

# ADR Care Homes Limited

# St Nicholas Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 3 February 2015 and was unannounced. We had carried out an inspection in November 2014 where breaches were found of twelve regulations. Three further inspections of this service were carried out on 19, 21 and 29 December 2014 to establish whether people were safe living in the home. During the inspections of 19 and 21 December further serious concerns had been identified. The decision was taken by commissioners to relocate people with high care needs to other homes where a safe standard of nursing care could be provided for them. The Care Quality Commission (CQC) carried out urgent enforcement action under

Section 31 of the Health and Social Care Act 2008 on Tuesday 23 December 2014. This meant that with effect from this date the providers were not allowed to provide nursing care at the home. On 29 December 2014 we carried out an inspection and were satisfied that people remaining living at the home were safe. This comprehensive February 2015 inspection was carried out to establish whether appropriate action had been taken to ensure the service complied with the regulations.

# Summary of findings

St Nicholas Nursing Home is a residential care home that provides accommodation, care and support for up to 11 older people. On the day of our inspection one person was in hospital.

The provider is required to have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the home in December 2014. At the time of this inspection the provider had recruited a new permanent manager who had been in post for a week and was undertaking their induction. A manager from one of the provider's other homes was managing the service on a temporary basis. The intention was that the interim manager would support the new manager and hand the service over gradually to them, at which point they would apply for registration as the home's manager.

Since December 2014 efforts had been focused on improving the standard of day to day care people received. The provider had spent considerable time obtaining the views of people to confirm improvements that had been made over a period of less than three weeks and had provided questionnaires people had completed in support of this to CQC.

Risks to people were planned for and managed at an individual level. We saw this from people's care planning and the observations we made of the way in which people were supported. However, some risks to individuals from the way the service was operated had not been identified or mitigated by the provider or interim manager. Substantial gaps were found which put people at direct risk of receiving unsafe care. This

included the absence of emergency planning and the lack of an effective management system to identify and remedy areas of concern. You can see what action we told the provider to take at the back of the full version of the report.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The interim manager hadn't reviewed the status of people living in the home to determine whether applications needed to be made to the local authority. Training on mental capacity was required by several staff members.

The management of people's medicines required improvement to ensure that all medicines could be accounted for and disposed of in an effective and secure manner. You can see what action we told the provider to take at the back of the full version of the report.

People were happy with the care they received at the home and were positive about the changes in the home. They told us they felt safe and well cared for by staff that treated them with kindness and consideration. Good channels of communication had been developed with people and their relatives.

Adequate numbers of staff were able to support people in a timely manner which also allowed staff to spend time with people when tasks were not being carried out. People felt valued by this level of interest and attention to them. Recruitment and vetting procedures were in place that ensured that the likelihood of employing unsuitable staff was minimised as far as possible.

People's day to day needs were responded to effectively and promptly. Support and advice was obtained from health care professionals when needed. Staff members knew people's needs and preferences well and assisted people the way they wished to be cared for.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Effective systems were not in place to manage or reduce service level risks in relation to the safety of people living in the home.

Improvements were required to ensure that all medicines could be accounted for.

There was enough skilled and experienced staff to meet people's needs.

**Requires Improvement**



### Is the service effective?

The service was consistently effective.

Not all staff had an understanding or were aware of the requirements of the Mental Capacity Act 2005 and reviews had not been done to establish whether Deprivation of Liberty Safeguards (DoLS) referrals were required.

People were supported to eat and drink in sufficient quantities.

Staff supported people and liaised with healthcare professionals if they had concerns about a person's health or required advice.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff had fostered good relationships with people and had begun to involve them in developing their individual plans of care.

Staff were kind and compassionate and people were shown respect and consideration.

People's dignity and independence was promoted by the way staff assisted them.

**Good**



### Is the service responsive?

The service was responsive.

People and their relatives told us they would be happy to raise any concerns with the interim manager.

People's care was assessed and reviewed. Where people's needs changed staff responded promptly.

**Good**



### Is the service well-led?

The service was not well-led.

**Inadequate**



## Summary of findings

<p>The provider had failed to ensure that suitable systems were in place to effectively assess and monitor the quality of the service and to identify and manage risk.</p>	
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# St Nicholas Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2015 and was unannounced. The inspection team comprised of an inspector and an inspection manager.

We looked at information the provider had sent us since the November 2014 inspection, which included weekly staff rotas and questionnaires completed in January 2015 by

people living in the home or their relatives, staff and health care professionals. We also reviewed statutory notifications which include information the provider is required to send us by law.

