

Potensial Limited

Middleton Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Middleton Lodge is a care home providing care and accommodation to people with autism and a learning disability. People live in a bungalow in its own grounds. The service is registered to support a maximum of 10 people. At the time of the inspection there were 8 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: Equipment to ensure people received safe and correct care was not always in place. People did not access the local community much more, but activities to develop life skills and to meet objectives were not always in place. Care records did not always reflect people's preferences. Following our inspection, we saw a new care plan the provider had developed that was much improved, this needs to be put in place for everyone and for support staff to be given access and training on the new electronic system. People were not always assisted with their medication in a safe and appropriate manner. We did see that staffing was much more consistent and there was not a reliance on agency usage that we saw on our last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, systems in the service did not always support this practice and some best interest decisions were overdue for review.

Right Care: Care records including risk assessments were incomplete meaning staff did not always have the correct information on how to deliver safe care. Care was not always person centred, care records did not reflect people's goals and outcomes. Staff training and supervision was not up to date, but we saw a plan going forward was in place to address this and staff said they felt supported. We observed people positively engaged with the staff team.

Right Culture: Since our last inspection, the service had 2 different managers. Staff told us they had felt very unsupported during this time and morale had been "terrible." Management of the service was not robust, with incomplete records or documents such as care plans and audits that were not effectively reviewed and updated. An acting manager had been in post for 2 months and was committed and fully aware of the issues that needed to be addressed. Staff told us they felt supported by the new acting manager and were positive that they would continue the improvements made from when they started employment. The home's garden area had improved since our last inspection and was now more accessible and homely, ongoing redecoration and furniture replacement was in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 January 2023.) There were 6 breaches of regulations. At this inspection we found the provider was in continued breach of 3 regulations. The service is now inadequate.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The inspection was also prompted in part due to concerns received about safeguarding issues, staffing and management of the service. A decision was made for us to inspect and examine those risks.

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. The provider has taken action to address immediate concerns.

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

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

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

Enforcement and Recommendations

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, equipment, care records, staff supervision and training, person centred care, service quality and overall management of the service 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

Middleton 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

The inspection team consisted of one inspector and a medicines inspector.

Service and service type

Middleton 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. Middleton Lodge provides personal care only. 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 who had been on leave from the service since 18 October 2022.

Notice of inspection

The first two days of this inspection were unannounced.

Inspection activity started on 1 July and ended on 13 July 2023. 1 inspector visited the service on Saturday 1 July and returned with a medicine inspector on Tuesday 4 July. 1 inspector also visited the service on 5 July 2023. We continued to speak with relatives, professionals and staff and receive information from the service until 13 July 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.

During the inspection

During our visits we spoke with 6 people who used the service about their experience of the care provided and with 2 relatives. We looked at records relating to the management of the service. These included medicines, accident and incidents, safeguarding, recruitment and quality assurance records. We looked at five people's care and support files. We spoke with 9 members of staff, including the area manager, locality manager, acting manager, senior support workers and support workers. We spoke with 2 visiting professionals.

After the visit we continued to seek clarification from the provider to validate evidence found. We looked at quality assurance systems and training records. We spoke with 2 staff by telephone and 2 visiting professionals. We spoke with 2 relatives by telephone.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (1).

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems to protect people from the risk of abuse or neglect were not always in place.
- Safeguarding concerns had not been raised with CQC including 3 events where the police were called to the service to deal with distressing behaviour by 1 person. Accident and incident records lacked detail and did not demonstrate what action had been taken to mitigate immediate risk. The service had raised safeguarding alerts with the local authority.
- A visiting Relevant Person's Representative (RPR) told us they felt staff lacked training to meet their clients' needs and that risks to people were not well managed.
- Systems to ensure people's safety were not maintained. One person had to remain in bed for 2 days as staff had not routinely checked slings used to hoist them. One care staff found all slings had no instructions for use as they had been washed off and so could not be used until they were re-assessed for new ones. The acting manager said, "I have thrown out 4 slings that probably weren't even [Name's] and there was a shower chair that was totally inappropriate.
- Incidents of concern had not been routinely logged or reviewed to analyse trends or themes.
- Care plans and risk assessments were not always updated after someone's needs changed. For example, one person was diagnosed with a deep vein thrombosis and prescribed a blood thinning medicine. There was no care plan or risk assessment for staff to follow to ensure that any adverse effects of warfarin (which includes bleeding and significant haemorrhage) were highlighted.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not raise any safeguarding concerns with us. They spoke positively about people's care and support.

At our last inspection the provider lacked oversight of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, the provider lacked oversight of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve, further action was required in relation to management oversight and the maintenance of records and the provider was now in breach of Regulation 17 (Good governance).

Using medicines safely

- Medicines were not managed safely.
- Guidance and records were not always in place to support the safe administration of topical medicines. We found that guidance was not clear for how often creams should be applied and some records were missing.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness. This meant there was a risk people did not receive their medicines consistently.
- Medicine stock was not clearly recorded on the medicine administration record and handwritten entries were not made in line with good practice guidance or the provider's own policy.

