

Fari Care Ltd

Clayhall House

Inspection report

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Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clayhall House is a residential care home providing personal care to six people with learning disabilities and/or on the autistic spectrum at the time of the inspection. The service can support up to six people.

The service has 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service was not always safe because medicines were not managed appropriately, the premises were potentially dangerous and there was a risk of the spread of infection. Risks to people and staff were not always properly assessed. Quality assurance systems had failed to identify and address shortfalls within the service. Care plans and pre-admission assessments did not fully cover people's protected characteristics, such as culture and sexuality.

Systems were in place for responding to allegations of abuse and staff were knowledgeable about their responsibility in this area. There were enough staff working at the service to meet people's needs. Pre-employment checks had been carried out to help ensure suitable staff were employed.

Pre-admission assessments were carried out to determine people's needs. Staff were supported through training and supervision. People had enough to eat and drink. The service worked with other care agencies to promote and meet people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

Staff were friendly and polite in their interactions with people and people told us staff were caring. People were supported to be as independent as possible and the service sought to meet needs around religion and ethnicity.

Care plans were in place which set out how to meet people's needs. People and relatives were involved in developing these. The service sought to meet people's communication needs and to provide information in an accessible format. A variety of social and leisure activities were offered, and people were able to maintain relationships with family and friends. Systems were in place for dealing with complaints.

There was a registered manager in place. People and staff spoke positively about them and about the working culture at the service. The provider worked with other agencies to develop knowledge and share

best practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 11 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safety of the care and support provided and the management of the service.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clayhall House

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 one inspector.

Service and service type

Clayhall House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any significant incidents the provider had sent us. We contacted the commissioning local authority to seek their views about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care

provided. Due to people's communication needs we were not able to speak with other people using the service, but we observed how staff interacted with people. We spoke with four members of staff including the provider, registered manager, team leader and a support worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included information about fire safety management.

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 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

- Risk assessments were in place for people, but these did not always cover known risks. They covered risks associated with medicines, nutrition, abuse and exploitation and accessing the community.
- One person had an accident on 19 September 2019 which resulted in a broken leg. This meant they were unable to walk or get out of bed without staff support. Further, their bedroom was on the first floor. Their relative told us they were only able to come downstairs if staff carried them down, and the registered manager confirmed this was the case. No risk assessment had been put in place around this and staff had not undertaken training about how to carry the person safely.
- Staff had undertaken moving and handling training prior to the accident, but this was only one of several other subjects covered in a three-hour training course, and did not include practical based training about how to manually move a person without the aid of any equipment. At the time of the training, no one using the service required any support with moving so there was only a limited risk. This risk increased when the person lost much of their mobility, and staff had responsibility for moving the person without the use of a hoist or other equipment. This put not only the person using the service at risk, but also staff with responsibility for moving them. We discussed this with the registered manager who told us they would review the risk assessment and ensure staff received the appropriate training for moving and handling the person.
- Checks were carried out on the premises to promote safety, but these were not sufficient. The provider had contracted an outside agency to carry out a fire risk assessment. This found that a designated fire escape route along the side of the building had a gate fitted that was not easy to open. We found this had been addressed, but found the escape route in question was blocked with various objects including a dustbin, mop and bucket, discarded building materials and a full refuse sack. We pointed this out to the registered manager and the items were removed during the inspection.
- There was a designated COSHH cupboard in the kitchen. COSHH stands for Control of Substances that are Hazardous to Health. We found the kitchen was unlocked, with no staff present, and the COSHH cupboard was unlocked. This meant people were able to access it, which could put them at risk of harm. It contained four bottles of bleach. The provider told us it was a difficult lock and not all staff knew how to use it properly. A new lock was fitted on the day of inspection.
- The provider had a COSHH policy in place which stated a COSHH risk assessment was to be carried out, which included 'regular assessments of clients homes'. The registered manager told us no COSHH risk assessment had been carried out.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were stored securely in a designated locked cabinet. However, we found some concerns with the recording of medicines and of staff knowledge in this area.
- The care plan for one person said they were allergic to penicillin and staff confirmed this was the case. Medicine administration record [MAR] charts were in place for people. These had a space on them to list any allergies, but this space was left blank for the person with the penicillin allergy.
- We saw one person was prescribed a medicine to help them sleep as a regular medicine, with one to be taken at night. This was the clear instruction on the medicine label and on the MAR chart. However, staff told us they instead administered this as a PRN [as required] medicine and the MAR chart showed it had only been administered twice since 15 January 2020.
- Records showed another person was prescribed both lactulose and cetirizine as PRN medicines. The registered manager, team leader and support worker on duty all had responsibility for the administration and management of medicines. We asked each if there were any protocols in place for the use of these PRN medicines to give guidance about when to administer them. All told us there were no PRN protocols in place for any medicines. During the inspection the provider phoned the deputy manager, who was on annual leave at the time, and they said there were PRN protocols in place, and staff on duty were then able to locate these on the computer. This meant the registered manager and staff with responsibility for administering PRN medicines were not aware of the guidelines place about when to administer them.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had a policy in place which provided guidance about how to control the spread of infection. Staff told us they wore protective clothing when providing support with personal care.
- The premises were visibly clean on the day of inspection. However, we found the padding on a bath chair was torn in two places and a person used this bath chair every day when having their shower. The person's relative told us they had reported this to the registered manager, 'ages ago' and that it had not been repaired or replaced. This chair presented a risk of infection to people and staff using it. After we discussed it with the registered manager they removed the chair from the premises.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate infection control was managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had an adult's safeguarding policy which made clear their responsibility to inform the local authority and the Care Quality Commission of any allegations of abuse. Staff had undertaken training about this and understood their responsibility to report any safeguarding allegations.
- The home held money on behalf of people and systems had been established to protect people from the risk of financial abuse. Monies were held in a locked safe and records and receipts were maintained of any

