

Mars Care Services Limited

Tavey House

Inspection report

4 Grove Road
Whetstone
Leicester
Leicestershire
LE8 6LN

Tel: 01162848606

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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 ●

Summary of findings

Overall summary

About the service

Tavey House provides accommodation and personal care for up to 12 adults with needs relating to dementia, physical disabilities, and mental health. The service is divided into four separate units.

On the day of our inspection visit there were 11 people using the service.

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

People were not always protected from the risk of avoidable harm due to poor quality risk assessments. Although staff knew people well, they did not always have the information they needed to keep people safe.

Improvements were needed to medicines safety, safeguarding policies and procedures, and infection prevention and control. Lessons were not always learnt when things went wrong.

Staff had not always had the essential training and supervision they needed to work in care.

The provider and registered manager did not have proper oversight of the service. Some audits were ineffective, or non-existent, and opportunities to improve care had been missed.

Improvements were needed to the provider's assessment procedure, care plans and records. We have made recommendations to the provider about these.

We found no evidence of people being harmed or left without care, however, due to poor quality record keeping and a lack of oversight, we were not assured that people's needs would always be met and they would always be safe at the service.

The service was well-staffed with a kind and caring team. Staff were knowledgeable about people's care needs. The premises had been upgraded since we last inspected and were clean, and well-decorated and furnished.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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

Why we inspected

The inspection was prompted in part due to concerns received about people's care. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Tavey House on our website at www.cqc.org.uk

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

Tavey 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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

Tavey 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 information we received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke to three people using the service, seven relatives/friends, the registered manager, the provider, four care workers, and the administrator.

We reviewed a range of records including people's care records and a sample of medicines records. We also looked at a variety of records relating to the management of the service including audits, policies and procedures, and infection control documentation.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 did not always contain the information staff needed to keep people safe. For example, a person with a history of 'confabulation' (creating stories to fill gaps in memory) had no risk assessment or protocol in place to manage this.
- Records showed the same person became distressed at times when receiving personal care which could put themselves or others at risk. However, there was no risk assessment for this. Additionally, the person's care plan did not include any behaviour management strategies, suggested interventions, or other guidance for staff on what to do when this happened.
- Another person was at risk of choking and needed supervision to eat and drink. However, there was no risk assessment for this, and the person's care plan did not refer to postural issues that might compromise their safety when eating and drinking.
- People's personal emergency evacuation plans (to be followed if people needed to leave the premises in an emergency) were not fit for purpose. For example, they did not state how people on the first floor could be safely evacuated if the service's lift could not be used.

The provider failed to ensure people were protected from the risk of accidents, incidents and inconsistent care. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some good practices at the service to keep people safe. For example, a person had a pressure mat next to their bed to alert staff if they got up in the night. Another person's care plan included clear instructions to staff on how to assist them to move safely using the correct equipment. A relative said staff always accompanied their family member when they walked to reduce the risk of them falling.

Using medicines safely

- Improvements were needed to the storage and administration of medicines. Insulin was stored in the main fridge alongside food. This was unsafe as it was accessible to anyone going into the kitchen. We discussed this with the registered manager who said they would get a sealed and lockable container to ensure insulin was stored safely
- A person's transdermal patches were changed weekly. These are pain relief patches which adhere to the skin like a plaster. However, staff were not using body maps to show the placement of the patches, so it was not clear if the prescriber's instructions were being followed.
- This person had come to the service with their own supply of nutritional drinks. There was no record of when the person was meant to have these, no stock checks, and no instructions to staff on what to do when

the supply ran out.

- Eight tablets were missing from a person's paracetamol supply. This had not been identified by staff and was further evidence of medicines not being managed safely.
- A person was prescribed a medicine on an 'as required' basis but it was not in stock at the service. The registered manager said the person hadn't needed it for a while, so it hadn't been ordered. However, records hadn't been updated to show this, and consent from the GP hadn't been obtained.
- Staff followed a protocol when carrying out this person's blood tests but this was not written down. This meant if unfamiliar staff were on duty they might not know when the person's blood test should be carried out.

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

- We discussed these shortfalls with the registered manager who agreed to address them all as a matter of priority
- Relatives said they thought medicines were administered safely but it was difficult for them to tell due to previous COVID-19 restrictions on visiting. A relative said, "They try different ways of encouraging [person] take their medicines, with the GPs approval."

