

Linden House Residential Home Ltd

Linden House Care Home

Inspection report

Linden House
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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Linden House Care Home is a residential care home providing personal care to 52 people at the time of the inspection. The service can support up to 63 people in one purpose-built building. The service was split into two units; a residential unit and a dementia unit. Bedrooms had en-suite facilities. People had access to communal bathrooms, lounges and dining areas, as well as outside areas.

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

The service was not safe. Medicines were not managed safely. Risks were not always assessed, monitored or managed safely and effectively. Staff had not always been trained in moving and handling techniques. Accidents and incidents were not sufficiently recorded or investigated. Recruitment systems and processes were not robust. People and their relatives did not always feel there was enough staff on duty. Safe infection control systems and processes were not always in place. There was no evidence to show how lessons learned were shared and used to make improvements. We have made recommendations about staffing levels, infection prevention and control and lessons learned.

The service was not always effective. Staff were not in receipt of adequate training and support to meet people's needs. For example, not all staff had undertaken moving and handling training but were undertaking this task. There was a lack of guidance for kitchen staff on modified diets. We have made a recommendation about modified diets.

The service was not always caring. People were not always supported to make decisions about their care. The provider had not appropriately considered the impact of using closed circuit television (CCTV) within the service. We have made recommendations about involving people in decisions and the use of CCTV.

The service was not always responsive. Care was not planned in a personalised way to ensure people had choices to meet their needs and preferences. Care plans did not always reflect people's current health needs. People told us they were not involved in care planning. End of life care plans were not always in place for those deemed at the end of their life. Complaints were not sufficiently recorded and were not managed in line with policies and procedures.

The service was not well led. The registered manager was not a visible presence within the service. They failed to identify and manage risks appropriately and did not ensure a person-centred approach was in place. Audits that were in place were not sufficiently robust and the registered manager failed to have effective oversight of the service. We have made a recommendation about duty of candour.

People told us they felt safe from the risk of abuse. People received a healthy and balanced diet. 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 practice. The design and adaptation of the service met people's needs.

People told us staff were kind and caring. The service ensured people had access to advocacy services as and when required. People were supported to be independent and most felt staff respected their privacy and dignity. People had access to activities and visitors were permitted into the home without restriction.

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 27 February 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the legal entity was changed.

Enforcement

We have identified breaches in relation to medicines, risk assessments, safety monitoring, accidents and incidents, recruitment, training and support, person-centred care, end of life, complaints and good governance.

Please see the action we have told the provider to take at the end of this report.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not 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?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Linden House Care Home

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

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Linden House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not ask the provider to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care

provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, maintenance person, laundry person and the cook.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six 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. We looked at training data (including competency assessments), policies and procedures and sought clarification on specific staff roles. We also requested reassurances and information to show that more significant concerns were being addressed.

Is the service safe?

Our findings

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

This is the first inspection under the new legal entity for this service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely. Staff had completed training in medicines administration however, some staff had done this in 2016 or 2017 without any refresher training. Competency assessments had been carried out, however these were done using the previous medicines system not the one in use. We observed medicines administration on both days of our inspection. We found on five occasions keys were left in the medicines trolley, unattended. We also observed the person administering medicines to be frequently distracted by staff and people using the service.
- We could not be sure people were always receiving their medicines when they should. For example, one person had too many tablets in stock of a certain medicine. Another person should have commenced a prescribed cream however, records showed this had been missed on two occasions. We also found missing signatures on some medicine administration records (MARs) and topical cream charts. For example, two full days of missing signatures on one persons records and numerous topical creams charts not being signed. Staff were not undertaking daily stock checks as required.

The provider and registered manager failed to ensure medicines were managed safely. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks were not always assessed, monitored or managed safely and effectively. For example, the registered manager failed to appropriately manage the risks associated with a person bringing illicit substances into the service. A person who was at high risk of pressure ulcers, required two hourly positional changes. However, records did not evidence this was being undertaken as required. Body maps had not always been completed. Training records showed only one staff had received pressure care training in recent times.
- Staff had not always been trained in moving and handling techniques, placing people at risk of incorrect procedures. The provider deemed moving and handling an annual training course. However, one staff had practical training in 2016 and no further training. None of the domestic staff had received training in the control of substances hazardous to health, despite using these in their roles.
- Staff were not always trained in fire safety or health and safety. For example, staff responsible for the checking of fire safety throughout the service, had not completed any mandatory fire safety training; 15 staff had not completed mandatory health and safety training. A maintenance person was undertaking PAT testing. The provider could not provide us with evidence they were trained to do this. Three days after our inspection we were sent a certificate to evidence they had completed training.
- Accidents and incidents were not sufficiently recorded or investigated. Accident and incident forms were basic and did not show how these were investigated or to spot for themes and trends. Staff had not

completed body maps when injuries had occurred.

