

Zeno Limited

Zeno Limited

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Zeno Limited is a residential care home providing accommodation for persons who require personal or nursing care for up to 7 people. The service provides support to children aged 13 – 18 years, younger adults and people with learning disabilities or living with autistic spectrum disorder. At the time of our inspection there were 3 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of care did not always maximise people's choice, control and independence. Restrictions within the home did not always consider people's individual needs and were not reviewed in line with current best practice.

The provider had not always considered best practice and guidance for the design of the home.

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.

People were not always supported to receive a healthy and nutritious diet. There was a lack of meal planning, to ensure people's dietary needs were addressed and improved.

Staff used pictorial images and social stories to support communication between themselves and people living at the service.

Right Care: Proactive strategies to reduce the risk of people exhibiting behaviours were in place. However, the provider had not agreed the most appropriate strategies for using physical intervention in care records. Assessments had not fully considered holistic person-centred care and did not describe how people should be supported to reach identified goals.

Relatives felt their relation was safe while living at the home. Staffing levels were satisfactory.

People were supported by a range of health and social care professionals. Health actions plans were in place but lacked guidance for how staff should support people to stay healthy.

We observed kind and caring interactions from staff when supporting people. People were relaxed in staff's presence.

People were supported to attend activities at and away from the home with staff.

Right Culture: The provider had not ensured staff were always recruited safely. The provider had not identified gaps in recording within incident records. The provider was not completing spot checks and fire drills during evenings and weekends to assure themselves the service was operating effectively in their absence.

Incidents of self-injurious behaviour, which required hospital treatment, were not always reported to the local authority or the Care Quality Commission. Commissioning social workers were informed of incidents.

Staff received training to support their job role. Training to support people with learning disabilities and autism was provided.

Staff and relatives felt confident to raise any concerns they had and felt they would be listened to.

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

Rating at the last inspection for this service was good (published 24 December 2019).

Why we inspected

The inspection was prompted, in part, due to concerns received about alleged abuse and staffing arrangements. A decision was made for us to inspect and examine those risks.

We found some of the information received about the service had been incorrectly linked to this location and was connected a separate location of the providers. We have now ensured the information had been aligned with the correct location.

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.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, safeguarding service users from abuse and improper and good governance at this inspection.

We have made a recommendation the provider consults with a pharmacist to obtain the correct administration process for administering medicines in people's food.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Zeno Limited

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 Health and Social Care Act 2008.

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 team consisted of 3 inspectors. Two inspectors attended both dates of the inspection visit.

Service and service type

Zeno Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Zeno Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 25 July 2023 and ended on 4 August 2023. We visited the home on 26 July 2023 and 1 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection

During the inspection, we spoke with the registered manager the deputy manager and 6 staff members. We spoke with 1 person living at the home and 2 relatives. We also spoke with health professionals of people living at the home.

We reviewed 3 care records and associated care plans and assessments. We reviewed 5 staff recruitment records and several, induction, training and supervision records. We looked at the providers policies as well as governance processes.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- Risks were assessed, and strategies to reduce risks were recorded. However, further work was required to ensure positive behaviour support plans (PBSP) were reflective of the level of physical intervention required to ensure each person was supported in the least restrictive way.
- PBSP contained strategies to support each person when they exhibited behaviours which indicated they may be distressed, but they lacked guidance on the agreed physical interventions to be used. The registered manager told us, the level of physical interventions to be used were to be assessed by the staff dependent on the situation.
- Staff said they used the least restrictive practice, however due to the lack of clear detail for agreed physical interventions in the PBSP, and poor incident reporting, this could not be evidenced.
- Incident records lacked clarity on the length of time physical intervention was used. Some incident forms recorded the length of the incident and length of physical intervention as exceeding one hour or more. The registered and deputy manager felt this was a recording error which had not been identified as part of their reviews of the records.
- The internal and external safety of the building was monitored including fire, gas, and electrical safety. Fire drills only occurred every 6 months during the day, and only on weekdays. This did not consider the changing needs of people living at the service or how staff should respond if the fire alarm sounded during the night or at weekends.