During this inspection we spoke with four people living the home and three visiting relatives. We also spoke with the interim manager, the recently employed new manager, four care staff and two housekeeping staff. Prior to this inspection we had been in contact with commissioners from the local authority and North Norfolk Clinical Commissioning Group and safeguarding professionals who had visited the service between December 2014 and this inspection.

We looked at three people's care and medication records, documentation showing staff recruitment, staff training and various records relating to the management of the service.

# Is the service safe?

## Our findings

Our previous inspection of November 2014 identified breaches of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. We found concerns relating to the premises that presented risks to people's welfare and safety. During this inspection we found that cleaning substances hazardous to people's health and empty rooms undergoing refurbishment were all now secured. A broken clock with sharp plastic edges had been removed. No hazards were identified in relation to the premises during this inspection.

The interim manager wasn't aware of any emergency evacuation plans. They told us they had not completed any emergency planning since taking over the service in December 2014. This posed a risk that people's individual needs would not be met in the event of an emergency. Had emergency evacuation plans been in place prior to December 2014 they would have been inaccurate as some people had subsequently moved to a different room, sometimes on another floor. This could have considerably hampered a safe and prompt evacuation of the premises and put people at unnecessary additional risk during an emergency. Plans were not in place to ensure people could be evacuated safely should the need arise.

Whilst improvements had been made in relation to some environmental risks, risks to people's welfare were still present because of the absence of emergency planning arrangements. Therefore, there remained a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of people's individual risks and provided appropriate care and support to mitigate them. They told us what risks individuals were subject to and what action they took to support them. Assessments were in place in relation to risks associated with mobilising, falls, nutrition and pressure ulcers and these were reviewed frequently. However, some of the records we reviewed needed to be more specific when detailing the support people required. For example, one person's care plan for mobility stated the person required "...close monitoring and support" but did not explain what action staff needed to take to provide this. The interim manager told us that all care plans were to be reviewed and rewritten.

Our November 2014 inspection identified breaches of Regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. We found significant concerns about staff recruitment. One staff member had been recruited with poor spoken English and no references were found for three other staff members. Since the November 2014 inspection there had been substantial staff changes. During this inspection we found that new staff employed had undergone all the pre-employment checks we would expect to see. Effective processes were in operation to support the safe recruitment of staff. The provider was no longer in breach of Regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our November 2014 inspection identified breaches of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. This inspection found that some improvements had been made in relation to the management of medicines. People's Medicines Administration Record (MAR) charts now contained photographs of the person to aid identification. The temperature of the medication room was now being monitored which helped ensure that medicines and creams remained stable and effective. We observed the senior carer on duty carrying out the medicines round. This was done correctly and in line with current guidance. At all times the trolley was locked when they were not accessing the contents. People told us they received their medicines when they needed them. Staff who administered medicines to people had received training and had been subsequently assessed as competent to carry out this task.

However, processes for the returning and recording of medicines needed improvement. We were unable to account for a bottle of oramorph which was no longer required and, according to the records, should have been present. This was entered into the new controlled drugs register but the entry had not been dated. The interim manager advised us they had returned it to the pharmacy, but was unable to provide documentation to support this on the day of the inspection. This was subsequently supplied. They were also unable to locate the previous controlled drug register we requested to see. Other medicines due for return were not listed in the returns book so we could not establish whether all medicines due for return had been accounted for. These concerns meant that Regulation 13 of the Health & Social Care Act 2008

## Is the service safe?

(Regulated Activities) Regulations 2010 was still being breached. This regulation corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our November 2014 inspection identified breaches of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to concerns about cleanliness and the risk of cross contamination. During this inspection we noted that the lounge carpet which had given off an offensive odour during our November 2014 inspection had been replaced with vinyl flooring. Supplies of protective equipment such as gloves and aprons which had previously been allowed to run out were in stock and available for staff. This had helped reduce the risk to people of infection or cross-contamination. The home smelt fresh and appeared clean. The provider was no longer breaching Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

A member of the local authority's safeguarding team had recently given a talk about safeguarding procedures to staff. Whilst staff training in this area was up to date staff responsibilities had changed as with nursing staff no longer

at the home senior carers were responsible for reporting any incidents in the absence of the manager. The senior carer on duty we spoke with knew when and how to make a referral to the local authority. There was written information for visitors which was located in the central area of the home and documented guidance for staff.