The provider and registered manager failed to ensure risks were assessed, monitored or managed to ensure people were safe. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment systems and processes were not always safe. We found application forms were not always completed in full. The registered manager failed to ensure they were able to identify any gaps in employment or reasons for leaving previous roles. Some staff files did not contain up to date photographs or ID.
- The registered manager was not following internal policies and procedures when recruiting staff. For example, health questions were being asked within the application process despite policy stating this was unlawful. The registered manager had not recorded responses to questions asked during the interview stage.
- Disclosure and Barring Service checks were being carried out. However, there was no evidence to show if these were clear or if people had convictions or if barred lists had been checked. The registered manager failed to make further checks when people had been in position for many years.

The provider and registered manager failed to ensure robust recruitment systems and processes were in place. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us there were not enough staff on duty most of the time. Comments included, "At night there is not enough staff. We are sat here, they are making tea and biscuits and giving people tablets. Sometimes I have to wait for my tablets", "If they are busy we have to wait and be patient until they are free" and "[Name of another service user] needs support to go to the toilet and sometimes they have to wait half an hour or an hour." Whilst rotas reflected what we had been told by the registered manager, staff appeared rushed and we did not observe staff sitting and talking with people. However, calls bells were answered in a timely manner. Staff mainly felt there was adequate staff but confirmed they had little time to sit and talk to people.

We recommend the provider considers suitable tools to assess if staffing levels are adequate to meet the needs of people using the service.

Preventing and controlling infection

- Effective infection control systems and processes were not always in place. For example, both sluice's did not have hand soap available, foot operated bins were not always in place and paper towels were not always available. However, in the main the service was clean. Staff were wearing personal protective equipment, which they told us was always available.
- Soiled and clean linen was not always suitably handled. For example, clean clothes were on hangers, placed outside people's bedrooms but touching the floor and folded clothes placed on the floor. Soiled linen was being soaked in a bucket placed in the sink in the laundry. There were no paper towels in the laundry.

We recommend the service consults best practice guidance on the prevention and control of infection.

Learning lessons when things go wrong

- The service could not evidence any lessons learned. For example, there was no evidence of learning from accidents, incidents or near misses so that this could be shared to prevent reoccurrence.

We recommend the provider consults best practice guidance on lessons learned.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had policies and procedures in place to guide staff. People and their relatives told us they were safe from abuse. Records showed the majority of staff had recently completed safeguarding training. The registered manager had informed the local authority safeguarding team of any reportable instances.

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.

This is the first inspection under the new legal entity for this service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive adequate training and support to meet people's needs. The training matrix for 2019 was blank. We were sent a completed one the day after our inspection. This covered dates ranging from 2012 to present. Some people using the service had a diagnosis of diabetes however, training records showed out of 44 staff members only two staff had completed training in diabetes recently. There was no evidence to show staff had completed training in the care of catheters, despite undertaking this. Training was not delivered as set out in the company policy and procedure.
- Supervisions were being carried out every two months. However, these did not follow the principles of the policy and procedure. Appraisals were carried out annually. However, these were not robust and did not follow policies and procedures.
- The registered manager confirmed they were not using the care certificate with those staff who were new to the care sector. The service were using previous best practice tools. The registered manager told us they would use the care certificate going forward.

The provider and registered manager failed to ensure staff received adequate induction, training and supervision in their roles. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received a healthy and balanced diet. The service had received a five star rating from the Food Hygiene Rating Scheme. People told us, "The food has improved. It is very nice; mostly hot, tasty and decent portions" and "The food is very good. We have pizza and tuna pasta bake. It is always hot and tasty." People told us they could have snacks and drinks whenever they wanted. Records showed people had a good selection of food choices throughout the day, for example a choice of two hot meals at lunch.
- The registered manager ensured those at nutritional risk were weighed and monitored on a regular basis. Staff completed weight charts and the registered manager monitored these and took appropriate action if there had been concerns. Staff completed food intake charts when necessary.
- Staff, including the cook, had completed training in food hygiene however, only four staff had completed nutrition training 2017. We have addressed training concerns in another section of the report. The cook had access to allergy information. Some people required fortified and/or pureed diets, however there was a lack of guidance for the cook to guide them in modifying meals.