The failure to ensure records and guidance for topical and medicines taken 'when required' were in place was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Systems were not always in place to ensure people were protected from the risk of infection.
- We observed dirty and rusty bath chairs in two people's bathrooms that were not checked for cleanliness.
- Infection control audits had not been undertaken consistently. Copies for the 2 audits completed in 2023 for March and June were almost identical and areas that should have been reviewed weekly such as handwashing facilities, had not been. The 2 audits for 2023 which should have been completed monthly did not identify the rusty and dirty bath chairs we found on our visit.
- Infection control training for 7 staff members had either not been completed or was out of date on the training matrix we were sent by the provider.

Systems were not always in place to ensure people were protected from the risk of infection. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes.

- People's relatives and friends were able to maintain contact and visit, as appropriate.
- Relatives told us they were able to visit people at the home and were welcomed by the staff team.

Staffing and recruitment

- Staffing and staff recruitment and improved since our last inspection.
- The use of agency staff had significantly decreased in the last 2 months.
- Staff told us staffing issues had meant people had not always been able to access the community but they had plans to ensure people went on holiday and could access activities of their choice.
- Relatives and professionals said there were some very good and dedicated staff members working at the service, but a lack of a consistent staff team had hindered people's care. One relative said, "I have never seen the same staff twice. There is a lack of continuity."
- Appropriate recruitment processes were in place, including the taking up of references, reviewing any gaps in employments and carrying out Disclosure and Barring Service (DBS) checks.

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 requires improvement. At this inspection the rating has remained 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, restrictions on liberty is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

At our last inspection the provider had failed to maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- An effective system to ensure the principles of the MCA were followed was not fully in place. Records did not fully evidence that any decisions/restrictions made in people's best interests had been reviewed in line with the MCA and the appropriate individuals had been involved.

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

At our last inspection, people were not always supported to make choices about their care and they, or their representative were not always involved in decision making or reviews. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve and the provider was no longer in breach of Regulation 9; further improvements were required and the provider was now in breach of Regulation 17 [Good governance] in

relation to the systems in place to assess and deliver care and support in line with relevant standards and the law.

- An effective system was not fully in place to demonstrate people's needs were assessed and care and support were delivered in line with best practice guidance and the law. We identified shortfalls relating to medicines management, the monitoring of risk and ensuring reviews regarding best interest decisions were in place.

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

- People were supported to access health and social care services to meet their physical and mental health needs. People had health action plans which recorded details about their health but these were out of date and did not reflect people's current health needs.
- We discussed with the acting manager that the recording of healthcare professionals and their interventions needed to improve to ensure there was a clear audit trail of how the service had sought support for people.

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

- People were supported to eat and drink enough to meet their needs.
- The service was currently working with dieticians and speech and language therapists following a safeguarding incident to ensure guidance and training for staff was in place to ensure people were eating and drinking safely.
- The monitoring of people's diet did not include a recognised nutritional risk assessment tool.

The failure to ensure an effective system was in place to ensure care was assessed and delivered in line with best practice guidance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection an effective system was not in place to ensure staff had the correct training and skills. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff training was still not provided consistently.
- Staff had not been provided with all training to meet people's specific needs. For example, staff had not received training in mental health.
- Staff supervisions and appraisals were still not routinely in place, but we saw a plan going forward. All staff told us they felt supported by management staff in their job role.
- Staff spoke positively about how the acting manager had sourced additional external training to meet the needs of people who lived at Middleton Lodge in recent weeks. This was confirmed by a visiting speech and language therapist who was delivering training on the day of our visit following a safeguarding issue. They told us staff were, "very engaged" with the training.

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

- The provider was introducing additional features to support people's independence and personalise the service. Plans were also in place to refurbish the communal areas and the outdoor space had been made more accessible for people who used wheelchairs.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection, people's privacy and dignity was not always respected. This was a breach of Regulation 10 (Dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve and the provider was no longer in breach of Regulation 10; further improvements were required and the provider was now in breach of Regulation 17 in relation to the maintenance of records and systems in place to involve people.

- Records did not always evidence how people were involved in their care, especially for those people who were unable to communicate verbally. In addition, records did not fully evidence that any decisions made in people's best interests had been reviewed in line with the MCA and the appropriate individuals had been involved.
- We did observe some staff openly talking about taking people to the toilet and that they were still on the toilet in front of other staff and people using the service, however we generally found that staff were caring and respectful towards people.
- We found records relating to people's diet loose on the kitchen worktop and also one person's care records were not in their preferred name despite them changing their name via deed poll.

The failure to ensure records demonstrated how people were involved in their care and support and records being safely maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was being taken to improve the environment to ensure it promoted independence. The garden area had been made accessible to those in wheelchairs to promote people's independence. Further work was still needed to ensure people's independent living skills were part of their ongoing goals and outcomes within their plan of care.