Preventing and controlling infection

- The provider was not consistently following COVID-19 government guidance. This meant they were not taking all the action needed to mitigate risks and prevent the spread of COVID-19.
- Most staff had not had their infection control training. The provider's infection control policies and procedures were out of date and did not refer to COVID-19, despite the risks posed by this pandemic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were not assured that the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date.

The provider failed to properly assess the risk of infections at the service and take action as necessary to reduce that risk. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visit we signposted the provider and registered manager to resources to further develop their approach to preventing and controlling infection.

- Relatives felt the service had managed the pandemic well. A relative said, "They have done as much as possible. The staff have tried to minimise their own contacts outside. They've done a really good job." Another relative said, "I know [person] was being looked after. I rang every day and got good reports. Midway through they set up video calls five times a week."

Systems and processes

- Relatives said their family members were safe at the service. A relative said, "I do feel [person] is safe and secure – someone is with [person] when I have to leave. I do feel the staff are kind and caring. [Person] has told me, 'They are looking after me here,' and seems happy and relaxed."
- The service's 'Safeguarding Vulnerable Adults Policy', last reviewed in April 2020, did not explain the role of the local authority in safeguarding investigations, although the registered manager and the staff were aware of this. The registered manager said the safeguarding policy would be updated.
- Staff understood their safeguarding responsibilities and who to take safeguarding concerns to. They were trained in safeguarding, although some of them had not had this training since 2018. The registered manager said some training had not taken place due to COVID-19, but this would be addressed.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. At our last inspection not all staff had been trained in the Mental Capacity Act 2005. This had been addressed and all staff had now had their training. However, the training rota showed gaps in other essential courses including health and safety and infection control. The registered manager said they were addressing this.
- The service recorded falls monthly falls audit had not been completed since January 2021 so there was no overview of falls at the service since then, and no evidence of lessons being learnt from accidents and incidents.

Staffing levels

- On the day we inspected there were enough staff on duty to meet people's needs. Staff rotas showed staffing levels were consistent.
- The majority of staff employed were permanent which meant people were supported by staff who knew them well. Agency staff were used when necessary and worked alongside the established staff team to support people.
- Staff were safely recruited and had the necessary checks to help ensure they were fit to work with people who use care services. New staff had the initial training, induction and support they needed to work at the service.

Is the service effective?

Our findings

Effective – this means 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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

- The training matrix showed significant gaps. Only the registered manager and another staff member had completed all their essential training.
- Skills for Care (the strategic body for workforce development in adult social care in England) list eight courses considered essential for staff working in the care sector. There are: assisting and moving people; basic life support and first aid; fire safety; food safety; health and safety awareness; infection prevention and control; medication management; and safeguarding adults.
- Of the nine permanent staff employed only the registered manager and two other staff members had completed all their essential training. The other six staff members had not. Four staff had not completed their health and safety training, and five staff had not completed their infection prevention and control training.
- Supervisions, competency checks and appraisals had not always been carried out as planned. One staff member had not had a supervision, competency checks or appraisal since 2018. Another staff member had not had a supervision, competency check or appraisal since 2019.

The provider failed to ensure staff received appropriate support, training, professional development, supervision and appraisal. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives said the staff cared for people as individuals. A relative said, "It's early days with my relative, but they [the staff] seem to understand dementia."
 - New staff had an induction which included training, shadowing, and working alongside experienced staff members. A new staff member interacted effectively with people, following guidance from experienced staff on how to do this considering people's individual communication needs.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's assessments did cover all their health and social care needs. We checked three people's assessment records. Two had not had their oral health assessed, and one had a NICE (National Institute for Health and Care Excellence) oral health assessment form in their records, but it had not been completed. NICE state that all residents in care homes should have an oral health assessment when they move into the care home, with the result recorded in their care plans.
 - There was no process in place to ensure people were not discriminated against in relation to protected characteristics under the Equality Act, when care and support decisions were made. For example, a person's needs in relation to their background, culture and language had not been assessed.

We recommend the provider reviews and improves their assessment procedure and documentation to ensure people's physical, mental health and social needs are holistically assessed in line with current legislation and guidance.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff completed food and fluid charts where necessary to monitor people's intake. However, food and fluid charts did not include a daily target amount to inform staff how much food and fluid a person aimed to have. The registered manager said this would be addressed.
- People said they liked the food and drinks served. A relative said, "There is variety and frequent drinks to prevent dehydration. My relative enjoys the food."
- If people needed assistance at mealtimes staff provided this. A relative said, "If [person] doesn't eat their food at first, staff don't rush them but let them eat it at their own pace." Staff catered for individual diets, for example diabetic.

