

# Voyage 1 Limited

# Highfield Farm

## 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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 20 October 2015 and was unannounced, which meant no-one at the service knew we would be visiting.

This service was registered under this registered provider on 7 July 2014 and this was their first inspection.

Highfield Farm is a care home for young people with a learning disability and/or autistic spectrum disorder. It

can accommodate up to eight people in the main house and another three in individual bungalows on the same site. At the time of our inspection there were 11 people living in the home.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.'

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The person managing the home, had applied to be registered.

Our observations of the interactions between people and staff identified people were comfortable in the presence of staff and in our discussions with them no-one raised concerns about their safety.

Staff we spoke with were knowledgeable regarding safeguarding vulnerable adult's procedures and were able to explain the action required should an allegation of abuse be made. Records of safeguarding incidents showed that although immediate action was taken in response to the incident there was not always a record of outcomes and actions from investigations. These were not always overseen by the manager, which meant incidents had not been evaluated to analyse themes and trends and take appropriate action.

Monitoring systems were not in place to identify the impact of reduced staffing levels during the day and the impact on staffing levels when people were awake at night.

Not all of the information and documents had been obtained to demonstrate the registered provider had made safe recruitment decisions.

There was a programme of training for all staff to enable them to have the qualification, skills and knowledge to understand the care and support required for people who used the service.

Medicines were stored and administered safely. The systems for monitoring medicines ensured medicines were given as prescribed.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection

in relation to consent or refusal of care or treatment. The staff we spoke with during our inspection had a varied understanding of the importance of the Mental Capacity Act in protecting people and some people's restrictions had not been reviewed.

People's nutritional needs were met, but the choice of food and mealtime experience at lunchtime could be improved.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. This included the monitoring of people's health conditions and symptoms, so that appropriate referrals to health professionals could be made.

People had access to activities that were provided both in-house and in the community. There was a mini bus available for people to use so they were able to access the community.

We observed good interactions between staff and people who used the service and the atmosphere was happy, relaxed and inclusive. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

A complaints procedure was in place, but the record of complaints was incomplete, which meant the process was not effective in monitoring complaints to identify trends and areas of risk that may need addressing.

The systems that were in place for monitoring quality had not always been effective in practice. Improvements had been identified and action plans formulated to ensure improvement.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff knew how to recognise and respond to abuse correctly and had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. Safeguarding incidents were not always overseen by the manager, which meant incidents had not been evaluated to analyse themes and trends and take appropriate action.

Monitoring systems were not in place to identify the impact of reduced staffing levels during the day and the impact on staffing levels when people were awake at night. All of the required information and documents had not been obtained to demonstrate the registered provider had made safe recruitment decisions.

Medicines were stored and administered safely. The systems for monitoring medicines ensured medicines were given as prescribed.

**Requires improvement**



### Is the service effective?

The service was not always effective.

There was a programme of training and supervision for all staff to ensure they had the skills required to support people who used the service, but staff had not received appraisals.

Staff's understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected was varied and all DoLS authorisations had not been reviewed and reported as required to CQC.

People's nutritional needs were met, but the choice of food and mealtime experience at lunchtime could be improved.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

**Requires improvement**



### Is the service caring?

The service was caring

People told us they were happy with the care and support they received. The staff we spoke with had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

**Good**



# Summary of findings

## Is the service responsive?

The service was not always responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service. We saw people's plans had been updated regularly and when there were any changes in their care and support needs these had been addressed.

People were able to be involved in activities in accordance with their needs and preferences.

A complaints process was in place, but the record of complaints was incomplete, which meant the process could not be effective in monitoring complaints over time, looking for trends and areas of risk that may need addressing.

**Requires improvement**



## Is the service well-led?

The service had not always been well led.

There had not been a registered manager at the service since 23 April 2015.

The systems that were in place for monitoring quality had not always been effective in practice. Improvements had been identified and action plans formulated to ensure improvement.

Accidents and incidents had not been monitored by the manager and the deputy to ensure any triggers or trends were identified.

