

# Abbeyfield The Dales Limited

## Fern House

### Inspection report

Fernbank Drive  
Bingley  
West Yorkshire  
BD16 4FA

Tel: 01274065090  
Website: [www.abbeyfieldthedales.co.uk](http://www.abbeyfieldthedales.co.uk)






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30 October 2019  
06 November 2019  
20 November 2019  
26 November 2019

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Fern House consists of a residential care home which provides personal care for up to 30 people and an independent extra care housing scheme, where people own or rent their own flats and have the option of using the onsite personal care and support service.

At the time of the service there were 28 people living in the residential care home and 14 people receiving personal care who lived in the independent extra care housing scheme.

Not everyone who lived in the building received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People said they felt safe and secure using the service. However, medicines were not consistently managed in a safe and proper manner. Systems to assess and monitor risk needed improvement as some key risk assessment documents were absent or not up-to-date. Overall, there were enough staff deployed to ensure people received prompt care and support and staff were recruited safely.

People said they received effective care that met their individual needs. People were supported by staff with the right skills, experience and training. Staff felt well supported by the management team. People had access to a good range of food and drink. There were good links with healthcare services.

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. We made a recommendation relating to how capacity assessments and best interest decisions were documented.

People were cared for by kind and compassionate staff who treated people well. People's independence and autonomy was promoted by the service. People were listened to and their views were valued and used to improve the service.

People said they received high quality care and support. Care plans required reviewing to ensure they were accessible and contained up-to-date information on people's needs. Complaints were logged, investigated and lessons learnt to drive continuous improvement of the service.

People and staff said the service was well led and that management were effective. Systems to assess, monitor and improve the service were not sufficiently robust as some of the deficiencies we identified for example around care planning and medicines management should have been prevented from occurring. People's feedback was sought and used to make improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update.

The last rating for this service requires improvement (published 30 October 2018). The service remains rated requires improvement

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the 'Is the service safe?', 'Is the service responsive?' and 'Is the service well led?' sections of the full report.

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

The provider acted positively on the concerns we raised on day one of the site visit and had made a number of improvements by day two.

Enforcement

We have identified breaches in relation to safe care and treatment (medicines management) and good governance (risk management and audit processes) at this inspection.

We issued a warning notice to both the provider and registered manager for the breach of regulation 17 (good governance) requesting compliance with the regulation by 7 February 2020. We issued a requirement action in relation to the breach of regulation 12 (safe care and treatment).

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 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.

Findings are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are within 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** ●

# Fern House

## 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

The service consists of two services types in one purpose-built building. One section of the building is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service a short period of notice that we would be making phone calls to people who used the extra care housing scheme. This was so that their permission could be sought from people prior to us making the phone calls.

The inspection site visit to the residential home was unannounced. We gave notice that we would be

returning for a second day to ensure the registered manager was available.

Inspection activity started on 30 October 2019 and ended on 26 November 2019. We visited the residential home and extra care scheme office location on 19 and 26 November 2019.

#### 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. Prior to the inspection we spoke with the local authority safeguarding and commissioning teams.

#### During the inspection

We spoke with 12 people who used the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, chef manager, senior care workers, care workers, maintenance worker and the activities co-ordinator. We also spoke with a visiting healthcare professional. We observed care and support in the communal areas of the home.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

# 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 requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was not complete assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection on the residential unit risk assessments did not always provide staff with accurate and up to date information. At this inspection, risks were still not fully assessed or managed. Whilst positive action was taken to address most shortfalls by the 2nd day of our inspection, systems should have been operated to ensure these shortfalls did not occur. For example, on day one, bed rail risk assessments were not in place detailing how risks associated with bed rails were safely managed.
- Risk assessments documents and care plans such as those for mobility, nutrition and falls were not always updated in a responsive way following changes in people's needs or following incidents. They didn't always evidence the involvement of people in decision making.
- Water temperature checks within the residential unit were not being carried to check they were within safe limits. These checks were completed by the second day of the inspection.