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

- The premises were mostly accessible. However, a few of the bedrooms were accessed via a couple of steps. The registered manager said these rooms would only be used for people who had chosen them and could manage the steps. The steps would benefit from having a handrail fitted to make them safer.
- The premises had a passenger lift and good access to the gardens. They were well-decorated and furnished and people and relatives commented on how nice the premises looked.

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

- Relatives said their family members were able to access a doctor promptly. A relative said, "[Person] can't explain themselves very well but if there's anything out of the ordinary with [person] the staff are on to it and contact the doctor. I'm confident about them."
- Some relative said people had not always been able to see opticians, hearing specialists, and other health care professionals when they needed to. The registered manager said this was due to COVID-19 restrictions, which were now being relaxed. Consequently, visits were resuming, and an optician was booked to visit the service.

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.

- One person, with 'undiagnosed dementia', had not had their mental capacity assessed regarding their

ability to make decisions about their care and support. Another person should have had a DoLS application made for them, but this had not been done, despite them being at the service since February 2021. The registered manager said these were oversights and would be promptly addressed.

- The registered manager and staff were trained in the MCA/DoLS and knew how to involve people in day to day decisions about their care and support. Staff sought people's permission before providing them with care and support.

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 were not always well-supported, cared for or treated with dignity and respect.

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

- A person's needs in relation to their background, culture and language had not been assessed and the registered manager and staff were unsure of what these were.
- Due to poor quality assessments and care plans we could not be sure that staff knew people's preferences, personal histories, backgrounds and potential.
- Staff were caring and respectful. They had time to sit and socialise with people. People enjoyed this. A person said, "The staff are lovely, I love it when they talk to me."
- If people became distressed staff reassured them. We observed staff comforting a person who was showing anxiety. They ensured the person was comfortable, brought them their preferred drink, and showed them pictures on their mobile phone. We observed the person become more relaxed.
- Relatives made many positive comments about the caring nature of the staff. A relative said, "The staff couldn't be nicer, they are always chatting to the residents." Another relative said, "They [staff] all seem very nice. You can see into the lounge from the visiting room and staff seem to be interacting with residents."

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

- Changes had been made to a person's medicines without them or their representative being consulted.
- Staff knew people well and understood their needs, likes, dislikes and routines. A relative said, "All [person's] wishes are taken on board and staff always ask the residents first before doing anything."
- People were supported with activities including puzzles, writing, and walking in the garden. One person had a visit and staff helped them prepare for this. Care and support was personalised and people were encouraged to make choices about all aspects of their lives.
- A person showed us the garden which they had been involved in creating and told us about the different flowers planted there. They said, "I love it out there, it's my favourite place. I like to be outside, and the staff are fine with that."

Respecting and promoting people's privacy, dignity and independence

- The service had some shared rooms. The registered manager said this was for people, for example couples, who had chosen to share, otherwise they would be used as singles. However, there was no policy or procedure to support this.
- Staff were respectful towards people and encouraged them to be independent. A relative said staff supported their family member to walk, they told us, "Staff always guide [person] gently, letting them be as independent as possible. This is what [person] wants."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. People's needs were not always met. Regulations may or may not have been met.

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

- The quality of care plans was inconsistent. Some care plans lacked the information staff needed to provide personalised care. For example, one person's personal hygiene care plan stated when they were to have personal care, but there was no information or guidance for staff on how they would like this care provided.
- Other care plans were more personalised and included instructions to staff on people's preferences. For example, one person's care plan stated their preference for a particular type of footwear and when we met the person that is what they were wearing.
- Most people's care records said little about their life histories, cultural needs, likes and dislikes, and hobbies and interests. This might make it harder for staff to get to know people and learn about what was important to them.

We recommend the provider reviews and improves people's care plans and records to ensure they are always personalised and focus on the person's whole life rather than just their care needs.

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 care worker.

- Although staff communicated well with people, improvements were needed to people's communication care plans. For example, one care plan told staff to listen carefully to the person but did not consider how the use of other methods of communication, for example cue cards, could help the person make decisions about their care and support. The registered manager said they would address this.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure explained to people and relatives what to do if they were unhappy about any aspect of the service, including how they could take complaints outside the service if they needed to, for example, to the local authority.
- The provider and registered manager said they used complaints to improve the service. However, no complaints were recorded. The registered manager said this was because there had been no formal complaints. We discussed this with the registered manager who agreed that recording informal complaints would be a useful way to improve the service and said they would do this.