financial transactions.

Staffing and recruitment

- Staff told us there were enough staff working at the service and that they had time to carry out their duties. One staff member said, "Yes, we have enough staff, every day." When we arrived for the inspection we checked the staff rota, and found it accurately reflected the staffing numbers at the time. We observed there were enough staff on duty to support people in line with their assessed needs. We saw staff were able to respond to people in a prompt manner when they required support.
- Various checks were carried out on prospective staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks. This meant steps were taken to employ suitable staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. This helped to learn lessons to prevent similar incidents occurring again. However, as noted in this section, sufficient steps had not been taken in response to an accident a person had who broke their leg. We discussed this with the registered manager who told us they would review their system for reviewing accidents and incidents to make it more effective.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The service was decorated to people's personal tastes, particularly their bedrooms, which contained family photographs and artwork produced by people. The design and layout of the building enabled most people to get about freely. However, as mentioned in Safe, one person was temporarily unable to independently move around due to an injury.
- Two bedrooms had metal bars fitted inside their bedrooms which prevented access to the window. The provider told us that the local authority who commissioned care from them advised the bars should be fitted to a ground floor window sometime in 2018 due to the risk of break-ins. They said they did not have any record of this, and also added there had never been any break ins at the service. The registered manager told us the bars were fitted to the upstairs bedroom window because without them there was a risk to a person who previously lived at the service. They confirmed there was no risk posed to the person who occupied the room at the time of the inspection by not having the bars and that this person moved into the room on 20 September 2019. The provider arranged for both sets of bars to be removed on the day of inspection.
- We noticed that the toilet seat was broken in the downstairs toilet. The registered manager told us this had been fixed recently, and were not aware that it was broken again until we pointed it out during the inspection. We also saw the washing machine appeared damaged and staff confirmed that it did not work, they told us that steps had been taken to arrange for its repair. A person told us the television in the lounge was not working. Staff checked and found this was the case. A handyperson attended the premises during our inspection and fixed the washing machine and toilet seat but were unable to fix the television by the time we completed our inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and that they got enough to eat. People were supported to eat a balanced diet and to make choices about what they ate and drank.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they carried out an assessment of people's needs before they moved into the service. This was to determine what those needs were and if the service was able to meet them.
- Assessments covered needs including personal care, health, medicines and mobility. They did not always cover needs related to protected characteristics. See the caring section of this report for more details about this.