**Requires improvement**



# Highfield Farm

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 20 October 2015 and was unannounced, which meant the service did not know we would be visiting. The inspection team consisted of one adult social care inspector and a specialist advisor. A specialist advisor is someone with specialist knowledge about the type of service delivered at the location. This specialist advisor had 30 years experience working as a nurse, supporting a wide range of people, including people with a learning disability.

Before our inspection, we reviewed information we held about the home. This included correspondence we had received about the service and notifications required to be submitted by the service. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also contacted commissioners of the service and Healthwatch to obtain any relevant information.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with five support staff, the deputy manager, the manager and the regional manager. We spoke with four people who used the service. We looked at four people's care and support records, three people's personal financial transaction records and activity fund records. We also looked at the systems used to manage people's medicines, including storage and records. We looked at three staff files to check a robust recruitment process were followed and records to check staff received appropriate training and supervision. We also looked at the quality assurance systems, such as audits to check if they were robust and identified areas for improvement.

We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We also looked at other areas of the home including some people's bedrooms and the kitchen.

# Is the service safe?

## Our findings

We saw that people were relaxed in the company of staff and that there were friendly and respectful interactions between them. In our discussions with people no-one raised concerns about their safety.

Before our inspection, we asked commissioners for their opinion of the service provided. We received a response from two commissioners who told us there were no concerns about the service provided.

The provider had safeguarding vulnerable adult's policies and procedures in place to guide practice. Staff we spoke with had a clear understanding of the procedures in place to safeguard vulnerable people from abuse and were knowledgeable on the procedures to follow. Staff also knew how to recognise and respond to abuse correctly. Staff members told us if they had any concerns they would report it immediately and were confident they would be dealt with.

Notifications we had received showed staff and the service knew how to respond to safeguarding issues. This meant the provider's safeguarding policies and the local authority procedures had been followed. This meant effective systems were in place to protect people from bullying, harassment, avoidable harm and abuse that may have breached their human rights.

We spoke with the manager and checked the finance records of three people and the activity fund. We were told by staff the activity fund, was where monies that was raised for people who used the service was placed.

Individual records were in place, with a running balance of the money people had available. When we checked people's monies, the amount held corresponded with the balance recorded. Receipts of financial transactions were in place. These were audited weekly by a member of staff.

Discussions with the regional manager identified budgets were provided for various aspects of the service, for example, food, furnishing and activities and this was divided between all the people living at the service to be used on those items. If people wanted to spend more than the allocated amount for them, this was paid for from their

personal monies. The system in place was not clear on the monies allocated to each individual, so that additional payments identified in each individual's personal spending could be verified and demonstrated to be fair.

We also found the bank account for the activity fund was in the name of a member of staff and ex member of staff. The regional manager and manager had not had sight of that and the amount in it could not be verified. The manager had highlighted this when she had commenced at the service and the regional manager had been unaware. Again receipts were in place for monies kept at the home, together with an individual record of that money, but how the money was spent for the benefit of each person could not be determined. The regional manager confirmed she had started to address this during the inspection.

This meant the records for how money was allocated to each person was unclear, which meant that it we could be not be assured some financial transactions were fairly accounted for.

The information above demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

We checked how the service managed risks at the service so that people were protected.

Service records and environment checks were provided to demonstrate safety checks were carried out. These included legionella, fixed electrical wiring, fire safety, waste management and gas.

We looked at the record of accidents and incidents. Although immediate action was identified there was not always a record of outcomes and actions from investigations. The regional manager was able to access some records of investigation and actions on-line, but this meant a complete log of information was not available, to be used for analysing themes and trends.

The records of accidents and incidents were not reviewed by the manager of the service, with a system in place to track and identify trends, frequency and risk.

The information above demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance

## Is the service safe?

We checked that sufficient numbers of suitable staff were on duty to keep people safe and meet their needs.

When we spoke with staff they told us that usually there is enough staff to support people, but sometimes they were short staffed.

The manager had notified us that safe staffing levels had not always been adhered to. The manager identified what safe staffing levels had been calculated at and the action they were taking to address this, including the recruitment of staff.

We viewed staff rotas from 1 September 2015 and found 12 out of a 100 shifts were below what the manager had identified as safe staffing levels. There was no monitoring in place to identify the impact this had, had on people who used the service.

