

Iceni Care Limited

Lapwing Lodge

Inspection report

12 Lapwing Close
Bradwell
Great Yarmouth
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Tel: 01493718684

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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

Lapwing Lodge is a residential care home which can accommodate up to three people with learning disabilities or autistic people. People who used the service had their own bedrooms with a separate communal kitchen and lounge. There was also a shared garden area people had access to. The service provides respite care, and there was one person who lived at the home on a permanent basis. At the time of our inspection there were two 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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

Lapwing Lodge is based in a residential building. It is close to local facilities and externally, there was nothing to indicate it was a registered care home which helped to promote the concept of community living.

People were not always 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; the service had not always adhered to the Mental Capacity Act 2005 and consent was not always sought. There were gaps in staff's knowledge in terms of promoting people's safety from experiencing potential abuse and harm. We also found shortfalls when a new person came to stay at the home in terms of assessing risks and making plans to support them and others to be safe.

Care records did not always reflect what people's aspirations or longer-term goals were. There was limited evidence that people had been involved in creating their care plans.

Some people were not always safe from harm from the people they lived with. Some people's needs did not fit in with others when using the communal areas of the home. This had led to some people having negative experiences. The registered manager had not been made aware of an incident when a person had been harmed by another. Following the inspection, we made a safeguarding referral in relation to this incident and the on-going risks posed.

Right Care

The service provided care and support to individuals on respite, and to people who lived at Lapwing Lodge on a permanent basis. This did not always provide a predictable environment for people to live in, and incidents had occurred. When new people came to stay at the home, people were not always consulted with in a meaningful way, to see if they were happy about this.

Although we observed staff to be effective in supporting people, we could not be assured that staff had completed all training necessary to ensure they had the skills to deliver people's care effectively. Records of staff training were not always up to date. People received their prescribed medicines by staff who had received training. However, staff had not been assessed for their competency whilst undertaking a more complex procedure of medicine administration.

We observed caring interactions between staff and people. Staff told us they were very fond of and cared about the people at the home. Staff knew people well and had established positive relationships with them. People enjoyed activities which were personalised to them, and relatives confirmed this. People accessed activities within the community and attended the Icení day centre.

People's hydration and nutritional needs were met, and people received a varied diet of their choosing.

Right Culture

The management team aimed to provide a service that was person centred and caring. However, the underpinning systems of governance did not always support this. Audits to monitor the quality of the service had not been regularly undertaken. Some audits were not completed robustly which would help the service to identify and address on-going issues. Action plans were not always in place when improvements had been identified. Provider oversight needed to be strengthened so they were able to recognise and act on shortfalls in care provision and quality checks.

The registered manager was responsive to feedback and began addressing the shortfalls and concerns we identified during the inspection.

Rating at last inspection

This service was registered with us on 4 March 2021 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to management of risk, consent procedures, staff training, and governance.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Lapwing Lodge

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

One inspector carried out this inspection.

Service and service type

Lapwing Lodge 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. Lapwing Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 all this information to plan our inspection.

During the inspection

We spoke with one person. We also observed staff supporting people in their day to day lives at the home. We spoke with one staff member, and the registered manager.

We reviewed two care plans, two medicines records, and documents relating to governance of the service. We requested further records such as staff meeting minutes and supervision records sent to us electronically.

After the inspection we spoke with two staff members, and two relatives. We also received feedback from the local authority quality monitoring officer, and one social worker.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe, and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments did not always contain sufficient information to guide staff in how to reduce risks to people as far as possible. Some risk assessments relating to people's health, such as for constipation, were not in place.
- Where people were at risk of self-harm, it was not always clear how staff should intervene at those times to ensure people were supported to remain as safe as possible. Additional background information was required to understand the level of risk affecting people.
- Incidents were not reviewed to reduce risk as far as possible, both for staff and people.
- Fire drills were not carried out routinely. The most recent fire drill had taken place in January 2022.
- Fire alarm weekly tests had not been completed since May 2022. Where some fire prevention equipment was identified as being defective the records did not reflect that this was being addressed.
- Staff at the service carried out shower head cleaning to minimise the risks of legionella bacteria developing. However, we found taps to be heavy with limescale as these were not being cleaned regularly. This increased the risk of bacteria forming.
- We were not assured that the provider was using PPE effectively and safely. We saw two staff who were not wearing masks during our visit.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were dusty, such as the staff sleeping room and hand-rails on the stairs. Cleaning records contained gaps which meant we could not be assured that cleaning was taking place regularly.
- We were not assured that the provider was admitting people safely to the service. COVID testing had not been undertaken for one emergency admission.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Not all relatives were encouraged to wear masks.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The cleanliness in the home did not support this.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. PPE was not always worn by staff, for example, face masks.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Admission guidance was needed to be clear about when to test people.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Some links were out of date, and additional information was needed in some areas, such as which cleaning products to use, and laundry procedures.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives we spoke with told us they were able to visit their relatives at Lapwing Lodge. Visits outside of the home, to see family or take part in activities, were facilitated well.
- Following the inspection the registered manager was responsive in addressing the shortfalls relating to risk and infection control.