People we spoke with, or their relatives, told us they or their relatives felt safe living in the home. They said they would have no hesitation in speaking up if they had any concerns. One person told us, "I'm very happy here." Another person said, "They make sure we're all looked after."

At the time of our inspection four care staff were on duty during the day and two overnight. The provider used a dependency tool to help them determine safe staffing numbers. Eleven people were living in the home at the time of this inspection. This were enough staff to ensure that people's needs could be met in a timely manner whilst allowing senior carers time to carry out their additional duties, administration of medicines for example. People we spoke with told us that there was enough staff to ensure that they received good care. One person said, "They come when I call. I don't have to wait."

# Is the service effective?

## Our findings

Our previous inspection of November 2014 identified breaches of Regulation 14 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. During this November 2014 inspection we had identified substantial concerns about whether people received sufficient food and drink to meet their needs. The most serious concerns had affected people with high and complex levels of nutritional need who had been in receipt of nursing care.

The people most at risk of poor nutrition were no longer living in the home. This, combined with better staffing levels so that people were effectively supported with their food and drink requirements, had considerably alleviated the concerns we had previously found.

People were given choices of drinks and whether in a communal area or their own room we saw that they had drinks available to them. Those who required assistance or encouragement to eat or drink received it. Where people had been deemed at risk of poor nutritional intake food and fluid charts had been fully and informatively completed on a daily basis. This meant that people's nutritional intake was assessed over a period of time, and, where necessary, relevant professional input and guidance could be sought.

If people didn't want the main meal offered then alternatives were available. One person told us they didn't eat red meat and the main meal of the day had been steak and kidney casserole. The cook was preparing fish for them. We saw choices of dessert being offered to people. Staff checked whether people were enjoying their lunch and whether they had had enough to eat. People's drinks were topped up when required.

People's nutritional needs were kept under review, and where necessary referrals had been made to specialists who provided guidance and support to ensure people were receiving a nutritious diet that met their needs.

The provider was no longer in breach of Regulation 14 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our November 2014 inspection identified a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered manager had been aware that they needed to review

people living in the home to determine whether Deprivation of Liberty Safeguards (DoLS) applications needed to be made to the local authority in the light of recent clarification of the DoLS legislation. This inspection established that no reviews had been done in relation to people remaining living in the home. The provider was still in breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mental capacity training had not been received by seven of the 18 staff, including two of the senior care staff who would at times be managing the home.

People had their capacity to make decisions about their care assessed. Most of the people living in the home had the mental capacity to make their own decisions on a day to day basis, but some did not. Where people lacked the mental capacity to consent we saw that decisions were taken in people's best interests. Best interest meetings had been carried out and overseen by the local authority when decisions were taken about whether people were to remain living in the home following the removal of nursing care in December 2014. These had included consultation with relatives, legal representatives and health professionals as necessary.

The interim manager had reviewed staff training arrangements, had booked some training and knew what training they still needed to arrange. Seven staff were undertaking Diplomas in Health and Social Care with the encouragement and support of the interim manager. Senior carers had undergone induction into their new role and the new permanent manager was also undergoing induction. New staff confirmed that they had shadowed experienced staff until they had received the necessary training and been judged competent to work alone.

All care staff had received medicines administration training. The interim manager was starting the process of assessing night staff competency to ensure that they would be able to manage medicines when overnight staffing arrangements changed. Staff told us that supervisions and appraisals were being carried out regularly and were positive about the opportunity to discuss their progress. One person told us how following a discussion during a



## Is the service effective?

supervision they had been able to improve the way they supported one person with specific needs. Staff received the necessary training and support to meet people's day to day needs.

Information in people's care records recorded the individual's health needs and what action was required or had been taken to support them. Where people's wellbeing could fluctuate depending on what health conditions they had information was recorded for staff to reference, for

example, about low blood pressure. The records also demonstrated that staff sought advice and support for people from relevant health professionals and this was done promptly. For example, the service had ensured a person who had sustained a fall but was uninjured was seen by a health professional within days so they could obtain advice about how they could better support the person.

# Is the service caring?

## Our findings

Our November 2014 inspection found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2010 in relation to respecting and involving people. We had observed poor practice ourselves and had been told about other examples by people living in the home, their relatives and health care professionals.

During this inspection we found that improvements had been made. One relative told us “We came in to find [their family member] playing Connect 4 the other day. It’s so different here than before. Staff are so good.” Another relative told us, “It’s not that staff weren’t caring before, it’s just that they didn’t have the time.” One person living in the home said, “Caring? They do nothing but care for me.”