At night there was a waking and sleep in member of staff. Discussions with people and staff highlighted a person who used the service who was often awake at night and some people who used the service told us this disturbed them. We discussed this with the manager, which again identified there was no monitoring by the service about how often this happened and the impact on other people at the service and what this meant in terms of duties and risk for the waking staff member on duty to re-evaluate staffing levels if needed.

The information above demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

We found recruitment and selection procedures were in place, and most of the required information and documents had been obtained before staff began work. These included, identification, references of their suitability to work with vulnerable adults and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. There registered person had not obtained satisfactory documentary evidence of qualifications and training for two staff members that had been obtained prior to their appointment.

The information above demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed.

Medicines were stored and administered safely. We saw there were systems in place for monitoring medicines to ensure these were given as prescribed and followed by staff. These systems helped minimise errors ensuring safe practice. Staff told us the systems were embedded in practice and ensured if an error had occurred it was identified very quickly.



# Is the service effective?

## Our findings

Staff we spoke with said there were opportunities for staff training, but the majority of training was carried out electronically. The annual service review had identified that staff felt the electronic learning was an area that could improve stating, 'LBOX can be boring' and 'more hands on in-house training.' Actions to address this were for staff meetings to include a 15 minute interactive training session on an agreed subject. Minutes of staff meetings identified this had happened.

A record of training carried out was asked for, but was not provided, as records were electronic. Eventually, a member of staff was able to access the record, due to a slow broadband connection. Staff told us this impacted on them when carrying out their training and one member of staff said that was the reason they chose to carry out their training at home. When we looked at the electronic training records these showed staff received training that was generally up to date.

The provider may wish to consider that providing training electronically is not always the best learning method for people. This was evident in relation to the training staff had undertaken for Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), as staff's understanding of how this impacted on their role at the care home was mixed, some staff members knowledge very good, others showed a limited understanding.

When we spoke with staff they told us they shadowed an experienced member of staff when they commenced work, whilst at the same time carrying out training. They told us they were not expected to carry out tasks they had not had training to carry out, for example, using restraint, as identified in people's support plans, when the person displayed behaviour that challenged. Staff told us their induction included reading people's support and health action plans, utilising the on-line training programme and that they were now working towards the care certificate. This meant people could be assured that staff had the competencies and skills to meet their needs.

Supervisions are accountable, two-way meetings that support, motivate and enable the development of good practice for individual staff members. Appraisals are

meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles.

Staff told us they received regular supervision and were given opportunity to discuss any issues or share information. Staff we spoke with said the registered manager and the deputy manager were always approachable if they required some advice or needed to discuss something. We saw that some actions from staff's supervisions were not always acted on in a timely way. This meant there had been a delay in supporting staff in their development, with no recorded reason for this.

Staff told us and the manager and area manager confirmed, appraisals for staff had not been completed.

The above demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

The MCA (Mental Capacity Act 2005) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and in place so that where someone is deprived of their liberty they are not subject to excessive restrictions. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services.

Staff we spoke with had mixed understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. We saw staff give people time to be able to make decisions and supported them to make decisions. People's capacity was clearly detailed in their plans of care. We saw that where people were being deprived of their liberty appropriate applications/authorisations had been made. However, some of these had lapsed, which may mean people may be deprived of their liberty unlawfully. There was no system in place to monitor when people's DoLS needed review. The manager said she would address this, including improving that the Commission were notified when applications were made and the outcome.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.



## Is the service effective?

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded.

People we spoke with told us they enjoyed their meals. Their comments included, "The food is nice, if I don't like what we are given the staff will make me something else - toasties or something, I love the Sunday roasts" and "The foods right nice. If I don't like something they will make me a sandwich or what I want. We have meetings to decide what we have to eat."

Staff and people confirmed that meals were decided upon in monthly meetings between them, so that everyone's choices and favourites were known and accommodated.