We recommend the provider considers current best practice guidance in relation to modified or thickened

foods.

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 service was mainly working within the principles of the MCA. People's care records contained information about their capacity to make decisions about their care and support. Where appropriate, people's relatives or representatives had been involved in best interest decisions.
- The service ensured appropriate applications had been made to the relevant authority, to deprive people of their liberty in the least restrictive way possible. The service was adhering to any conditions made within DoLS authorisations.
- Staff had not always received training in MCA and DoLS. Of those staff we spoke with, none of them could tell us what it meant to them in their roles or who was subjected to a DoLS. We have addressed training concerns in another section of this report.

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

- The design and decoration of the service met people's needs. The unit identified specifically for those people living with dementia was mainly suitable to meet people's needs. For example, we saw sensory boards on corridor walls, suitable signage, memory boxes and sensor lighting. We discussed with the provider the benefit of having different coloured toilet seats and ceramic coloured plates to further support people.
- People had access to outdoor spaces. There was also an indoor garden area within the dementia unit. People told us, "It's comfortable, all these seats, you can sit where you want" and "Fantastic, I love the Christmas decorations, makes me really happy."

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

- The registered manager and provider ensured people's needs were assessed prior to using the service, to ensure their needs could be met. Pre-admission assessments contained information about areas such as medical conditions, mobility and medication.

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

- The registered manager and staff made appropriate and timely referrals to health and social care professionals when required. For example, referrals to speech and language therapists, dieticians, district nurses and GP's. People told us, "They call the doctor, he comes here and they take you to your room and check us out" and "I've got a nurse looking after my legs, they do my dressings."

- People had oral health care plans in place which demonstrated how staff were to support them. Records also showed people had attended the dentist.

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.

This is the first inspection under the new legal entity for this service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care records did not evidence people were involved in the decision making process. People gave us mixed views about their involvement in making decisions about their care. One person told us, "I don't think I have been involved." Another person told us, "I have yes. Discussions come up occasionally."
- People had access to advocacy services. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

We recommend the service considers best practice guidance to ensure people are involved in all decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Most people felt staff respected their privacy and dignity. One person told us, "They always knock on the door before coming into the room but they don't always wait [for an answer]." People confirmed if they were being seen by a GP or nurse they would do so in their own bedroom. Staff ensured people's doors were closed when supporting with personal care.
- People felt they were supported to be independent. Care records showed what people were able to do for themselves.
- Staff respected people's right to confidentiality. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff. However, the provider had not fully considered the impact of installed closed circuit television (CCTV) within the service. For example, signs showing CCTV was in use were small and not in prominent places. The policy and procedure did not reflect CCTV was in use (reflected it as being considered) and CCTV was not regularly being discussed in meetings with people, relatives and staff to ensure people were aware of it and were consenting of it.

We recommend the provider considers current best practice guidance in relation to the lawful and proper use of CCTV.

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

- People told us staff were kind and caring. Comments we received included, "Oh they are very kind. If I am feeling down they will chat to me and come up with good ideas" and "Staff are very kind, loving and helpful. They help us in everything we need help with." Relatives also told us staff were caring. Staff interacted with

people in a kind, caring and sensitive manner. People appeared comfortable in staff's presence

- The service had an equality and diversity policy and procedure in place. However, none of the staff had completed training in this topic. We have discussed training concerns in another section of this report.

Is the service responsive?

Our findings

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

This is the first inspection under the new legal entity for this service. This key question has been rated 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 was not planned in a personalised way to ensure people had choice and control and to meet their needs and preferences. The deputy manager told us there were three different systems of care planning in place due to previous changes being unsuccessful. The care plan coordinator was in the process of ensuring care plans were transferred to the new system, but this was not complete at the time of inspection. The majority of people we spoke with told us they had not seen their care plans or been involved in them.
- Care plans did not always reflect people's current health needs and were not always dated. There was no evidence to show people had been involved in developing their care plans. Staff told us, "I never have time to read the care plans, I think they have enough information to get to know someone new, if I needed to" and "I don't read the care plans, that's what the senior staff are responsible for."