Our observations supported what people told us. People were treated with kindness and compassion. We saw people laughing and chatting with each other and with staff. The atmosphere was relaxed and friendly. People’s presence was routinely acknowledged as staff spent time chatting with them about things unrelated to any tasks that needed carrying out. People and their relatives were positive about the changes they saw in the manner that people were cared for. Staff too, were happier with the standard of care that they were now able to provide to people.

We saw where one person didn’t respond to one staff member’s offer of assistance, the staff member promptly obtained support for the person from a colleague who the person did respond to. Both staff members were polite, cheerful and patient. Staff routinely sat down to speak with people and gave them the time they needed to say what was on their mind. Staff worked to develop good relationships with the people they supported.

The provider was no longer in breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had experienced a difficult period and the interim manager was getting people and their relatives more involved in the service and what was going on.

Residents and relatives meetings were held monthly. Where a relative had asked for a weekly ‘manager’s clinic’ this had been arranged. The interim manager had stated they were available to speak with people most of the time outside this clinic. Minutes from the January 2015 meeting showed that the interim manager would be inviting people and their relatives to participate in completing new care plans. The existing care plans had not been written in a person centred way. The new ones would be written to take people’s preferences more into account in the way that that their support was provided.

People on the first floor had been asked to move to the ground floor when people moved to other homes in December. Some people had declined to move and some people had been happy to do so. Whilst one person had now settled in on the ground floor it was clear from speaking with them that the person hadn’t felt that they had had a choice in the matter but on balance had decided to stay in their new room.

We observed staff throughout the day offering people choices in what they wanted to do, where they wanted to go and what they wished to eat or drink. People were given time to decide. If they did not make a decision staff made a suggestion based on their knowledge of the person and their preferences which usually obtained a positive response.

People’s records had been moved to a new office in the centre of the home. This was a more secure arrangement than had existed previously and ensured that people’s records were kept confidential. People’s privacy and dignity was respected. Some people chose not to use the communal areas and preferred to stay in their rooms. We observed staff knocking on their doors and waiting for a response before entering. Staff ensured that people’s doors were closed before any personal assistance was given. People’s independence was encouraged. We saw a staff member accompanying one person walking up and down the corridor. The person told us that they wanted to “.....keep myself going” and that staff “help me do this all the time.”

# Is the service responsive?

## Our findings

Our November 2014 inspection found breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2010. Complaints had not been dealt with effectively and people's concerns had not been addressed satisfactorily. Since the interim manager had taken charge in December 2014 no complaints had been received. Information telling people how to make a complaint was on display in the home.

People and their relatives we spoke with assured us that they were able to raise any issues with the interim manager and were confident that their concerns would be taken seriously and acted upon. One person told us, "Things get actioned now." We were satisfied that the provider was not in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

Our November inspection had identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The atmosphere in the home had not been stimulating and provided little opportunity for people to undertake activities. Improved staffing numbers and reduced numbers of people living in the home had combined to make improvements in this area.

Staff often had time during the mornings to spend with people individually or in small groups before the activities co-ordinator came in for the afternoon. Staff told us about people's interests and what they liked to do. Sometimes they played board games with people. Often it was as simple as spending time with people and getting them chatting about their families, their histories or what they thought about what was happening in the wider world.

People told us they were able to choose what they did and when they did it. One person told us they liked to get up quite early, but wait for a while before having breakfast. Another person liked to get up fairly late, but at a specific time and get ready for bed at a specific time. Staff were able to accommodate people's preferences.

We found that people received support in accordance with their likes and dislikes. One person told us that they preferred sheets and blankets rather than duvets and that these were always provided for them. Another person told us how they liked to keep to certain timescales for when they got up and got washed in the mornings. They told us with a smile, "I'm know I'm quite particular, and they [staff] nearly always make sure it's done my way these days."

The provider was no longer breaching Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in respect of people's social and emotional needs.

People received care that was responsive to their needs. People's records contained an assessment of their needs and how these needs were to be met. Care records showed people's life histories which helped staff understand people's motivations and interests and helped staff engage with people on an individual basis. An example of the new format care plans was compiled in a way that better reflected the importance to people in the way their care was provided. People's care was reviewed regularly or when their circumstances changed. Shift handover records were clear and included notes on how each person was, whether there were any concerns and if so what actions had been taken and what the new shift needed to be mindful of or follow up on.