At lunch time, the meal being served looked attractive and fresh, but the mealtime experience could have been a more positive experience for people. This was because people were given their plated meal by staff, but then had to wait for cutlery to be provided. There were no condiments on the table and people were not given a drink with their meal. There was no table cloth or table mats. There was no light banter throughout the meal time. In contrast at tea time, people assisted in laying the table with placemats and crockery and people and staff sat and ate the meal together. This made it a more pleasant experience for people.

We noted at both meals people were not offered dessert. When we looked at the menu plan we saw there were no desserts included on any of the planned meals. Offering a dessert after a meal enhances the meal time experience for people.

Snacks and drinks were available for people between meals and we saw people having these.

We checked that people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

When we asked people about their healthcare they said, "When I feel unwell the staff help me see the doctor. I also go to have my eyes tested and someone comes here to see to my feet," I have to be careful what I eat with my diabetes" and "If I get ill they take me to the doctor."

We had feedback from a commissioner of the service who stated, "I have [person] placed there who has [health condition]. They have managed to get their physical health needs under control and their condition has greatly improved."

People had a health action plan which provided information for staff on past and present medical conditions. The record contained details of visiting healthcare professionals that the person had seen and details of those visits. This meant staff involved professionals, so that people received intervention for their healthcare needs to support them to maintain good health and have access to relevant healthcare services.

We checked that people's needs were being met by the adaptation, design and decoration of the service.

The premises and garden were well kept. Perimeter security had improved after support from the crime reduction office after a suspected intruder had entered the grounds. The house was clean, fresh, tidy, modern and well decorated. There was nice furniture in the communal rooms, which was well maintained. The house was welcoming and had a homely friendly atmosphere to it. Walkways in the home were also clean and tidy.

# Is the service caring?

## Our findings

When we spoke with people about the care they received they said, “I love it here, they look after us, we go on holidays with staff and we go out to the pub and to the shops,” “I do activities with the staff. I went shopping to town yesterday to buy some new jeans. We went bowling afterwards. I sometimes go on holiday with my mum and dad and then with the staff here. Staff are polite and kind to us all. I would like to eventually live on my own, but I’m not ready yet,” “I don’t go out all that much. If I need help the staff will help me. I sometimes like it here and I sometimes don’t like it” and “I wouldn’t want to move. We have discos and karaoke. They are all a lovely bunch. If I need help I only have to ask.”

People told us staff listened to them when they wanted to chat about something.

People told us staff respected them and maintained their privacy and dignity, although one person said, “They sometimes knock on my bedroom door, but sometimes some staff don’t.”

Our discussions with people emphasised the staff supported them in maintaining personal and family relationships.

We asked people permission to view their bedrooms. One person escorted us to their room, which was clean, fresh and had a cosy feel to it. The person explained that the

colour of the walls were what they had chosen as this was their favourite colour. “I haven’t tidied up yet, I do that tomorrow. Staff will help me if I need them to”. The rooms we saw were personalised reflecting people’s personalities and were clean. The rooms gave a homely welcoming feel.

The staff we spoke with had a good understanding of people’s care and support needs and knew people well.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect.

During our observation there was a relaxed atmosphere in the home. Staff and people who used the service were laughing and joking together, which showed a very inclusive atmosphere. Staff we spoke with told us they enjoyed supporting the people living in the home.

We looked at care and support plans for four people who used the service. People’s needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them.

# Is the service responsive?

## Our findings

People told us they were supported to maintain personal and family relationships. People told us they thought the staff were good.

We saw staff gave time for people to make decisions and respond to questions. Resident meetings were not held, a decision made by people who used the service, but they were provided with the opportunity to share their thoughts to the running of the home, both on an informal basis and through keyworker meetings.

Staff told us handovers were held at the start of shifts, where they were told the person they would be supporting and what other jobs they had to do such as laundry or cleaning.

We asked staff to explain how they promoted people's choices and preferences. They told us where they weren't able to verbally communicate with people, people they were supporting were shown options and supported to identify which they preferred or they watched their eye contact or body language.

Staff we spoke with were very knowledgeable about people's needs. They were able to explain what care and support was required for each individual.

