

The Gables Care Home Ltd

The Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Gables Care Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 21 people. The service provides support to older adults and people living with dementia. At the time of our inspection there were 13 people using the service.

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

Some audits did not identify concerns or drive improvement. Some documents in use had been reviewed as correct when they were not accurate. Systems were not always robust and operated effectively to ensure all regulatory requirements had been fulfilled.

The registered manager did not consistently manage risk to keep people safe. Medicines were not always managed and stored safely or administered as prescribed. The registered manager did not consistently follow robust recruitment procedures.

We were not assured the registered manager was promoting effective infection prevention guidance. Government guidance on social distancing and visiting was not consistently followed.

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; the policies and systems in the service supported this practice. People were supported with their meals and drinks. Staff had to juggle multiple tasks when supporting one person to eat their meal. Improvements had been made in upholding people's dignity however, one conversation that should have been private took place in a communal area.

Some care plans did not hold the correct information. We have made a recommendation about this. People enjoyed being in the company of staff and sought their company. The registered manager ensured people remained in contact with loved ones and maintained positive relationships.

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 inadequate (published 09 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider consider current guidance on infection prevention. At this inspection we found the registered manager had not embedded any changes resulting from the previous recommendation. At our last inspection we recommended that the provider follow best

practice on recruitment. Robust recruitment processes were not in place.

This service has been in Special Measures since 14 April 2021. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 July 2021 and 02 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, dignity and respect, staffing and good governance.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. 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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

Enforcement and Recommendations

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

We have identified breaches in relation to the management of medicines, infection prevention, keeping people safe and recruitment processes used to employ staff. There was also a breach as record keeping was not consistently managed, lacked oversight and did not promote service improvement.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Gables Care Home

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 included checking the provider was meeting COVID-19 vaccination requirements. 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 the inspection.

Service and service type

The Gables Care Home 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. The Gables Care Home is a care home without nursing care. 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.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care worker, care worker and the chef. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with professionals who had recently visited the service.



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 inadequate. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last two inspections 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 (Safe care and treatment) 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.

- The registered manager failed to consistently provide care in a safe way. The registered manager and two staff were sitting together outside at the back of the care home with the doors closed. There were no staff in the home. One person had a history of leaving the home unsupported. The alarm at the front porch could not be heard if someone attempted to leave the home. The fire exits were not alarmed, potentially allowing some people to leave the home unnoticed.
- The provider had installed window restrictors to lessen the risk of falls from height. However, one bedroom window for someone who was living with dementia and independently mobile did not have their restrictor locked. All the window restrictors had keys in them allowing the restrictors to be unlocked and the windows to be opened. The provider said they would remove the keys from the restrictors after a discussion regarding risk.

We found no evidence that people had been harmed however, the registered manager failed to do all that was reasonably practicable to mitigate risks. This placed people at risk of harm. This was a continued breach of regulation 12(1)(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to have systems in place or completed consistently to maintain the proper and safe management of medicines. 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.

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

Using medicines safely

- Medicines were not always stored safely. Pain relief medicines could not be located on the day we visited. These were found the following day along with additional tablets that had not been recorded as being present in the home.
- Medicines were not always administered as prescribed. Medicines prescribed to be administered with food were administered sometime after the person had finished their meal.
- There was no written guidance on when to administer 'as and when required' medicines.
- Medicine records did not guide staff on how many tablets to administer when they had the option to administer one or two tablets [variable dose]. This meant people could be at risk that medicines were not effective, or they received more than required to manage their health needs.

We found no evidence that people had been harmed however, systems were either not in place or completed consistently to maintain the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12(1)(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection systems were either not in place to promote positive infection prevention practices or consistently followed. This placed people at risk of harm. This was a breach of regulation 12(2) (Safe care and treatment) 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.

- Safe visiting practices were not consistently managed to lessen the risk of severe illness to people who may be additionally vulnerable. One visitor was not asked to wear any PPE or asked to have or report a negative lateral flow test on the day they visited. They did not socially distance from their loved one during their visit.
- The registered manager failed to promote good practice on infection control measures. Three staff sat together outside the home. They did not follow government guidance on social distancing and did not wear face masks to lessen the risk of the spread of infection.
- The registered manager failed to have oversight of staff testing. Staff told us they were testing regularly. The manager was unable to say who had been tested and when. Feedback from staff was inconsistent on how often staff testing should take place. One staff member had not been tested for five days.
- We were not assured the provider was promoting effective infection prevention guidance. Staff travelled to and from work in their uniforms. Wearing their uniforms only at work, lessens the risk of the spread of infection.

