxious to help them manage their behaviours in a calm way.

We observed one person being repeatedly told to stop turning the lights off and shutting the window by the staff member who was supporting another person to cook lunch. This was one of the identified behaviours of this person and they became increasingly anxious and repeatedly came into the kitchen to repeat this action. Staff were unable to support the person affectively as they were busy supporting the other person cook lunch who could not be left unattended. Further staff support would have meant this persons anxieties may have been supported in a more positive manner and the other staff member could have given more focused attention to the other person who was joining in with the cooking.

The support people received was not appropriate to meet their needs. This is a breach of regulation 9(1)(a)(b)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to be independent, an example of this was when staff asked a person if they would like to take their freshly laundered clothing to their bedroom to put away, and another person was asked if they would like to Hoover the lounge which was something they enjoyed

doing. There was a communications and contact sheet located in the individual care files which detailed calls that staff had made to peoples relatives and care managers. This explained the reason for the contact and the action that was required. This demonstrated that the service was keeping other people important to the person updated and involved in the person's life when they were unable to maintain contact independently. A relative told us, "The staff keep us informed adequately. They don't have a problem with us visiting when we wish, they are flexible in their approach I have no concerns at present". To help one person stay in contact with their family an e-journal was used to send pictures to them.

We observed staff asking people if they would like to participate in a foot spa session in the afternoon, which they did and staff interacted with people in a caring and inclusive way throughout. Staff demonstrated that they had a good relationship with people and people felt comfortable in their presence. An example of this was when a staff member asked a person if they would like to go with them to the front door to answer it together. Another staff administered medicines to a person in a kind and patient way.

People were offered choice and encouraged to make their own decisions. For example in the morning we observed staff ask people if they would like ham or eggs for lunch, how much they wanted and what would they like to drink. Staff demonstrated that they wanted good outcomes for people and cared about their needs. One staff told us how they were going to "Turn this place around" by decorating the house, and making things better. One person had recently had their bedroom decorated which was personalised, vibrant and inviting. The staff explained how they had gone shopping with the person and supported them to choose the wallpaper they wanted. The staff put the wallpaper up and the person helped paint the other walls.

# Is the service responsive?

## Our findings

People had weekly activity plans which detailed outings and activities they would be participating in. One staff commented, “It can be difficult to do activities at times. The people here would do better if there was extra staff support”. The provider had identified in the April 2015 service improvement plan that one person enjoyed to attend church weekly and this had been recorded in their goals. This, however, had not taken place consistently and we found that this was still continuing to be the case, meaning that the person had not always been supported with their cultural wishes. One staff said, “I think more one to one time would benefit people, sometimes they may like to do things alone without the other people”. Sometimes people would attend outings with the people who lived at the other service located in the same grounds. This was the case on the second day of the inspection and people went to Chatham Dockyards for the day. One staff told us about the “Pop in centre” which people sometimes attended and was down the road where people could meet new people, play bingo and where there was a tombola.

The support people received did not always meet their needs. This is a breach of regulation 9(1)(a)(b)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care files we looked at were currently in the process of being reviewed and updated. We found that some documentation and plans to support people were not reflected in the practice of staff. For example, one staff told us that they must prompt one person to use the toilet and we observed this staff member repeatedly tell the person to use the toilet although this person was becoming increasingly agitated. The staff told us, “We have to keep on at (person) to do things like use the toilet, we have to prompt (person), and they need direct verbal prompts”. This person’s guidance document, “How to support me using the toilet” stated that they were able to use the toilet independently throughout the day and did not describe the action we saw the staff member use: which was to turn the person round and physically guide them to the door. When we asked the staff member about this discrepancy they stated that the document was not right and was being reviewed.

The service had not ensured documentation relating to care and welfare of people was kept updated and accurate this is a breach of regulation 17(2)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care files included life histories, a communication passport, things that were important to the person, how best to support the person, goals and dreams and “What people admire about me”. Some documents included pictures and were written in an easy read format to help the person understand its content. Each person had a document called “Daily Support Record” which a support worker had recently updated to include a summary which simplified information. They said this had helped staff understand people’s needs better and one staff would take this document with them whilst providing personal care to people. This meant that support was given in a consistent manner which was important to the person being assisted. Each person had been allocated a key worker. However the same staff was key worker for all three people living in the service since the other key worker had left the company. This meant the benefits of assigning a key worker to a person could not be fully achieved, as the staff member did not have time to focus their attention on a particular person.

