

Endsleigh Care Limited

Endsleigh Care 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Endsleigh Care Limited is a residential care home providing personal care to eight people with mental health needs at the time of the inspection. The service can support up to 11 people. The premises consisted of two houses that had been converted into one on a residential street.

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

Risk assessments were in place for people, but these did not provide adequate guidance about how to mitigate risks associated with violence and aggression. The premises were not safe, as dangerous equipment was accessible to people and locks on bathroom doors could not be opened by staff in the event of an emergency. Infection prevention and control measures were not sufficiently robust. Quality assurance and monitoring systems were not always effective. Pre-admission assessments did not cover needs in relation to equality and diversity. The provider did not seek people's views about end of life care.

People spoke positively about the service and the support they received. Steps had been taken to safeguard people from the risk of abuse. There were enough staff working at the service and robust staff recruitment practices were in place. Medicines were managed in a safe way. Lessons were learnt from accidents and incidents.

Staff undertook training and supervision to support them in their role. People were able to make choices about what they ate and to have a healthy and nutritious diet. The provider worked with professionals to help meet people's health care needs.

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 told us staff were caring and that they were treated with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity.

Care plans were in place for people, which set out how to meet their needs in a person-centred manner. Information was provided to people in a way that was accessible to them. People were supported to follow their interests and access the local community. Systems were in place for dealing with complaints.

People and staff told us there was an open and positive culture at the service and they spoke positively about the registered manager. People were supported to express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

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

Rating at last inspection

The last rating for this service was good (published 2 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the physical environment. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, 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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to risk assessments, the safety of the premises, infection prevention and control measures and quality assurance systems at this inspection.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Endsleigh Care 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Endsleigh Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager of the service was also the provider.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager, deputy manager and two support workers. We observed how staff interacted with people.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, staff supervision records and the training matrix.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people, but these were not always of an adequate standard, especially in relation to risks associated with violence and aggression. We looked at the risk assessments of three people. All three had a history of behaviours that challenged others, including staff and other people who used services. For one person, there was no recent history of this, but for the other two there was.
- The provider had a policy titled 'Guidelines for Contingencies and Crisis Plans'. This stated that plans should be in place for dealing with potential crisis, which should include early warning signs and potential triggers for relapses that led to violence. However, these were not included in risk assessments. Furthermore, assessments did not include personalised de-escalation plans for when people first started to show signs of agitation, nor did they cover actions for staff to take in the event of a person presenting as violent or aggressive. This lack of guidance potentially put staff, people and others at risk.
- Risk assessments were not always kept up to date. During the inspection we observed a person engaging in an activity that carried a large element of risk. We discussed this with the registered manager who said this was a known behaviour. Records showed the same thing had occurred on 19 October 2021, 16 days prior to our inspection. But the risk assessment had not been updated to cover the risk this posed. After our inspection the provider sent us an updated assessment that covered this risk.
- Some steps had been taken by the provider to make the premises safe, such as fire safety, gas and electrical equipment checks. However, other elements of the physical environment were not safe.
- Most people had their own ensuite bathrooms, but there were two communal bathrooms. One was kept locked and not in use at the time of inspection. The other bathroom was used by people. It had a bolt style lock fitted to the inside of the bathroom door. This could only be locked and unlocked from inside the bathroom. This meant staff would not be able to open the bathroom quickly in an emergency situation. After our inspection, the provider sent us confirmation that new locks had been fitted to the two communal bathroom doors, that could be opened from the outside in an emergency.
- As mentioned, several people had a history of behaviours that challenged, including the use of objects that could hurt others on occasions. We noted that some objects that could hurt others were stored in an area that was not kept locked and people could freely access. We discussed this with the registered manager who took steps to put these items in a safe place.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention and control measures were not always robust. Upon entry to the service, there were no signs to remind visitors about the importance of controlling the spread of infections. There was no Personal Prevention Equipment (PPE) available to visitors upon their entry. We spoke to the provider about this and were told this was due to recent redecoration. Following our comments, staff placed PPE near the entrance to the service.
- There was also a lack of Infection Prevention Control signage in important places, such as bathrooms. We raised this with the provider, and they added signs whilst we were on inspection.
- Daily cleaning schedules were not being completed all the time. We noted numerous gaps in the cleaning schedule which indicated the service was not being cleaned as regularly as the provider required.
- The provider's last infection control audit was in November 2020, one year prior to our inspection. This meant the provider was not regularly auditing infection prevention and control and would have remained unaware of the issues we had found.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained in infection control and knew how to use PPE. There was ample supply of PPE.
- People and staff had access to COVID-19 testing. The service recorded these results and shared relevant information about testing and vaccination with the local health protection team to assist with the monitoring of COVID-19.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had policies covering whistle blowing and safeguarding adults. These made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Where there had been allegations of abuse, these had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding and understood their responsibility to report abuse. One member of staff told us, "I would raise that [an allegation of abuse] with the manager first. Then we can go to an extra level and go to the council."
- People told us they felt safe. One person said, "Yes I feel safe, they look after people, they look after me."