End of life care and support

- Due to a lack of records It was unclear whether people were supported to make decisions about their preferences for end of life care. Some people had end of life care plans in place, but others did not. The registered manager said she would address this.

Is the service well-led?

Our findings

Well-Led – this means 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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager carried out managements audits to monitor the quality of the service. However, these audits were not always effective.
- The latest medicines audit, carried out on 31 May 2021, failed to identify shortfalls in the storage and administration of medicines including unsafe storage of insulin, staff not following prescriber's instructions, missing medicines, gaps in recording, and out of date records.
- Care plans, risk assessments and other care records were not audited so the shortfalls we found with these had not been identified or addressed.
- There were gaps in a person's personal care charts which meant we could not be sure they had received personal care when they were meant to.
- The monthly falls audit had not been completed since January 2021.
- Not all staff had had the essential training they needed. Other staff training, supervisions, competency checks and appraisals were out of date.
- Hot water audits, to check temperatures were safe for people, had been carried out, but although records gave the day and month the audits took place, they did not give the year. This meant it was difficult to tell whether these audits were current or historic.
- The 'Safeguarding Vulnerable Adults Policy' did not explain the role of the local authority in safeguarding investigations. The provider's infection control policies and procedures were not fit for purpose.
- The provider's 'Communicable Diseases and Infection Control Policy', last reviewed on 3 April 2020, did not refer to COVID-19. Under 'PPE' (personal protective equipment) it stated, 'Staff members should speak to their GP on such issues.' This was incorrect and not in line with COVID-19 government guidance.
- The provider did not have a policy or procedure on admitting people safely to the service at the time of the COVID-19 pandemic and the registered manager was unclear how this could be done safely.

Systems and processes were either not in place or robust enough to demonstrate the service was effectively managed and shortfalls identified and addressed. This is a breach of Regulation 17 of 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

- Relatives were mostly satisfied with the quality of care and made positive comments about their family

members' experiences at the service. A relative said, "I wouldn't have kept my relative here if I didn't feel it was safe and caring. It's a nice, homely place and they've invested in it. There's a personal touch from it being small and I'm impressed."

- Some relatives said their family member's well-being had improved since being at the service. A relative said, "They prompt people to drink every hour or so. [Person] couldn't hold a cup when they went in, but they can now, which is good."
- The staff team were caring and kind, and attentive to people's needs. A staff member said, "We know people well here and have a good team of staff. We all work together."

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 provider understood their responsibilities in relation to the duty of candour.
- The registered manager notified the appropriate agencies, including the local authority and CQC, of reportable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives said staff were in regular contact with them during the COVID-19 pandemic and had arranged for them to have video calls so they could see how their family members were. They also said staff always let them know if there were any concerns about their family member's well-being. A relative said, "My relative is very safe – if there are any issues, they [staff] will ring me."
- Findings from the provider's latest quality survey, carried out in March 2021, showed people and relatives were satisfied with the service. The eight people and five relatives who took part all 'agreed' or 'strongly agreed' the service was safe, effective, caring, responsive and well-led. Respondents also made many positive comments about the premises, staff and registered manager.
- Staff said the registered manager was supportive and approachable.

Continuous learning and improving care

- Opportunities to learn and improve care were limited due to poor quality assurance systems failing to identify where improvement was needed. The provider and registered manager said they would address this.
- During the provider's latest quality survey people and relatives asked for more indoor and outdoor activities. One the day of our inspection activities were provided, and we saw people enjoying gardening, board games, music, and singing. This showed that people and relatives had been listened to and improvements made.

Working in partnership with others

- Staff referred people to healthcare professionals when necessary. Relatives said their family members were able to access a GP promptly if they needed to see one.

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>The provider failed to ensure people were protected from the risk of accidents, incidents and inconsistent care. The provider failed to ensure medicines were properly and safely managed. The provider failed to properly assess the risk of infections at the service and take action as necessary to reduce that risk.</p>

The enforcement action we took:

WN issued

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 either not in place or robust enough to demonstrate the service was effectively managed and shortfalls identified and addressed.</p>

The enforcement action we took:

WN issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff received appropriate support, training, professional development, supervision and appraisal.</p>

The enforcement action we took:

WN issued