Records relating to the care and treatment of people were not always fit for purpose. The provider did not always have good governance processes in place to identify and assess risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff spoken with, told us they read risk assessments before supporting people.
- Staff were aware they must complete incident records and told us, "If there's an injury, we do an incident report and a body chart."
- Staff told us physical intervention was applied for the least time possible. One staff member said, "We record how long [Name] was anxious for and what was offered to try and calm them. We hold on [Name's] arm for a few minutes only."
- A relative told us, they were informed of any incidents. One relative told us, [Name] is kept safe. [Provider] has been adaptable in their methods for dealing with [Name's] changing needs."

Staffing and recruitment

- The providers processes to ensure staff were safely recruited were not always followed.
- We noted 1 instance where staff started work before references had been obtained and 3 occasions where only character references had been received. The provider's policy required an assessment of risk to be in place before staff started work in these circumstances, but these had not been completed.

Records relating to people employed did not always include information relevant to their role. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were satisfactory, and staff spoken with felt there was enough staff on duty.
- Relatives spoken with felt their relation was safe while being supported by staff and felt staff were responsive to their relations needs.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse.
- Incidents of self-injurious behaviour where injury had occurred were not always reported to the local authority nor was medical intervention always sought. Incidents were not always notified to the Care Quality Commission either.
- We did find commissioning social workers had been informed but the provider had not followed local policies for reporting injuries to people.

The provider did not follow local safeguarding arrangements. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in safeguarding vulnerable adults and children. Staff were satisfied they could raise any concerns and would be listened to and told us, "We are encouraged to give feedback or whistle blow if we need to."
- Relatives spoken with felt their relation was safe living at the home.

Using medicines safely

- Medicines were administered safely by trained staff.
- One person was aware their medicine was administered in their food. This had been agreed by the prescriber. However, the provider had not consulted a pharmacist to agree the most appropriate method for administering, for example, dissolving or crushing.

We recommend the provider consults with the pharmacy to ensure medicines administered covertly are administered correctly.

- Staff received training to enable them to administer medicines and were competency checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could receive visitors to the home, but arrangements needed to be made to ensure people were at home and visiting would not impact on other people living at the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working in line with the principles of the MCA and was not always ensuring people's needs and choices were delivered in line with current guidance.
- The provider had not considered how a wider blanket restriction used across the service in terms of the internal doors being locked throughout the property impacted on people being supported by the service and they had not considered the least restrictive option. The provider told us it was not their policy for internal doors to be locked except for 1, however our observations during both inspection visits, and feedback from staff, showed this policy was not being followed.
- On both dates of the inspection visit, staff had to use a key or a fob to enable inspectors to access other parts of the service, including the stairwell and one person had their lounge locked to prevent them accessing the room during the night and this had not been considered as part of a best interest's process or in the application to deprive the person of their liberty.
- The provider had applied to deprive people of their liberty but had not considered all restrictions placed upon people being supported.
- Assessments of people's needs were only considering the management of behaviours that may challenge and did not consider a wider holistic approach to providing person-centred care, such as promoting

independence skills or working towards meaningful outcomes.

The provider was not following the principles of the MCA for their approach to the use of restraint and restrictive practices. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they had been involved in planning the move to the service and had been involved in 4, 9 and 12 week reviews. One family member told us, "We were able to tell them [the provider] of what [Name's] environment should be like."

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

- People were not always supported to eat a healthy and nutritious diet.
- We reviewed the dietary records for all people living at the home. One person, who lacked capacity around nutrition, did not have any specific fruit or vegetables recorded in their diet for the 7 days prior to the inspection. The provider said that some meals, for example cottage pie, included vegetables, but these had not been recorded.
- Staff told us, the person was not permitted to eat cheese and high fat or spicy food due to a health concern. However, we regularly found the person was eating cheese and high fat foods.
- One person told us they were able to choose what they wanted to eat, and we noted they often ate fast food. We saw the person's diet was discussed with them, with a view to having more fruit and vegetables in their diet.