Staff support: induction, training, skills and experience

- New staff undertook an induction training programme on commencing work at the service. This included shadowing experienced staff and completing the Care Certificate. This is a nationally recognised qualification for staff who are new to the care sector.
- Staff told us they received regular training and said there were no significant gaps in their training. Records showed staff training covered first aid, the Mental Capacity Act 2005, food hygiene and health and safety. As noted in the safe section of this report, staff had not undertaken adequate training in moving and handling to support people in a safe way. The registered manager e-mailed us two days after our inspection to inform us they had booked moving and handling training for staff to take place on 31 January 2020.
- Staff told us, and records confirmed that they had regular one to one supervision meetings with a senior member of staff. This included discussions about people who used the service, training and safeguarding adults.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access health care professionals including GPs physiotherapists, and opticians. People had not recently seen a dentist. The registered manager told us they had identified this as an issue and were able to demonstrate that dental appointments had been made for people the week after our inspection.
- 'Hospital Passports' were in place for people. These set out support they required in the event of them being admitted to hospital. 'Health Action Plans' were also in place. These provided guidance to staff about how to support people to live healthier lifestyles.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working in line with the MCA. Some people had DoLS authorisations in place where it was deemed this was in their best interest due to concerns around safety. The provider had notified the Care Quality Commission about any DoLS authorisations, in line with their legal responsibility to do so. Where conditions had been applied to DoLS authorisation these were complied with.
- Mental capacity assessments had been carried out with people to determine if they had the capacity to make decisions for themselves. Staff understood the importance of supporting people to make choices about their care as much as possible. A staff member told us how they supported a person to make choices, saying, "[Person] cannot speak but they can show me. I open the wardrobe and they can show me [what clothes they want to wear]."

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us they were treated well. A relative said, "The staff are very friendly and [person] gets on well with them." We observed people were at ease and relaxed in the company of staff and we saw staff interacting with people in a friendly way.
- Some needs were met in relation to equality and diversity, for example, people were supported to eat food that reflected their cultural preferences and to attend a place of worship.
- Pre-admission assessments and care plans covered needs in relation to religion. There was a section on the care plan titled 'Cultural Needs' and we saw for one person this had not been completed. The registered manager was able to explain what the person's cultural needs were and said they would complete this section of the care plan. Care plans and pre-admission assessments did not cover needs in relation to sexuality which meant these needs potentially went unmet. We discussed this with the registered manager who said he would review care plans and pre-admission assessments to ensure needs related to sexuality were covered.

We recommend that the provider follows best practice in regard to supporting people living in care homes with needs related to sexuality.

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

- People were able to be involved in decision making about their care as much as possible. They were involved in developing their care plans, and where they were able to do so, had signed them. Mental capacity assessments were carried out and best interest decisions made if a person lacked capacity, which meant the provider was seeking to act in the person best interest when making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to explain how they promoted people's dignity and independence. For example, one staff member said, "We do the personal care in their room, its private, they [people] have all their own facilities [ensuite shower and toilet]." Another staff member told us, "I close the door when [person] is in the shower."
- Care plans set out what people were able to do for themselves, and what they required support with. This helped to promote their independence. People told us they were supported to be independent and involved with household tasks. For example, one person said, "I do the laundry and help with the garden."
- The provider had a policy in place about confidentiality. This made clear staff were not permitted to disclose information about a person to anyone unless authorised to do so.
- Each person had their own bedroom which helped to promote their privacy. However, we observed a staff

member entering a person's bedroom without first knocking or calling out, even though they knew the person was in bed at the time. We discussed this with the registered manager who told us they would address this issue with all staff.

Is the service responsive?

Our findings

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 people's needs were not always met.

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

- Care plans were in place which set out how to support people in a personalised way, based around the needs of the individual. Plans covered needs related to personal care, oral care, social and leisure activities, eating and drinking, health care and finances. People and their relatives were involved in developing care plans. A relative told us, "I went through the care plan with them [staff from the service]." However, as noted in the Caring section of this report, care plans did not always cover needs related to protected characteristics including culture and sexuality.
- Care plans were regularly reviewed. This meant they were able to reflect people's needs as they changed over time. However, as noted in the safe section, the care plan and risk assessment had not been updated for one person who had broken their leg. Daily records were also maintained by staff. These made it possible to monitor the care that was given in line with the person's assessed needs and care plan.

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.

- Care plans covered communication needs and set out how the person communicated. Staff had a good understanding of this. Care plans were produced in written and pictorial formats to help make them more accessible to people.
- Picture cards were used to help people communicate and to make choices, for example in relation to food and activities.