Staffing and recruitment

- There were enough staff working at the service to support people in a safe way. We observed that staff did not appear hurried in their roles and were able to provide support as required. Staff told us they had enough time to support people and there were enough staff. People told us there were enough staff. One person said, "Yes there's enough staff, there's always two to three of them, two on at nights and three at day. They take their time when working with us they are dedicated people."
- The provider had robust staff recruitment practices to help ensure only suitable staff were employed. Recruitment practices included obtaining proof of the person's identity and right to work in the UK, employment references and checking if staff had any criminal convictions or were on any list that barred them from working with vulnerable adults.

Using medicines safely

- Arrangements were in place for the safe administration of medicines. Medicines were stored securely in a

locked and designated medicines cabinet, with a separate storage facility for controlled drugs.

- Medicine administration records [MARs] were maintained which included details of each medicine. Staff signed these after every administration so there was a clear audit trail in place. MARs we checked were accurate and up to date. Guidance was in place for staff about when to administer PRN [as required] medicines.
- Records were kept of the stock balance of each medicine. We checked some medicines and found the amounts held at the service tallied with the amounts recorded as being in stock.
- People told us they got appropriate support with taking medicines. One person said, "Yes, the staff know what they are doing with the meds and support taking them at the right time."

Learning lessons when things go wrong

- The provider took action to learn lessons when things went wrong. They had a policy on accidents and incidents which detailed the steps to be taken in the event of an accident or incident.
- We saw these were recorded and analysed to see what action could be taken to reduce the risk of a similar accidents or incidents occurring again.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out assessments of people's needs prior to them moving into the service. The assessments involved discussions with the person and other relevant people including health and social care professionals.
- Assessments covered needs related to communication, physical wellbeing, oral health and dietary preferences. However, the assessments did not cover relationships or social and leisure interests. Furthermore, they did not fully cover equality and diversity needs. There was a section on religion, but not on other protected characteristics such as gender, sexuality or ethnicity.

We recommend the provider follows best practice when carrying out pre-admission assessments of people's needs, so that a holistic assessment is carried out covering all relevant needs.

Staff support: induction, training, skills and experience

- Staff received training to support them in their roles. The provider sought to ensure staff refreshed their training regularly. However, this was not entirely clear at the time of our inspection. The provider had not maintained up to date records of staff training. They sent us an up to date training matrix shortly after we visited the service. This showed that the provider did not always have effective systems in place for the management of the service.
- There was a variety of training subjects, including first aid, mental health awareness and working with behaviours that challenge. Staff told us they received a lot of training. One staff member said, "I did so many training, some online some indoors." Staff were also supported to access qualifications which were relevant to their role. For example, the provider had supported staff to complete national vocational qualifications in mental health and health and social care management.
- Staff undertook regular one to one supervision with one of the senior staff. This gave them the opportunity to raise matters of importance to them and discuss their performance and development needs.

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

- The premises had been adapted to meet people's needs. The property had been converted from two terraced houses. Some inner walls had been removed so both houses could be accessed from the other making it easier for staff and people to move about the premises. This was required as there was a shared dining area. The premises had maintained separate gardens, kitchens, and living rooms. Some of the areas were usually locked and required access to be requested from staff, in line with assessed risks.
- For the most part, the homes appeared well maintained. However, each house had a cellar and we found flooding in one cellar which the provider had told us was a common local problem and that they had

contacted their local water authority about this.