We observed that staff were responsive to people's needs and because they knew people well were able to predict their requirements and provide suitable support and care. They told us what things distressed certain people, what steps they took to reduce the likelihood of people becoming upset and how they managed situations when people became distressed. This included making changes to seating arrangements in the dining room so one person wasn't upset by the way another person chose to eat their meals.

# Is the service well-led?

## Our findings

The registered manager had left the home in December 2014. At the time of this inspection the provider had recruited a new permanent manager who had been in post for a week. This person was undergoing their induction to the home and the organisation. A manager from one of the provider's other homes was managing the service on a temporary basis. The intention was that the interim manager would support the new manager and hand the service over gradually to them, at which point the new manager would apply for registration as the home's manager.

Our November 2014 inspection found breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010. Substantial failings had been identified in the management of the home. Several important areas of concern had not been identified by the provider or the registered manager. Where concerns had been identified effective action had not been taken.

This inspection found that problems remained with the identifying of areas for improvement and that effective quality assurance systems were not in place at either manager or provider level. These concerns had not been identified by the provider. There was no provider-led schedule of audits in place to inform the home's management team which audits were required and the frequency of their completion. The provider had failed to ensure that appropriate systems were in place to support the home's management team to effectively assess and monitor the quality of the service and to identify and manage risk. Other statutory agencies had been involved since our November 2014 inspection providing support to the managers, staff and working with the provider. However, we still found that previous breaches of four regulations were still not addressed and remain outstanding.

Whilst some risks to people's safety were being managed at an individual level, some risks still remained. There were no evacuation plans in place in the event of an emergency. Accident and incident reports were still not being analysed to identify common themes or occurrences which would help inform how the service reduced risks to people's welfare.

Audits we would expect to see were not being carried out despite an action plan we were given by the provider that showed these would be done monthly. For example the action plan showed that monthly infection control audits would be carried out, but none had been done. Neither had the interim manager carried out any medicines audit since they took over the day to day management of the service on 24 December 2014. The service had moved from nurses administering medicines to training care staff to administer medicines as the home no longer provided nursing care. However, medicines audits had not been carried out and we identified some concerns. This left staff new to administering medicines working in an environment that was not reviewed for safety and effectiveness.

The provider carried out a monthly visit. We reviewed the check carried out on 30 January 2015. Where actions were required they lacked direction and timescales. For example, we saw comments such as 'Continue to monitor resident's views and make changes as necessary.' This monthly audit had proved ineffective as it had not identified that necessary checks to ensure that risks were being identified and managed had not taken place.

The provider was still in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our November 2014 inspection identified that the registered manager had not notified CQC of incidents that had occurred which affected people's welfare that needed to be reported to us so that action could be taken if necessary. This constituted a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We spoke with the interim manager who knew what incidents they would need to report and gave us examples. We were satisfied that no reportable incidents had taken place since they were in post. We were confident that the interim manager would make the necessary referrals, so have determined that the provider is no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There had been considerable improvements in the culture of the home. People living in the home, their relatives, staff and visiting health professionals had all been asked their views of the service since the changes to the service in December 2014. These had all reflected the improvements

## Is the service well-led?

made. Staff were positive and felt that they could raise any concerns they had with the interim manager. People were positive about the interim manager and felt that they were fair and were doing a good job of changing the home for the better.

However, people living in the home, their relatives and staff we spoke with were concerned about whether the service could sustain the current standard of care provided should resident numbers increase or staff numbers decrease. People recognised the numbers would change and would be looking to the provider for assurances that the new standards of care would remain.

There was still a culture from the provider that did not foster openness about the service. The new permanent manager who had been recently recruited told us they had not been told about the situation the home had been in when they were employed and this had come as a shock to them, as had the scale of work needing to be done. Some staff said they had found the change from a large nursing home to a smaller care home challenging because people had moved to other homes and some of their colleagues were no longer employed by the provider. Whilst some staff weren't clear what had happened or why, they wished to remain working at the home."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way because the provider had not assessed the risks to people's safety in the event of an emergency or made plans to mitigate these risks. Regulation 12(2)(a)(b)</p>
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 and treatment was not provided in a safe way because the provider had not ensured the proper and safe management of medicines. Regulation 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Where people lacked the ability to consent to their care and treatment the provider had not acted in accordance with the Mental Capacity Act 2005. Regulation 11(3)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Effective systems were not in place to assess, monitor and improve the safety of the services provided or assess and mitigate risks to people's welfare. Regulation 17(1)(2)(a)(b)

**The enforcement action we took:**

A warning notice was issued in respect of this Regulation