Systems and processes to safeguard people from the risk of abuse

- There was one recent safeguarding incident which had been reported by the registered manager. Following the inspection, we also made a safeguarding referral in relation to a concern raised to us anonymously.
- Staff received safeguarding training but not all knew how to report incidents of abuse they might come across. One staff member told us of an incident they observed which constituted abuse, but they did not know they could report this to the local authority safeguarding team or CQC.
- Staff were not always able to give examples of incidents which might constitute abuse.

Staffing and recruitment

- We were not assured that all staff had the skills and training required to support people in the safest and most effective way. We have reported on this under the Effective key question.
- Members of staff told us staffing was flexible and increased when needed. Where people required one to one support, we saw this was in place. Relatives said that the staff supporting their relatives knew them well and the core staff group was mostly consistent.
- Disclosure and Barring Service (DBS) checks were carried out by the service to ensure that new staff were suitable for the role. The information helps employers make safer recruitment decisions.
- One recruitment file contained a reference which was from a previous employer, but the email was sent from a private email account. It was not clear who the email was sent from, but the service had not followed this up. One employment history did not include dates of leaving. The registered manager planned to audit all staff recruitment files.

Using medicines safely

- People received their prescribed medicines. Medicines administration records were generally well completed.
- Staff received training in medicines administration and were competency assessed. However, staff were carrying out a clinical task which had not been assessed for by a clinician to confirm they were competent. We have reported on this in the Effective key question under staff training.
- The medicines storage room was above the upper limit temperature for safe storage of medicines. This meant there was a risk that the effectiveness of medicines could be compromised to treat people's health conditions as prescribed. Although staff took steps to reduce the temperature, records did not show what actions were taken when the temperature remained high over several days.
- The medicines policy required updating in some areas to ensure staff had guidance in specific circumstances they may encounter, such as what to do in the event of storage temperatures being exceeded, and when to seek advice from a pharmacist.

Learning lessons when things go wrong

- Lessons were not always being learnt to prevent recurrence. The systems in place for logging incidents did not ensure robust oversight of any themes or trends.
- We became aware of an incident which staff had not reported to the registered manager, and which

should have been. This resulted in another two incidents occurring of a similar nature. We raised our concerns with the social worker and local authority safeguarding team.

Is the service effective?

Our findings

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

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

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 service did not always consider the least restrictive option for people. One person had a monitoring device installed which had not been assessed for under the MCA to ensure any restrictions were lawful.
- People's care records did not reflect that the MCA was considered with tasks such as administering people's medicines.
- MCA assessments were not in place for DoLS applications. The registered manager was not clear on whether they had made an application for a DoLS for one person, but later confirmed they had. There was no log so they could monitor applications.
- Staff had variable levels of understanding of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards. Staff told us they supported people to make day to day decisions but did not always understand what restrictive practice meant.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Background information for new people coming for respite was not always sufficiently detailed so staff had clear guidance on how to support people in the most effective way. Staff told us they did not always know who was coming in for respite and did not always have enough information.
- Some medicines cannot be routinely administered by a care worker. For example, medicines administered via a feeding tube, which are deemed as clinical or nursing tasks. We found staff were supporting a task which they had not received additional competency checks for. Although the registered manager had since sourced appropriate training, they had not considered this prior to the person moving into the service, which placed the person at risk.
- The provider had not fully recognised the need to train and develop its staff. The training matrix was out of date, and it was not clear which staff had completed which training, to ensure staff had the skills and knowledge to meet people's needs.
- There were no checks in place to ensure staff understood the content of the training they received and were able to apply this learning in line with standards, guidance and best practice. For example, training records confirmed staff had been provided with training about the Mental Capacity Act, however some staff struggled to talk about how this legislation related to the people they supported.
- We were not assured that staff had the correct training and competency to support people with behaviour linked to anxiety, distress or other factors. Although the training matrix showed staff had training in this area, it was uncertain if staff were equipped to intervene if a person required staff to 'safe-hold' them for their own safety, or if staff were aware of techniques to protect themselves.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager and provider planned training sessions for staff, and were seeking other relevant training.