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

- People told us they were happy with the food provided. One person said, "We get to eat our favourite food." The service had previously offered people daily written options to make food choices but had found people had tended not to respond so now offered these choices verbally.
- Food was primarily stored and cooked in one kitchen. Food was appropriately labelled to ensure staff knew when it had been opened and was safe to consume.
- Where required, people's nutrition and hydration could be monitored to support with their health conditions. Staff told us, "If there is concern with food we will monitor and record." Staff were aware of people's health conditions as these were recorded in their care plans. For example, one person was suspected of having diabetes. We saw the service had maintained records of what food they had eaten alongside monitoring their blood sugar. This meant people were supported to eat and drink healthily and maintain a balanced diet.

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

- The service worked with other agencies to support people and meet their needs. Records showed the service engaged with other agencies, including community psychiatric nurses, the palliative care team, social workers and the police.
- People told us they were supported with their health care needs. One person said, "They support us to see doctors. They will drive us there if we need it." Another person said, "They have organised me to talk with my doctor and review my medicines." Records showed appropriate interaction with, and referrals to, health care professionals. The service worked closely with mental health care professionals who supported the service with both admissions to and discharges from hospitals and guidance for staff how to work with people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff sought their permission. One person said, "They ask me to sign things and ask me to sign for money in the safe." People signed documents to signify their consent to decisions made. This included care provided at the service, the right to store information and to hold money on behalf of people.
- At the time of our inspection one person at the service required DoLS authorisation. A DoLS authorisation application had been made to the local authority to deprive this person of their liberty so as to keep them safe from harm. This application was appropriate.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well by staff. One person said, "Yes they care about us, the way they act around me. They are nice to me and talk me through it if I feel ill." Another person said, "The staff are all good and I get on well with all of them."
- Staff told us they respected people as individuals and worked to build relationships with them. We saw that staff interacted with people in a caring and sensitive manner during our inspection.
- Although pre-admission assessments did not thoroughly cover people's needs in relation to equality and diversity issues, these areas were covered in people's care plans. The registered manager gave examples of how equality and diversity needs were met. For example, one person regularly attended a place of worship. Another person was supported to eat food that was reflective of their religion and culture.

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

- People were able to express their views and be involved in decision making. Care plans were developed with service users and included sections where people were able to include their views. People had a monthly one to one meeting with a member of staff. This gave them the opportunity to discuss their care plan and talk about any other issues that were important to them.
- Staff told us people were supported to make choices about their daily lives. They said most people were able to make decisions for themselves, such as where they went and what they wore. Staff provided some encouragement to people to help them make choices, for example, about clothing that was appropriate for the weather. A person told us, "We can go out when we want and do things [we want]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by the service. One person told us, "Yes I think so [I am treated with dignity]. I do think so." Staff had a good understanding of how to promote independence, for example, they supported people to develop independent living skills such as cooking and budgeting.
- People's right to privacy was respected. Each person had their own bedroom, and they had a key for this. One person told us, "I have a key to my room. My personal items are safe." Staff had a master key so they could access bedrooms in an emergency. Confidential records were stored securely in locked cabinets and password protected electronic devices. There was a confidentiality policy in place which provided guidance for staff on this issue. We observed staff speaking to people and noted they often asked to speak with them in private, so as to ensure any confidential information was not overheard.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- It was not always clear whether people's complaints were responded to. During the inspection the provider showed us a version of the complaints policy which was out of date. The provider subsequently sent us the most up to date policy.
- We noted the policy stated both written and verbal complaints should be recorded in the complaints book. Whilst this appeared to have occurred, there was no recording of actions or solutions to address verbal complaints which had been recorded.
- Similarly, the policy stated, "The home should discuss complaints and their outcome at a formal business meeting and the home's complaints procedure should be audited by the home manager every six months." We saw no evidence of these audits or their outcomes at formal business meetings.
- People told us they were able to make complaints, but for the most part had not needed to do so. One person told us, "I would say something [if I needed to complain]. I never had to make a complaint before." Where we found evidence of responses to complaints, we saw this had been done appropriately.

We recommend the provider follows its own complaints procedure to ensure complaints are responded to appropriately and actions or solutions to verbal complaints recorded.

End of life care and support

- There were no systems in place to discuss people's end of life care needs. The provider had worked with people receiving palliative care and was able to demonstrate supporting people who were at the end of life. However, they did not routinely capture people's wishes in this regard. We discussed this with the registered manager who said they would address this.