We received feedback from a commissioner of the service who told us the person they had placed there had made friends and though engagement in activities was still a concern, it is not for want of trying by Highfield but due to the person's lack of motivation. They reported the person's family were very happy with the progress they had made over the last year following several years of shorter term placements that broke down and some levels of behaviour that challenged that were hard to manage. In all the professional felt the service well able to meet this person's needs.

We found people's needs had been assessed. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions

about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly re-assessed and reviews of their care and support were held when required.

The people who used the service told us there were a range of social activities, including holidays they had been on with the support of staff. The home had a mini bus they used to be able to take people out on activities and outings. On the day of the inspection we saw three people going out to college. Another person was going out to work and another person had been to buy toiletries.

The PIR stated the service had a robust complaints process and all people were aware of how to raise concerns. It stated all complaints were logged with all the relevant information is included, as detailed in the company policy. The information included three complaints had been received in the last twelve months.

We saw the home had a complaints policy and procedure. We looked at the complaints record and found only one complaint recorded. The manager and regional manager told us complaints were logged onto the computer system for monitoring purposes. We asked the regional manager to locate the complaint in the record, but they were unable to find it.

We also discussed the complaint information from the PIR and from information we held about the service. The regional manager was able to show us the investigation and outcome of complaints that had been acted on, but this meant the record held by the service itself did not demonstrate the full list of complaints that had been made. This meant the system for identifying, receiving, recording, handling and responding to complaints in relation to the carrying on of the regulated activity had not been effective in practice and could not be effective in monitoring complaints over time, looking for trends and areas of risk that may need addressing.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

# Is the service well-led?

## Our findings

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The person who was managing the service had applied to be registered with CQC.

We found the manager and regional manager honest and open, when we asked them for information to support compliance with regulations and in providing information about the home. We observed their interactions with people and staff and saw they were polite friendly and caring.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thoughts and opinions at staff meetings. They told us they felt they could freely voice their opinion to the manager and deputy manager and they were listened to. All staff spoke of strong commitment to providing a good quality service for people living in the home. They also said they were confident about challenging and reporting poor practice, which they knew would be taken seriously.

When we spoke with staff they were aware of the home's policies and procedures, confirming there was a copy in the office and that they also could be accessed on-line.

The service had a quality audit book, which followed CQC's new methodology to ensure they met our key lines of enquiry. The service scored themselves against this and produced an action plan, identifying where improvements were needed. This was overseen by a regional manager who confirmed the outcome of the audit, adjusting the action plan where necessary.

We looked at the quarterly audit reports for the last two quarters. The percentage scores for the key area 'caring' remained the same at 100%. Four key areas identified improvements: 'effective', 'responsive', 'safe' and 'well led' identified a worse score. For each report there was a detailed action plan put in place for the manager and staff to follow to ensure any improvements identified were completed. We looked at the action plan and noted that some of these had already been actioned, but also where further improvement was still needed to meet regulations. For example, in the effective section the audit highlighted health action plans had not been signed and dated. We found improvements in this area during the inspection. In contrast, it identified a lack of a register for best interest decisions, something we had identified as needing to improve on this inspection. This meant systems were in place to identify where improvements were needed.

The provider sent out annual feedback forms to people they supported and key people identified in their circle of support. We looked at the last annual service review that had been formulated in October 2014. The report identified feedback in ten key areas, relating to individuals care, what went well and what needs to improve. An action plan was formulated, with identifiable measures.

During this inspection we found accidents and incidents had not been monitored by the manager to ensure any triggers or trends were identified. Likewise, any safeguarding incidents.

We also found there was a lack of monitoring of the impact on people when identified staffing levels had not been maintained and when people were awake during the night.

The system for identifying, receiving, recording, handling and responding to complaints in relation to the carrying on of the regulated activity had also not been effective in practice as we found where complaints had been recorded could not be effective in monitoring complaints over time, looking for trends and areas of risk that may need addressing.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

Systems and process established to protect people from abuse were not effective to enable investigation upon becoming aware of any allegation of abuse.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not effective in assessing, monitoring and mitigating risks, relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of the regulated activity had not received such appropriate support, training, professional development and appraisal as is necessary for them to carry out the duties they are employed to perform.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

All the information and documents required specified in Schedule 3 were not available.

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.