The provider and registered manager failed to ensure people's care was planned in a person centred way to meet their needs. This is a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- The deputy manager told us one person using the service was currently on end of life care. However, end of life care plans in place were dated 2017 with minimal evidence to show these were being reviewed and updated. There was confusion around whether the person was still in end of life care or not. In either case, records did not reflect any current end of life support needs.
- Training records showed one staff member had done end of life training in 2018, four had done this in 2017 and four others as far back as 2012; the remaining 35 staff had not done this. One staff member told us, "I have had training in the past for end of life care, but this was a long time ago. I do feel confident talking to relatives if I needed to. I think the end of life information for a resident would be in the care plan but I'm not sure whereabouts."

The provider and registered manager failed to ensure people's needs were assessed when deemed at the end of their life. This is a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints were not managed in line with policies and procedures. There was no complaints documented for 2019 in the complaints file despite the service having received them. The registered manager stated they had dealt with them straight away so had not documented them. There was no

complaints form in place for people to use, instead there was bits of paper or written notes from a phone call.

- People knew who to complain to should they need to. Some people had made complaints which they said had been resolved. However, some stated they would be worried about making a complaint or disturbing the staff. Not all relatives knew how to complain.

The provider and registered manager failed to manage complaints effectively. This is a breach of regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had access to activities and stimulation. Records showed live entertainers came into the service, people had access to board games and crafts. The registered manager told us people accessed the local community on a regular basis. However, there was no records to show what individuals had engaged in, so staff could monitor this. Soon after the inspection, the provider sent us an example of how they would record individual involvement in the future.
- People were supported to maintain relationships. We saw many visitors in the service throughout our inspection. There were no restrictions on times relatives could visit.
- People were supported with their religious and cultural needs. This included food requirements such as halal and privacy to engage in prayer or communion.

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.

- The registered manager and provider understood their responsibility in relation to the AIS. People had access to information in different formats such as large print, braille, different languages, audio, picture cards and books.

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.

This is the first inspection under the new legal entity for this service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service did not promote a positive culture that was person-centred. People were not involved in care planning or the decision making process, as discussed in another section of this report. The registered manager failed to ensure risks were managed appropriately. Care records were not completed accurately, as evidenced throughout the report.
- The registered manager did not present as a visible presence within the service. People, relatives and staff spoke about the approachability of the provider, rather than the registered manager. The provider told us the registered manager was more office based. The registered manager was unable to provide us with information on many occasions throughout the inspection; this was provided by the provider and deputy manager.
- The registered manager did not conduct sufficient, robust auditing of the service to identify concerns we found during this inspection. Not all audits were being used and some audits were being completed by other staff, without oversight from the registered manager. Audits and systems in place did not drive improvement. Policies and procedures were not always up to date or suitable. For example, one policy we looked at contained out of date legislation.

The provider and registered manager failed to ensure good governance of the service. This is a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was some engagement with people using the service, the public and staff. Survey's had been completed with people on three occasions during 2019. There was no meetings for relatives. One person told us, "They should talk to the occupants a bit more, no one talks to me." One relative told us, "There's no newsletter and there is no 'You said We did' information boards." There had been three staff meetings during 2019.

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

- The registered manager and provider did not always act on the duty of candour. The registered manager was unaware of their responsibility to notify us of specific incidents, such as serious injuries. Accidents and

incidents were not always sufficiently investigated, as discussed in another section of this report.

- The provider was open and honest throughout the inspection. They acted on concerns immediately during the inspection and ensured we received further information shortly after the inspection.

We recommend the service considers relevant guidance to ensure they are fully aware of their responsibilities and act on the duty of candour.

Working in partnership with others

- The service engaged with external professionals. Evidence we looked at demonstrated the service worked in partnership with the wider professional teams for advice and support.

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 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager failed to ensure people's care was planned in a person centred way to meet their needs. The provider and registered manager failed to ensure people's needs were assessed when deemed at the end of their life.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider and registered manager failed to manage complaints effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider and registered manager failed to ensure robust recruitment systems and processes were in place.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure medicines were managed safely. The provider and registered manager failed to ensure risks were assessed, monitored or managed to ensure people were safe.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure good governance of the service.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to ensure staff received adequate induction, training and supervision in their roles.

The enforcement action we took:

Warning Notice