We recommend the provider follows best guidance with regard to recording of end of life wishes.

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

- Care plans were in place for people which set out their needs in a person-centred way. People were involved in developing their care plans and they had sections to record the views of people. Plans covered needs including health, medicines, self-care, relationships, equality and diversity.
- Staff had a good understanding of the individual needs of people. Care plans were regularly reviewed, which meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs appropriately. People's care plans contained information about their communication needs and abilities. People's needs were assessed when they started using the service and if communication needs were identified the provider told us they would make reasonable adjustments to support people's needs.
- For example, one person who had sight impairment was provided with larger text documents should they request it.

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 told us they were happy with the support they received to attend activities. One person told us, "We went to Turkey once. Two members of staff and three clients. Best time I ever had. We went to the beach, shopping, good food." Another person told us, "We go out for meals and go to Nandos and we went to beach and went to cinema. We went to the pictures and the zoo. We had four nights away crab fishing in Clacton."
- Most people at the service were independent and encouraged to attend activities which were of interest to them. Where the provider was able to support with these, they did so. One person told us how the provider was supporting them to join a local leisure centre whilst another spoke about support accessing education and faith groups.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care

- Although systems were in place for continuous learning and improving care, these were not always effective.
- Quality assurance systems included audits, surveys and inspections by an outside consultant. However, these had failed to identify the areas of concern that we found during the inspection. For example, although an infection control and prevention audit had been carried out, this had not identified the lack of signage in the premises related to reducing the risk from COVID-19. Risk assessments were subject to regular review, but these had not highlighted the shortfalls in risk assessments in relation to managing violence and aggression. Health and safety audits were carried out, but we found areas where the premises posed a potential risk to people and others.

We found no evidence that people had been harmed however, quality assurance and monitoring systems used were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted an inclusive and positive culture. During the inspection we saw that the registered and deputy managers were both visible and available to people who wanted to talk with them, promoting an 'open door' culture.
- Care plans were person centred and contained information about what was important to the person, which helped achieve good outcomes for them.

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

- The provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address shortfalls. For example, accidents and incidents were reviewed and the provider shared with the local authority and Care Quality Commission significant incidents.

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

- Managers and staff were clear about their roles. Staff understood who they were accountable to and were provided with a copy of their job description to provide guidance.
- Managers understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation, and had submitted notifications of significant events to the Care Quality Commission as they were obliged to do.

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

- The provider engaged with staff and people using the service, and they in turn spoke positively about the registered manager, who was also the provider. One staff member said of the registered manager, "They are fantastic, very helpful. Any issues you can approach [registered manager] with. They are not like a manager you need to be scared of." Another staff member said, "They are a good manager. Anything we need, [registered manager] helps the staff." A person told us, "[Registered manager] is a dude, they are the best one out of all of them, a genuine person." Another person said of the registered manager, "I think they are a good guy, I get along well with them. I don't have any problems with them and they're not somebody that hides something, they will tell me something straight to my face."
- Surveys were carried out with various stakeholders to gain their views on the service. Completed surveys forms contained positive feedback. For example, a relative had written, "Friendly staff and welcoming atmosphere." A professional who worked with the service wrote, "Staff are very helpful and knowledgeable. Clean and relaxed atmosphere." A person told us, "Yes, sometimes they ask about the care and if we are happy, we do survey, good, satisfactory or poor etc. [They ask] did this happen? Have they looked after you? if the food is good etc?"
- The provider considered people's and staff's equality characteristics. Although these were not covered in pre-admission assessments, they were in people's care plans. Staff recruitment was carried out in line with good practice in regard to equality and diversity.

Working in partnership with others

- The provider worked with other agencies to share knowledge and develop best practice. The registered manager attended a forum run by the local authority for care providers and worked with Skills for care who provided advice and guidance about staff training. The provider is a member of national association which was a trade body for care homes, who provided information and training.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity; or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arises from the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b)</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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not adequately assessed the risks to the health and safety of service users and others receiving care, or taken steps to do all that is reasonably practical to mitigate any such risks. The registered person had not ensured the premises used by service users were safe. The registered person had not adequately assessed the risk of preventing, detecting and controlling the spread of infections. Regulation 12 (1) (2) (a) (b) (d) (h)</p>

The enforcement action we took:

We issued a Warning Notice.