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

- People told us they were happy with the support they received and had a good relationship with the staff who supported them. People who could not communicate verbally looked happy and relaxed in staff company.
- Relatives gave us mixed feedback about their experiences of the service but were positive about the caring

nature of staff.

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 requires improvement. At this inspection the rating has remained 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

At our last inspection, people were not always supported to make active choices and have appropriate control of their care to meet their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had/was being taken to improve and the provider was no longer in breach of Regulation 9; further improvements were required.

- Care plans did not reflect people's current needs and preferences.
- There was little documented planning for the whole life of people with a learning disability to ensure they achieved good outcomes over time.
- The provider was implementing a new electronic care plan system which required embedding. Following our inspection, we were sent a care plan that had been developed on this system and it was significantly improved.

Whilst action had been taken to improve, further action was required in relation to management oversight and the maintenance of records, and the provider was now in breach of Regulation 17 (Good governance).

- Staffing was now more consistent and staff knew people well and were aware of their needs and preferences.

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

At our last inspection people were not always supported to engage in activities they wished to enjoy or be part of the community. This was a breach of Regulation 9 [Person centred] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9 although further action was required in relation to people's care plans to reflect their social support.

- People were supported to maintain their hobbies and interests; however, these weren't linked to goals and outcomes.
- During our inspection, people went to the shop with staff or to the park but there were no activities taking place in the home. There was an activity planner in place but these sessions did not take place during our visit. We did acknowledge that urgent staff training was taking place during our visit which may have

affected this.

- One relative told us, "[Name] used to go to the football and horse riding each week and get his haircut at the Turkish barbers but this doesn't happen anymore, his social aspects are not being met." One staff member we spoke with said, "We are working on a planned holiday and people are getting out more."

Whilst action had been taken to improve, further action was required in relation to management oversight and the maintenance of records and the provider was now in breach of Regulation 17 (Good governance).

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The acting manager told us there had been no recent complaints.

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.

- A system was in place to meet people's communication needs. People's communication needs were recorded although improvements in these were needed. Easy read information was available for people.

End of life care and support

- Whilst information was included about end of life care and support; this was generic and not always person centred. The acting manager said this would be fully explored in new care plans.

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 inadequate. At this inspection the rating has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, systems to manage risk and improve quality were not effective and proper management processes were not followed. In addition, systems to actively engage with people, relatives and staff were not robustly implemented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider remained in breach of Regulation 17.

- An effective quality monitoring system was still not fully in place. We identified shortfalls relating to the management of medicines, the assessment of risk and accident and incidents.
- There had been 2 different managers at the service since our last inspection visit in November 2022. This meant improvements were not addressed and the service lacked oversight.
- Relatives told us further improvement with communication was required. They explained the frequent changes in management staff and structure had affected communication.
- Whilst staffing and the environment had improved since our last inspection; further action was required to ensure the improvements made, were sustained and embedded into practice.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure effective oversight was in place was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An effective system was not fully in place to ensure events at the service were notified to CQC in line with legal requirements.

The failure to ensure CQC were informed of notifiable events at the service was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process.

- An acting manager was in place. Staff and health and social care professionals spoke positively about the new manager.
- Management explained that an electronic care plan system was being implemented.

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

- There was a cheerful atmosphere at Middleton Lodge, staff and people spoke about the improvements which were made within the previous 2 months.
- The culture in the home did not always ensure people's dignity was promoted. We observed some practice where staff could have behaved in a more discreet manner and records should have been securely stored.
- Staff spoke positively telling us, "This time last year I didn't want to speak up. [Name] has been the best manager we have had she wants the best for residents. We do need to make some changes, but she listens to ideas from us," and "[Name] has got us working as a team and its positive. Previous managers were awful. I am now happier coming to work and we are working as a team."
- The acting manager was honest and open with us during the inspection. They themselves exhibited caring values and spoke positively about the changes which were being made to make and sustain improvements at the service.

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 acting manager understood the duty of candour.
- We saw the acting manager making safeguarding referrals when issues came to light during the course of the inspection. They behaved in an open and honest way throughout our visit.

Working in partnership with others

- Health and social care professionals gave positive feedback about the acting manager.
- The acting manager acknowledged that communication with healthcare professionals was not well recorded. We saw staff did consult professionals but the outcome and timescale of this was not well recorded in care notes.

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	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate supervision and training needs were not fully addressed.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of not receiving safe care and treatment due to out of date care plans and care plans not being followed.

The enforcement action we took:

The provider must ensure that care and support is clearly set out in care plans for staff to follow.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of governance and oversight at the service. Records relating to staff training and supervision were poor, accidents and incidents were not recorded, reported and reviewed consistently. Audits were not robust and staff told us that management over the previous 6 months had been poor.

The enforcement action we took:

The provider must ensure that all records relating to people and staff reflect their needs and preferences and are contemporaneous. Audits and oversight of the home must improve.