We found no evidence that people had been harmed however, systems were either not in place or completed consistently to lessen the risk the risk related to infection prevention. This placed people at risk of harm. This was a continued breach of regulation 12(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the provider consider current guidance on the testing of staff for COVID-19 and update their practice accordingly. We signposted the provider to resources to develop their approach. Improvements had not been made and the evidence is included in the preventing and controlling infection breach of regulation 12.

- We were assured that the provider's infection prevention and control policy was up to date.
- We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

At our last inspection the provider had failed to ensure equipment was properly maintained. This was a breach of regulation 15 (Premises and equipment) 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 15.

- Some risks within the environment had been addressed since the last inspection. Most water outlets now had thermostat controls to lessen the risk of scalding. Most fire doors now closed independently into their frame. The home looked visibly cleaner and had undergone some refurbishment.

Staffing and recruitment

At our last inspection we recommended the provider consider best practice guidance on the recruitment of staff. The provider had not made improvements.

- The registered manager did not consistently follow robust recruitment procedures. Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. However, we looked at three application forms and none held a full employment history and there was no evidence this had been discussed with the candidate.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a breach of regulation 19(3) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider failed to deploy sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) 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 18.

- There were enough staff to have oversight of people and meet their needs. Improvements had taken place and the home was cleaner and more hygienic than previously seen.

Learning lessons when things go wrong

- The registered manager did not demonstrate they had learned lessons since the last inspection. Not enough improvement had been made and they were still not meeting legal requirements.
- The registered manager did not consistently have up to date and correct quality assurance documentation to monitor the service, learn lessons and minimise risk.

Systems and processes to safeguard people from the risk of abuse

- The registered manager followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.
- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. One person told us, "I am very safe." A visitor commented, "I have no concerns about [relative's] safety."

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.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider current guidance on staff supervision. The provider had made improvements.

- The provider had a supervision policy. Supervision is a one to one meeting for staff with a senior or manager. Staff told us they felt supported by the registered manager. One staff member told us, "Supervisions, they are alright. We discuss things we are doing or not doing."
- Staff completed regular computer based training in subjects relevant to their work. New staff were shadowing experienced staff before working independently.
- The registered manager shared the care certificate standards with new staff members to support their learning. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

At our last inspection we recommended the provider consider current guidance on dementia friendly environments. The people who lived at The Gables who were independently mobile did not require dementia friendly signage.

- Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- Communal areas were provided where people could relax and spend time with others. Corridors were free from clutter which promoted people's independence.
- People had requested, and were supported to move bedrooms, so they were less isolated and had the companionship of others.

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

- The registered manager worked with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and community-based health professionals to manage

people's ongoing health conditions.

- Staff had a good understanding about the current medical and health conditions of people they supported.

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

- People's weight and nutritional intake was monitored. Referrals were made to healthcare professionals and ongoing risks of unintentional weight loss were monitored.
- People's dietary preferences were known and respected by staff, however some documentation did not reflect their knowledge. Food, drink and snacks were available throughout the day.
- Staff had to juggle multiple tasks when supporting one person to eat their meal. This was discussed with the provider and registered manager so staff could focus on the people they were supporting.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments.
- Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From discussions with people and their relatives we were told consent to care and treatment was routinely sought.
- People shared their views and choices with staff unprompted and these decisions were respected.

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

- The management team carried out an assessment before people moved to the home to ensure they could meet people's needs.

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. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection the provider had failed to ensure people were supported in ways which respected their privacy and dignity. This was a breach of regulation 10 (Dignity and respect) 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 10.