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

- Records showed that when people required their food and fluid intake to be monitored, systems were in place to ensure these records were completed accurately and reviewed regularly. One relative said, "[Relative] has a very complex diet, and the staff have been very good ensuring this is followed. I bring in recipes for staff, and they follow that."
- People chose what they wanted to eat, and meals were provided according to people's wishes.

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

- We found not all areas of the service were well maintained, for example, the kitchen worktop was peeling away in one area and the fridge needed to be replaced. The registered manager told us they were aware and advised us they were addressing this.
- Lapwing Lodge is based in a residential building. It is close to local facilities and externally, there was nothing to indicate that it was a registered care home which helped to promote the concept of community living.
- We observed people were able to personalise their rooms. People had choice in where they spent their time as they had private or communal spaces available to them as well as access to outside space.

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

- Improvement was required to ensure external professionals, such as social workers were aware of any new incidents affecting people.
- The service had referred people to specialist services and professionals to ensure their care and treatment

was effective. One relative said, "[Relative] has never been to hospital or been ill, I think that says a lot about the care. They always call me if there is anything I need to know"

- Oral health care was referred to generically, but the manager told us this was going to be more detailed to improve guidance and make this more person centred.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. Due to the areas of improvement outlined in this report, the systems in place did not always ensure people received a service that promoted their well-being and safety.

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

- We became aware of an incident which placed a person at risk of on-going harm as staff had not reported this to the registered manager. Two further incidents had then occurred of a similar nature. Mitigation of risk was not sufficiently robust. This placed the person at risk of harm and did not demonstrate a caring approach.
- Staff did not always ensure people were protected from exposure to environmental factors they would find stressful. For example, a noisy environment. It was not always recognised how the volume or tone of others may impact on people.
- Six staff had not completed equality and diversity training. We could not be assured staff were knowledgeable about people's rights and were able to recognise, respect and value differences in people.
- People told us they liked the staff and found them to be kind and caring. One person said, "They are lovely, [the staff] very kind all of them." A relative told us, "I would know if [relative] wasn't happy. When [relative] spends the day with me, they are always happy to go back to [Lapwing Lodge] which I think says a lot." Another said, "I trust them with my [relative] I know [relative] will be okay when they are at [Lapwing Lodge]."
- We observed and heard care staff supporting people with a kind and respectful manner.

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

- Improvements were needed to ensure people's views about their care and lifestyle were maximised. For example, people were not always involved in creating their own care plans, or activity planners so they knew what each day involved.
- One relative told us they received regular updates via phone and were consulted to contribute to the day to day support their relative received. This included a daily video call to their relative.

Respecting and promoting people's privacy, dignity and independence

- Care plans made some reference to tasks people could do independently, and we did see these tasks were encouraged. However, care plans needed to be more detailed to show that further opportunities and goals are identified to promote people's independence and help them achieve good outcomes.
- The use of language did not always promote people's dignity. For example, one risk assessment stated that the person had a, 'Baby' video monitor. This did not reflect a dignified approach to the person's care needs.
- People told us their privacy was respected. One person said, "I spend time in my room alone, I like that."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Staff did not always have clear guidance to refer to on how to support people effectively. For example, there were no one page profiles with essential information about the likes and dislikes people had to ensure staff would know how to reduce the likelihood of someone having a bad day and how best to support them. This was also important where people were admitted for a period of respite as the staff may not be as familiar with their needs.
- Staff were sometimes using two different recording charts to monitor a person's seizures. Using just one would ensure a more consistent approach and the same level of detail would be recorded on each occasion.
- Care records did not always reflect what people's aspirations or longer-term goals were. There was limited evidence people had been involved in creating their care plans.
- The registered manager responded to our feedback, and on day two of our inspection, we found more detail had been added to care plans. They had also sought advice from external professionals for additional background information for people they were supporting.

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.

- People did not always have access to information in formats they could understand. The registered manager had recognised this and planned to introduce various tools to help aid people's communication and understanding.
- Care records included a section on how people communicated, but these could be expanded further. For example, describing any picture cards or aids which further supported people's understanding when they were communicating.

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's care plans did not include a weekly schedule, or activity planner so people knew what they were doing and when. The registered manager told us currently this was planned on a daily basis with people. However, they recognised that people would benefit from having a clear activity schedule and they would be implementing these.