The provider did not ensure they assessed each person's nutritional, and hydration needs to support their wellbeing and quality of life. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had been designed to support people who may exhibit complex and behaviours which may challenge for a 12-week period. However, people were residing at the service for much longer than 12 weeks and the provider had not considered this when ensuring the design of the service met people's needs.
- The provider had considered some best practice guidance for designing the service to support people living with autism. However, this had left a clinical, institutional feel to the building with peep holes in the majority of doors, bare single colour corridors and heavy locked doors.

The provider had not considered nationally recognised evidence-based guidance when designing delivering and reviewing care. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to access healthcare services such as GP, psychological and psychiatric support, podiatry and dental services.
- Health action plans were in place but lacked detail in what the person and staff should do to ensure everyone stayed as healthy as possible.
- Health actions plans lacked information on what foods and exercise would support each person's well-being and promote independence.

Staff support: induction, training, skills and experience

- Staff received an induction and training to support their job role.
- Staff received a mixture of face to face and e-Learning training. Training in physical intervention strategies was provided by the registered manager and deputy manager who had completed an accredited training course.
- Staff employed by the provider did not always have experience of supporting people with learning disabilities and autism or supporting people within social care. The provider ensured those staff completed the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors.
- Specialist learning disability and autism training was provided to staff.
- A relative told us, "[Name] has staff with them and other trained staff are usually around."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence;

- We saw evidence people's dignity was respected by staff. However, while completing our observations, we observed several staff coming in and out of 1 person's lounge including the registered and deputy manager. At times, the lounge area became crowded and noisy which was not in line with the persons care plan.
- Staff supported people to promote independence, but further work was required to ensure independence goals were fully implemented. We observed staff prompting people to assist in putting shopping away and there was evidence in care records where people had supported meal preparation and light cleaning.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed during the inspection people were mostly well treated.
- We observed some people had formed positive relationships with staff. We observed a person leading staff by the arm to a place of their choice and another person was at ease when talking openly and honestly in front of a staff member.
- Relatives told us, they had been involved in the care of their relation and felt staff were offering person-centred choices around activities.
- One relative told us, "This placement has been different in every respect, they have done everything they said they would do." Another relative said, "We have been recognised as being an 'Expert' opinion where [Name] is concerned."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Support plans did not always clearly describe the action staff needed to take to effectively support people.
- Support plans for keeping people safe when they became physically aggressive did not describe how staff should respond when physical aggression was displayed. It referred to moving to advanced techniques according to the level of risks posed, but did not describe what these techniques were. Support plans did describe actions for staff to take when agitation was beginning to increase which included redirecting and talking to the person.
- Support plans recorded some goals but did not confirm how staff should support each individual to reach the goal. For example, a goal for one person was to carry out more complex personal care tasks but there had been no plan incorporated of how this would be achieved.
- Support plans were given an annual review date which was ineffective as people were only planning to remain at the service for a maximum of 12 weeks.

The provider did not ensure assessments of people's care and treatment needs included all of their needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Each support plan gave a brief overview of the person and what was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans were available in easy read versions which supported some people to understand the care and support being provided to them.
- Staff were using pictorial images and social stories to support communication with people who used the service.
- Care records recorded people's communication needs and what support was required to promote positive communication.
- People were being encouraged to use electronic tablets to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to join in activities away from the home which included walks, cycling, visiting the zoo and visiting local parks.
- Staff told us they supported visits for people to see families and supported people to eat out or visit the cinema.
- A relative told us a trip to the cinema had been well organised and planned in consultation with the family.
- At the home, people could play video games or watch TV and DVDs or listen to music. There was an accessible trampoline in the garden and a large garden area for people to relax in.
- The provider had been able to access some educational provision which supported some life skills such as making a snack or completing laundry, but this had not been incorporated into detailed care planning.
- A relative told us, "We meet with [Name] every week and have video calls 3 times a week."