We found one person had experienced skin tears as a result of bed rails which were now healing. With regards to the other shortfalls there was no evidence that people had been harmed and effective action had been taken to mitigate the risks. However, the service should have been more pro-active in identifying and managing these risks. This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

- Other aspects of the building were better managed. The premises were well maintained and key checks took place on systems such as gas, electric, fire and water.
- People told us they felt safe using the service and said staff used equipment and cared for them in a safe and proper manner. Staff we spoke with were knowledgeable about the people and topics we asked them about and understood individual needs. This helped provide us with assurance that most people were receiving, appropriate and safe care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People and staff felt able to confide in the management team. People consistently told us they felt safe using the service and said staff treated them well. One relative said "Yes, [person] is very safe, we can leave [person] knowing [person] is safe."
- Staff received training in safeguarding vulnerable adults and the management team had received management level training. All staff were all knowledgeable about safeguarding procedures which gave us assurance that procedures were followed.
- Where incidents had occurred within the service, these had been taken seriously and effective action taken by the management team to immediately protect people from harm and put measures in place to prevent

them from re-occurring. Incidents were correctly reported to CQC and the local authority safeguarding teams.

#### Staffing and recruitment

- Overall, we concluded there were enough staff to ensure people received the right care and support. Most people told us they received prompt care and support at the times they needed it. Some people and staff provided mixed feedback about staffing levels and said that there were too many instances of staff sickness. The management team were closely monitoring this and had implemented a plan to lower sickness rates.
- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

#### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed in a safe and proper way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider was still in breach of regulation 12.

- Whilst we saw most people got their medicines as prescribed administered by trained and friendly staff there were some omissions demonstrating this did not happen consistently. For example, within the residential home, records showed one person had not received their controlled pain relief patch on time. Their care notes stated they experienced pain during the time when the medicine was not available. Record keeping demonstrating administration was also inconsistent. In the independent living scheme, we identified on a number of occasions, a person had not received a medicine at the right time.
- Recording of topical medication administration records (TMARs) were not consistently completed and protocols for 'as required' medicines were not in place, to ensure staff gave these consistently.

Records showed one person was in pain during the period they did not receive their pain relief. 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

- We found most areas of the residential home were kept clean and tidy. Infection control audits were periodically undertaken by the management team. These helped ensure good standards of infection control. The service had been awarded a five-star food hygiene rating demonstrating food was prepared and stored hygienically.

#### Learning lessons when things go wrong

- The management team was keen to ensure continuous improvement of the service. They acted positively on the areas of concern that we identified during the inspection.
- Incidents were logged and subject to regular analysis to look for themes and trends. We saw some evidence of actions taken following incidents such as falls such as referral to other health professionals, however it was not always clear on the incident form or in people's care plans of the actions taken to reduce the likelihood of a re-occurrence following individual incidents.



# 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 now 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

- People and relatives praised the standard of care that the service provided and said it was effective in helping people to achieve good outcomes. People's needs were assessed prior to using the service to ensure the service could meet their needs. This was a thorough process and more person-centred documentation had recently been introduced which provided a holistic assessment of people's needs of admission.
- People and relatives said they had choice and control over their care experience and that staff listened to what they wanted and respected their wishes.

Staff support: induction, training, skills and experience

- People said they were cared for by staff who had the right skills and experience to meet their needs. Staff received a range of training on induction and at regular intervals. Most training was up-to-date and where it was overdue training was booked to cover the shortfalls. Staff we spoke with were knowledgeable about the topics and people we asked them about.
- Staff said they felt well supported by the management team. Staff received regular supervision and annual appraisal to provide support, maintain performance and meet their developmental needs.

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

- People's nutritional and hydrational needs were met by the service. People had access to a range of food prepared by the kitchen which served both the on-site restaurant and the residential unit. Menus were varied and based on people's likes, preferences and needs. People praised the food on offer and said it was tasty, fresh and varied.
- People's nutritional needs were assessed by the service, although some care plans did not reflect people's current needs. Action was taken to address this during the inspection. People were weighed frequently, and appropriate action was taken where weight loss was identified.

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

- People had access to a range of health professionals to help ensure their healthcare needs were met. Their advice was recorded to assist staff in providing the right care and support. People and relatives said that the service contacted professionals appropriately to ensure people got the right care. One person said, "If you need a doctor they would send for one straight away. They respond very well."
- The service assessed people's oral health needs and staff demonstrated a good awareness of how to meet people's needs in this area. The management team was undertaking a piece of work to ensure it fully met

the National Institute for Health and Care Excellence (NICE) standard for oral care, for example planning specific training for staff in the topic.

- The home encouraged people to keep active both physically and mentally through a range of activities and opportunities available to people to help promote a healthy lifestyle.