- Staff supported people to participate in their chosen social and leisure interests. One relative told us, "[Relative] comes home regularly for visits and they also attend the day centre. I don't think [relative] enjoys it as much as they used to, but the staff do keep [relative] entertained with [items] and takes them out for a drive and [activity] which they love."

Improving care quality in response to complaints or concerns

- Relatives told us they felt listened to when they raised concerns with the provider or the registered manager. One relative said, "One time I raised an issue with the service. It was dealt with and it never occurred again. They listened and sorted it."
- The service had received one complaint in the last 12 months. The complaint had been addressed, however, there was not a formal log of complaints in place. Having this helps to have oversight of any feedback and areas for improvement can be put in place to benefit others.
- There was a complaints policy in place, and an easy read version for people to access when required.

End of life care and support

- Care plans did not contain information on people's end of life wishes and preferences. The service supported younger adults with learning disabilities and autism, and no current end of life care was being delivered. However, in the case of sudden death it was important to know people's preferences, to ensure people had a comfortable, dignified and pain-free death in accordance with their wishes.
- Not all staff had completed end of life care training. The registered manager told us they were trying to source relevant training in this area.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The systems and processes in place did not always ensure that the quality of people's care was reviewed to drive improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager spent two days per week at the service, as they also managed another of the providers locations. They told us this impacted on their ability to keep on top of management tasks, such as auditing.
- Audits which check the quality of care had not been completed regularly. For example, medicines and care records. Where they had been completed, an action plan was not always in place to ensure improvements were made.
- People's care records were not always accurate, and some required updating to ensure information about risk to people and others was known.
- Infection control procedures were not robust and cleaning records contained gaps.
- Governance processes had not been effective in helping to keep people safe, protect people's rights, and provide good quality care and support.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded to our feedback and was making improvements to the service following the inspection. However, these had not all been fully implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The complex needs and incompatibility of people living in the service did not always support good outcomes for people, leading to incidents occurring. Staff told us they were concerned about the negative impact some people experienced when the environment changed. For example, when a new person was admitted for respite.
- People were generally supported by a core group of staff which provided them with consistency. Staff spoke respectfully about people, and said they enjoyed supporting people.
- People took part in activities of their choosing, but further work should be considered around longer-term goals and aspirations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and was open with us about what needed to be improved in the service. We did however become aware of an incident which was not reported to a relative in a timely manner. The registered manager rectified this once it was brought to their attention.
- There had been one notification made to CQC. The registered manager was able to tell us which incidents were reportable. At the time of writing this report we were awaiting notifications for two safeguarding incidents which occurred recently. We advised the registered manager and provider that notifications should be made without delay.

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

- At the time of the inspection, surveys had not previously been issued to people to gain feedback. Surveys had recently been issued to relatives and people and they were awaiting feedback.
- Care records did not always show that people had been involved regularly and in a meaningful way. For example, people helping to create the content within care plans, and signing them to show their involvement.
- People were supported to maintain contact with their relatives and/or friends on a regular basis.
- Relatives told us they felt involved and updated with anything of significance. One relative said, "They [registered manager] are very good, they keep me updated with anything of concern."
- Staff told us they enjoyed their roles and mainly felt supported by the management team. Some staff felt they needed more information when people on respite came to stay. They told us they enjoyed working with people in the home and spoke kindly and respectfully about them.

Working in partnership with others; Continuous learning and improving care

- Hospital passports were in place in the event people needed to be admitted to hospital. These were not always fully completed to ensure information provided to other professionals was clear about how to communicate effectively with the person as well as their likes and dislikes in terms of physical contact, food and drink.
- The service liaised with specialist teams for reviews and advice about people's care.
- The provider needed to ensure staff were skilled to deliver people's care and treatment. We found some training had expired, and this had not been addressed prior to our inspection.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service did not always consider the least restrictive option for people. The Mental Capacity Act was not adhered to.</p> <p>11 (1)</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>Risks relating to people's safety were not always in place, or sufficiently detailed. Incidents which had occurred were not reviewed to identify themes and trends.</p> <p>Infection control procedures were not robust.</p> <p>12 (1) (2) (a) (b) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Auditing processes were not robust, and had not been routinely undertaken to identify issues and drive improvements. Governance processes had not been effective in helping to keep people safe, protect people's rights, and provide good quality care and support.</p> <p>17 (1) (2) (a) (b) (c)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive all training relevant to their role. Some training was out of date.

Competency checks had not been completed for staff completing delegated tasks

18 (1) (2) (a)