Improving care quality in response to complaints or concerns

- The provider had a policy in place to assist in managing complaints.
- No complaints had been received since the last inspection.
- Relatives felt confident to raise any concerns they had.
- A relative told us, "On the rare occasion, I do have any concerns, I feel very comfortable raising them."

End of life care and support

- The service was not commissioned to support people who were at the end of their life.
- Should people become unwell at the service where their life was at risk, appropriate health support and monitoring would be sought.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Working in partnership with others

- Managers had not used the quality assurance system to robustly manage and oversee the service. Issues had not been identified through the quality assurance system.
- The registered and deputy manager were regularly reviewing incident reports and had not highlighted where physical interventions had been recorded in excess of one hour or more. The registered manager believed this was a recording error which had not been highlighted as part of their internal audits.
- The reviewing of incidents records was ineffective as the registered manager and deputy manager were ink stamping the reviews section of the document with "Strategies followed" or, "Staff dealt with the incidents well and followed strategies in place." This meant the provider could not see patterns and themes of incidents when they occurred.
- Reviews of incidents had not highlighted where staff had not followed procedures. For example, there were incidents which had occurred while people were being supported in the provider's vehicles. These had put both staff, people supported and the public at risk. On speaking with staff, we found some staff sat in the front of the vehicle with the driver rather than in the back with the person supported. This had not been highlighted as part of the reviews of incidents.
- The lack of dietary needs being met had not been identified as part of care records audits.
- As described in the safe and effective sections of this report, staff said they used the least restrictive practice, however due to the lack of clear detail for agreed physical interventions in the PBSP, and poor incident reporting, this could not be evidenced.
- The provider had not updated their statement of purpose to incorporate the service currently accommodated people beyond the agreed 12 weeks. A statement of purpose describes the purpose of the service.
- The provider was completing spot checks every 3 months on a weekday at 10am. The provider had not recorded any out of hours spot checks to assure themselves the service was operating effectively when the management team were away from the home.
- The provider had not followed their own recruitment procedures, and this had not been identified.

The provider did not operate effective systems and processes to make sure they assessed and monitored the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Registered and deputy managers from the providers other services visited the home to complete internal audits of the provision. The last audit available was from June 2023. Actions identified had been completed.
- Moving on recommendations had been recorded by the provider which highlighted the requirements for each person to be successfully supported.
- The provider was sharing weekly information with commissioning social work teams. This included incidents, activities attended, trips out and sleep patterns.
- The provider had produced an outcome document for people who had previously used the service which evidenced part of their journey. The document reviewed levels of incidents on admission to the home against a reduction of incidents when leaving the home. There were also some details about activities people had engaged in; however, the main focus was around people's behaviours.
- We found the provider was focused on managing behaviours rather than providing holistic person-centred care.
- Staff felt they were supported by the management team. Some staff felt managers were not always visible within the service but knew they could be contacted in the office that was in the grounds.

Working in partnership with others

- The provider worked with health and social care professionals such as social workers, learning disability teams and commissioners.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure they assessed each person's nutritional, and hydration needs to support their wellbeing and quality of life. The provider had not considered nationally recognised evidence-based guidance when designing delivering and reviewing care. The provider did not ensure assessments of people's care and treatment needs included all of their needs.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not follow local safeguarding arrangements. The provider did not regularly monitor and review their approach to the use of restraint and restrictive practices.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to the care and treatment of people were not always fit for purpose. The provider did not always have good governance processes in place to identify and assess risks to people. Records relating to people employed did not always include information relevant to their role. The provider did not operate effective systems and processes to make sure they assessed and monitored the service.</p>

The enforcement action we took:

Warning notice