The easy read complaints policy had last been updated in 2012. This document was in the entrance of the service and included information about how complaints would be dealt with and what complainants should do if dissatisfied with the outcome of investigations. In addition to this, people’s moods and behaviours were observed by staff and used to determine whether people were unhappy about their care. These observations were followed up by making changes to how people received their care. We asked staff if they understood the complaints process and what action they would take if they received a complaint; some staff did not understand the process and were unsure of the provider’s policy. This is an area we have identified as requiring improvement. We asked a relative if they had been issued with a copy of the complaints policy which they had not. This is an area we have identified as requiring improvement. No complaints had been documented at the time of this inspection.

# Is the service well-led?

## Our findings

The manager divided their time between this service and another service within the same grounds. A deputy manager and team leader were also available to offer support to the staff working at the service. One staff told us, “I ask the team leader to help me with the care plans and they always make time”. Staff told us they found the registered manager approachable, and they received guidance and support from them. There was some variation in the feedback we were given by staff about the culture of the service. Some staff felt well supported and spoke positively about working there, other staff had their own values but did not know the values of the service. One staff told us, “I was told before the cottage and house were separate, now we have been told we work together. It wasn’t clear”.

Not all staff were being provided with adequate support, training and guidance to support the people using the service. This had an impact on people as staff would often be working alone with three people living at the service. Audits were carried out but there were shortfalls in the management of some areas of the service. There was no evidence that a dependency tool had been used to regularly assess the support levels that people required according to their changing needs. The lack of staff training had not been identified or assessed appropriately to ensure people were being supported by staff who were skilled in their roles.

The systems for assessing and monitoring the quality and safety of the service provided was not always effective. It had not identified the lack of training and supervision staff

had received or the changing needs people experienced. This is a breach of regulation 17(1)(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The locality manager conducted spot checks at the service which included audits of people’s money and safety checks of the environment. The compliance manager had completed a service improvement plan in April 2015. Quality and performance surveys had been issued to relatives and action plans in response to survey results had been made by the registered manager in 2015. Areas identified as in need of improvement included maintenance, people’s involvement with their support plans, more varied activities, and keeping relatives well informed and communicated with. There had been improvement in how relatives were kept informed by the introduction of an E-journal. Following our inspection we were informed that all outstanding areas had been acted upon.

The registered manager and deputy manager would complete three monthly and six monthly competency checks on staff to ensure practice was safe in the areas of medicine administration and fire procedures. To check continued competency, staff would be observed administering medicines and asked about their understanding of the fire procedures. Staff were also required to complete quizzes to test their current knowledge.

Staff meetings were held collectively with staff at the other location on site. Staff meetings were used as an opportunity for staff to discuss areas of the service they felt were going well and what needed to improve. There was a recorded meeting for the people living at the service which gave people the opportunity to say how they wanted their service to improve.

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

People were at risk due to insufficient staff numbers to meet their needs. The provider had not deployed staff who were suitably qualified, competent, skilled or experienced to make sure that peoples care and treatment needs were met. Not all staff were receiving adequate supervision time. Regulation 18 (1)(2)(a).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People were not protected from potential abuse and improper treatment because staff lacked the knowledge and training to understand their individual responsibilities to prevent, identify and report such cases. Regulation 13(1)(2).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider had not kept the premises properly maintained or suitable for purpose. Regulation 15(1)(e).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The support people received was not appropriate to meet their needs and their personal preferences were not being met. Regulation 9(1)(a)(b)(c).

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People's plans of care and treatment were not accurate and kept up to date. Some practices used by staff were not a reflection of these records. The providers systems for assessing and monitoring the quality and safety of the service provided was not successful in identifying the lack of training and supervision staff had received or the changing needs people experienced. Regulation 17(1)(2)(a)(c).