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

- The building was appropriately adapted to meet people's individual needs. There was a sense of community within the building with people from the residential and independent living scheme able to mix in some of the large and spacious communal areas. In the residential unit, the décor and fixings were dementia friendly and appropriate. There was a secure garden area where people could spend time. Bedrooms were spacious and had the necessary equipment.

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.

- We found the service was acting within the legal framework of the MCA. We saw examples of appropriate DoLS applications had been made for those who lacked capacity and the service thought were being deprived of their liberty. These were re-applied for in a timely way when they were due to expire. We saw staff delivering care in the least restrictive way possible.
- Whilst we were confident decisions were made in people's best interest, some documentation needed to be clearer to demonstrate that capacity assessments and best interest processes had been carried out. We saw new care plan documentation had been introduced which would help address this.

We recommend the service reviews all care plans to ensure care documentation can clearly demonstrate that capacity assessments and best interest processes are followed.

# 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 now 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 that staff treated them with kindness and compassion. They said staff were friendly and warm and had the right personal attributes to be working in care. One person said "They are very caring. I couldn't wish for a better place." A relative said, "The staff are very loving and very caring from the cleaners to the manager. My [relative] is very solitary and when they go out to the dining room, staff make an effort. they talk to [relative] and give [relative] a hug."
- We observed care and saw staff interacted positively with people. They sat and spoke with people, calming any distress using a mixture of verbal and non-verbal communication effectively. We saw staff had developed good caring relationships with people.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. Staff and the management team were aware of any specific needs and we were given examples of how staff worked sensitively to ensure they were respectful of people's diverse needs.
- We found a person-centred culture within the home with the staff and management team keen to ensure people were treated as individuals and care and support shaped around their specific and individual needs.

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

- People and relatives said they felt involved in decisions relating to their care and support. Some care plans needed to better demonstrate people's involvement, we saw this was being addressed through the introduction of new care records.

Respecting and promoting people's privacy, dignity and independence

- People said that staff respected their privacy and dignity. People said staff got the balance right between ensuring their safety and giving them the required privacy, for example when using the toilet. On the residential unit, staff were respectful of people's bedrooms being their own private space, for example asking permission to enter.
- Care planning focusing on ensuring people's independence was promoted as much as possible. Activities and social opportunities helped to promote people's independence and autonomy.
- Visitors were made to feel welcome to the home and were able to visit whenever people wished them to.

# 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 requires improvement. At this inspection this key question has now remained the same. This met that people's needs were not always fully assessed or met.

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

At our last inspection the provider had failed to ensure complete and accurate records were maintained in relation to people's care as care plans did not always reflect people's current needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found whilst some improvements had been made care records still did not consistently reflect people's needs and therefore the service was still in breach of regulation.

- Care plan overview sheets had been created and, in most cases, these provided up-to-date summary information for staff on people's needs. However, we found some cases where the more detailed care plans and risk assessments had not always been updated when people's needs changed. For example, on the first day of the inspection we noted one person's care plan did not reflect their current needs now they were cared for from bed, with care plans and risk assessments not reflecting this. Action was being taken to address this by the second day.
- Other care documentation had not been updated following incidents and accidents or weight loss and some records had not been appropriately signed to show people consented and were involved in the creation of care plans. Action was being taken to address this with more detailed and person-centred care plans being put in place.
- Care plans needed to be more accessible to staff. Two bedrooms did not have a care summary sheet in them and some other care plans were stored on the computer to which staff did not always have access.

We did not identify an impact on people, but there was the risk of harm if clear, accessible and up-to-date care plans were not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they received good care and support and had control over their care needs. One relative said, "Yes, they've consulted me, and we've talked about the care. They would always reassure me, and we would discuss her care."
- People living in the independent living scheme said they received a reliable service. Staff arrived on time and stayed with people for the full call time. People said staff were responsive and flexible with calls and were always happy to provide extra care and support when required.
- The service effectively used technology to help meet people's needs. This included bed and floor sensors and using tablet computers to help people keep in touch with their relatives.

### 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.

- The service was meeting the Accessible information Standard. The management team were aware of the standard and a policy was in place to ensure compliance. People's communication needs were assessed on admission, so staff knew of any specific requirements. Documentation could be made available in different formats if required and there was good signage including braille around the home.