- People's privacy was still not consistently maintained. The registered manager participated in a telephone call in the lounge discussing two people's personal information. This could be overheard by other people at the home. However, there were significant improvements and the concern noted and improvements were discussed with the provider.
- People's personal information was stored securely to protect personal and private information. Staff conversations on care tasks were discreet and upheld people's dignity.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

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

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner. Feedback from one relative included, 'Thank you for your loving care, compassion and friendliness shown to [person]. We believe your excellent care gave [person] extra time with us all.'
- People told us staff were caring. One person said of the registered manager, "She is a good friend." One family member told us, "[Relative] is very happy here."
- Staff said they supported people to live individual lives and people told us they were supported to follow their own preferred routines.

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

- People were supported to decide their care needs and when appropriate, relatives were involved in the care planning process.
- Staff asked people their opinions and views. We saw staff ask people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and meal choices.

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.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

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.

At our last inspection we recommended the provider consider current guidance on meeting people's communication needs. The provider had not made improvements.

- Staff were knowledgeable about the people they supported. Not all the care plans reflected the knowledge staff had on how to manage people's behaviours or communicate with people when they were distressed to minimise their anxiety.
- Some care plans did not always contain up to date or correct information. One care plan held contradictory information on food preferences. A second wrongly guided staff on how to support a person to leave the building in an emergency and mentioned they used bed rails when they no longer required them.

We recommend the provider review all care plans to ensure the information is correct and guides staff in delivering personalised care.

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

- Staff supported people to maintain and develop relationships that were important to them. Arrangements were in place to enable people to have visitors and maintain contact with loved ones.
- No activities were observed taking place on the day we visited. One staff member told us, "We do activities when we can." The provider told us activities took place and these included beauty and nail treatments and singalongs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. One relative told us they had one complaint and had been happy with how it had been resolved.

End of life care and support

- People, who wanted to, had been supported to consider their preferences in relation to end of life care. Their choices had been documented and stored securely to be shared with health professionals at the appropriate time.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to have effective oversight of the, quality of care, risk and governance. There was also the potential for people to experience harm. This was a breach of regulation 17 (Good governance) 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.

- The registered manager did not consistently lead the team in promoting a safe and responsible culture. Lancashire Safeguarding Team investigated an allegation that staff sat together outside the home leaving people unattended. This was denied by the registered manager. This practice was later observed during this inspection and discussed with the registered manager and provider.
- The registered manager did not consistently have oversight or monitor and improve the quality of the service delivered. Some audits were not documented as being completed. Window checks had not been documented since November 2021; bed restraint checks were not recorded as checked since June 2021. Medicine audits were requested but not seen during this inspection.
- Care plans and personal emergency evacuation plans had been regularly reviewed. However, some of these documents did not hold up to date information. This meant the registered manager and provider could not be assured of the quality of the auditing processes and had not identified the issues we had found during the inspection.

We found no evidence that people had been harmed however, the registered manager failed to have effective oversight of the, quality of care, risk and governance. The registered manager had failed to ensure records were accurate and up to date. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The registered manager had not acted on feedback in a timely manner. Concerns identified at the previous two inspections had not been fully addressed. Repeated concerns had been noted at this

inspection. Governance processes had not been embedded to support the improvement in people's care.

- The registered manager continued to work with the local authority and CQC. However, the registered manager did not take action in a timely manner when shortfalls in quality had been identified.

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 and provider have continued to engage and been frank and co-operative throughout the inspection process.
- The provider had a policy and procedure to guide staff on their responsibilities and action they should take when something went wrong.

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

- The registered manager had daily handover meetings to update staff on people's current support requirements.
- The registered manager supported people to remain in contact with loved ones. We observed one person having a face to face visit with a relative. The registered manager engaged with relatives during these visits. One relative said, "They [management] keep in touch and [relative] is happy here."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed.</p> <p>19(3)(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>We found no evidence that people had been harmed however, systems were either not in place or completed consistently to maintain the proper and safe management of medicines. This placed people at risk of harm.</p> <p>The registered manager failed to do all that was practicable to mitigate risk.</p> <p>12(1)(2)(b)(g)(h)</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not mitigate the risks relating to the health safety and welfare of people who may be at risk.</p> <p>The registered manager did not maintain accurate complete and contemporaneous records in respect of each person's care and treatment and the management of the regulated activity.</p> <p>17(1)(2)(b)(d)(i)</p>

The enforcement action we took:

Warning notice.