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

- People were supported to maintain relationships with family and friends. Records showed relatives were involved in people's care and were frequent visitors to the service. A person told us, "My brother takes me shopping in [named supermarket]." We met a visiting relative on the day of the inspection who told us they were always made welcome by staff when they visited.
- People were supported to engage in a variety of activities and to access the community. On the day of the inspection three people attended day services, one person went out for lunch and another went for a haircut. Other activities included visits to shops, the cinema and bowling. A person told us, "I go to the cinema and dancing on a Friday. I go to the day centre to do painting." A relative told us, "[Person] likes to go out and about and they take them. I'm happy about that."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service.
- People told us they would complain to staff or the registered manager if they had a concern. The registered manager told us there had not been any formal complaints received since the previous inspection and we found no evidence to contradict this. However, we saw that relatives had raised concerns relating to the repair of equipment which had not always been addressed.

End of life care and support

- Care plans did not cover end of life care or people's wishes in the event of their death. The registered manager said, "I know that is something that needs to be in place, but I'm not rushing that, they are all quite young." They added that no one using the service at the time of inspection was in the end of life stages of care. They told us developing care plans in this area was something they had identified that needed to be done, and said it was planned they would be in place within three months of the inspection.

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 good. At this inspection this key question has deteriorated to requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance and monitoring systems were in place. However, these were not always effective. For example, risk assessments were subject to review, but these reviews had failed to identify the absence of a risk assessment in relation to a person who required staff to manually carry them downstairs. Medicine audits were carried out, but these had failed to identify the errors with medicine records we identified during inspection. Health and safety audits were carried out, but we found areas of risk at the premises including an obstructed fire escape route and damaged bath chair which had not been identified.
- Important documentation and records were not readily available for inspection and the registered manager was not always aware if documentation was in place. For example, they initially told us there were no guidelines in place about when to administer 'as required' medicines. It only emerged these existed when the provider phoned the deputy manager who was on annual leave.
- We saw an email from the London Fire Brigade stating they were coming to do a fire safety visit at the premises on 7 May 2019. The registered manager told us the visit went ahead and said they had sent a report of the visit, which they had read. However, during the inspection they were unable to locate the report of the visit. Further, as mentioned in the Safe section of this report, the provider's policies stated a risk assessment should be carried out in relation to hazardous substances stored at the property, and the registered manager told us no such risk assessment had been carried out.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. Quality assurance and monitoring systems were not always effective, as they had failed to identify the concerns we found during the inspection. This placed people at risk of harm. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had an open-door policy and staff and people who used the service told us they found them to be approachable. One staff member said, "If I have a problem with the staff or the clients [registered manager] will help. They are there for us when we need them."
- Another member of staff told us, "They are very good. If I have a problem I can go to them." The same staff

member added, speaking of the whole staff team, "We have very good communication and that is really important."

- Care plans were person centred and were developed with people's involvement as much as possible. Staff were aware of people's individual likes, needs and preferences. These helped to achieve good outcomes for people.
- Staff told us, and records confirmed, that regular staff meetings were held. These gave all staff the opportunity to raise issues of importance to them, which helped to develop an open and inclusive working culture. One staff member said, "We have the meeting with all the staff, to talk about what we need to do." Minutes of meetings showed they included discussions about people who used the service and confidentiality.

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; Continuous learning and improving care

- Relatives told us they were kept informed of any significant developments relating to people, such as a fall or illness. The registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events, and records confirmed they had done so accordingly. They had also referred any allegations of abuse to the local authority, as they were obligated to do.
- Staff undertook regular training to help support them in their role. Accidents and incidents were reviewed to see what lessons could be learnt to help improve care at the service.

Working in partnership with others

- The provider worked with other agencies to share knowledge and develop best practice. For example, they were affiliated to Skills for Care and the registered manager told us they attended a manager's forum run by the host local authority.

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the service provided and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity. The registered person did not maintain all records necessary for the management of the regulated activity. Regulation 17 (1) (2) (a) (b) (d) (ii)</p> |

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a way that was safe for people. The registered person had not always assessed the risks to service users and others or done all that was reasonably practical to mitigate any such risks. The registered person had not always ensured that the premises used were safe. Medicines were not always managed in a safe way. The registered person had not taken all reasonable steps to control the spread of infection. Regulation 12 (1) (2) (a) (b) (d) (g) (h)</p> |

The enforcement action we took:

Warning Notice