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 had access to a very good range of activities and social opportunities. One person told us, "They're quite good at activities." An activities co-ordinator was employed within the residential home who worked five days a week and came up with a creative and inspiring programme of activities that was well received. Activities were also planned for the independent living people and they were encouraged to mix with people who lived in the residential home. Trips out to other services had also taken place to widen people's social opportunities and meet new people. Internal activities were supplemented by external activities such as singers.
- People's feedback was sought about activities and there was a person-centred approach with new group and 1-1 activities designed around people's specific needs and interests.

### Improving care quality in response to complaints or concerns

- People and staff both said the management team were very approachable and they felt comfortable raising concerns or complaints. One person said "They often have a meeting for complaints for anyone to attend with senior staff – maybe it's once a month. I've never been though but they have the meetings. I would know who to contact if I wasn't happy."
- A complaints system was in place which demonstrated complaints were logged, investigated and responded to. A low number of complaints had been received and a significant number of compliments which were kept on file, so the service knew where it was exceeding expectations.

### End of life care and support

- Some improvements were needed to end of life care planning. People's end of life needs were now assessed on admission, however some existing people required more thorough end of life information recording to demonstrate their needs had been fully assessed, for example one person who was receiving palliative care. We saw this was being addressed through the introduction of new paperwork.
- Staff training in end of life care was available and some staff had received this training, although this was not consistently the case.

# 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 requires improvement. At this inspection this key question has now remained the same. 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; Continuous learning and improving care

At the last inspection we found the quality assurance systems in place were not sufficiently robust as they had not identified some of the shortfalls we identified on inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. At this inspection we found this was still the case as there were still a number of issues which we identified that the service should have been more pro-active in managing.

- At this inspection we found there were some shortfalls with the medicine management system and care plans and risk assessments were not always up-to-date and relevant. Care plan reviews took place but there was a lack of formal audits to help drive improvement in care records. Water temperature checks had also not been carried out. Systems should have been operated to ensure compliance with the regulations and ensure these issues did not arise.

This was a breach of regulation 17 of the health and social care act (2008) regulated activities 2014 regulations.

- We saw a number of audits were undertaken in areas such as health and safety, infection control, spot checks of staff practice and medicines management. Some of these were effective in identifying issues and driving improvement through action plans. An overall service action plan was in place to drive improvement, for example a key focus was improving the format of care plan documentation to make it more accessible and person centred.
- The management team were committed to continuous improvement of the service. For example, following day 1 of the inspection the management team were receptive to our feedback and they took effective action to address the issues we identified.
- The service had submitted all required notifications to CQC and had its rating on display as per its statutory responsibilities.

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

- People and relatives provided positive feedback about the service and the way it was run. One person said "The management, we get a hug when we go in. We are always made to feel really welcome. We can't get over how good it is."
- The service had clear values in place of which centred around openness, respect, honesty and caring. These values were regularly promoted with the staff team and we found staff true to the values, promoting a caring and inclusive atmosphere.
- Staff said morale was good at the service. They said that the management team were supportive, and they addressed any issues or problems that they raised with them. We saw the management team were working hard to address issues with staff sickness demonstrating a commitment to continuous improvement.
- The provider and manager were open and honest with us about the positives and limitations of the service of the service and recognised when things had gone wrong. There was a culture of investigating shortfalls and apologising to people when things had gone wrong for example following complaints.

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

- People and relatives said they felt engaged and involved in the service. Their feedback was sought on the quality of care, activities and the food on a regular basis through several mechanisms including informal contact, resident meetings, surveys and care reviews. We saw evidence of changes made for example to the activities programme and menu's following people's feedback.
- Staff were also engaged through various mechanisms including an annual staff survey. We saw action had been taken to address any negative points on the feedback.

Working in partnership with others

- The management team demonstrated to us that the service worked effectively with a number of local organisations to help improve people's care experience. This included attending local provider forums to problem solve and share good practice. In addition, the service worked closely with the local community including schools and colleges. Some benefits of this had included visits to the home from school children and a network of volunteers to provide people with more social interaction.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	(1) (2g) Medicines were not always managed in a safe or proper way. Not everyone got their medicines as prescribed and record keeping was not sufficiently robust.



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 17 HSCA RA Regulations 2014 Good governance
Personal care	(1) (2a) (2b) (2c) (2e) (2f) Systems were not consistently in place to assess, monitor and mitigate risks to people's health and safety. Systems were not operated to ensure compliance with the regulations. Accurate record keeping was not always kept. The service had not fully acted on our feedback from the last inspection to improve.

### **The enforcement action we took:**

We issued a warning notice to both the provider and registered manager requesting compliance with this regulation by 7 February 2020.