

Solutions (Yorkshire) Limited

Harewood Court Nursing Home

Inspection report

89 Harehills Lane
Chappel Allerton
Leeds
West Yorkshire
LS7 4HA

Tel: 01132269380

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Harewood Court provides nursing and personal care for up to 40 people. The service is divided into two units with the second floor accommodating people who are living with dementia.

This was an unannounced inspection carried out on 09 February 2016. At the last inspection in April 2015 we found the provider had breached two regulations associated with the Health and Social Care Act 2008. We found the provider did not have systems and processes in place to fully ensure the safety of the premises and assure compliance with national guidance. Where people did not have the capacity to consent, the provider did not always act in accordance with the legal requirements of the MCA 2005. At this inspection we found this was still the case with MCA.

At the time of the inspection there was no registered manager in post. However, there was a manager in post who had overall day to day control of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We found the provider had not protected people against the risk of not receiving their medication as prescribed.

The gas certificate for the premises had expired on 03 January 2016. We were told by staff they were waiting for the provider to authorise the expenditure. We asked the manager to send us information when the gas check has been completed and a copy of the certificate. The information we requested was sent to us in a timely manner. However, we found the provider had not protected people against the risk of premises and equipment.

There were systems in place to make sure people were not deprived of their liberty unlawfully. However, we found mental capacity assessments were not specific to the decisions being assessed and did not show how decisions were made as required by the Mental Capacity Act 2005.

Care plans did not show how people who used the service would like to be cared for. There were no evidence individuals or their relatives were involved in the care planning process. We found the registered person had not protected people against the risk of not receiving person centred care.

We found the previous CQC inspection rating was not displayed in the home. The manager was unaware this had to be displayed.

We found the quality assurance monitoring systems in place were not robust as shortfalls in the service

highlighted in the body of this report had not been identified through the audits carried out by the manager or provider.

We saw staff were patient and caring toward people in their care. People who were able told us they were happy living at Harewood Court and were complimentary about the staff.

We saw people were offered a choice of what to eat and given assistance, if they required it. The food was well presented and looked appetising. People were offered a choice of hot or cold drinks to go with their meal. A person who used the service told us, "The food is nice, very nice." Another person said, "The food's good, not bad."

Robust recruitment procedures were in place and appropriate checks had been undertaken before staff began work. Staff demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the CQC if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

Breach of the Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

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.

The registered person had protocols in place for medication administered as and when required, however, this was inconsistent. In addition, medication policy was not always followed which meant people were not receiving their medication as prescribed.

Fire safety records and maintenance certificates for the premises were up to date with the exception of the gas certificate for the premises.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found the service was not fully meeting the legal requirements relating to the Mental Capacity Act 2005. (MCA)

Staff said they received good training and support. People's views on meals were good.

We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals.

Inadequate ●

Is the service caring?

The service was not always caring.

People who were able told us they found the staff caring, friendly and helpful and they liked living at the home.

The relatives of people who used the service told us they had not always been involved in planning people's care, treatment and support.

Relatives said the manager and staff were quick to inform them

Requires Improvement ●

of any significant changes in their relative's general health which they found very reassuring.

Is the service responsive?

The service was not always responsive.

Care plans were not always person centred and did not always contained good information about how people preferred their care and treatment to be delivered.

The relatives and people who used the service told us they knew how to make a complaint if they were unhappy and were confident if they made a complaint it would be investigated by the manager.

People were provided with a range of activity within the home.

Requires Improvement ●

Is the service well-led?

The service was not always consistently well-led.

The home did not have a manager registered with CQC since March 2015. Staff said they felt supported and found the manager approachable.

Systems in place to assess and monitor the quality and safety of the service were not fully effective.

Records showed people who used the service were asked for their views on the quality of care provided.

Requires Improvement ●

Harewood Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 February 2016 and was unannounced. At the time of our inspection there were 36 people living at the service. During our visit we spoke with seven people who used the service, five relatives, and seven members of staff which included the manager who is not registered with CQC. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at six people's care plans.

The inspection was carried out by two adult social care inspectors and a specialist advisor with a background in nursing. Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection. We reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines.

We observed the morning medication round which was taking place on the second floor on the day of the inspection. The medication round on the first floor had been completed prior to our arrival. We reviewed medicines administered records (MAR) relating to people who lived on both floors and looked at the treatment room which was situated on the ground floor.

Medicines were kept in a medication trolley which was stored in a cupboard on each floor. Medicines (with the exception of controlled drugs, returns and fridge items) were not stored in the treatment room. We looked at the storage areas for both floors and found the medication trolleys were not secured to the wall, meaning they could easily be removed if a person was to enter these areas. Staff were not recording the temperatures of these spaces. Medicines such as insulin must be stored in temperatures no higher than 25 degrees centigrade. If temperatures are allowed to exceed this, the medicines are at risk of being spoiled and could have a negative impact on the people receiving it.

We reviewed the storage of medicines in the treatment room on the ground floor. The treatment room was extremely cluttered and the nurse had to remove some items such as small trolleys before we could safely enter this area. The fridge in the treatment room was not locked. We saw staff had been checking the temperatures of the fridge and all readings were within normal limits.

We saw staff had recorded the dates of opening on all medicines and bottles meaning staff would be aware of when the medication was due to expire.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We reviewed the management of controlled medicines and completed stock checks. We reviewed the controlled medicines register and saw that there were two signatures throughout and all entries were made in accordance with legislation. The stock all balanced and we saw there were kits available to ensure controlled medicines could be disposed of safely in line with legislation.

The controlled medicines register book was in a poor state, with danger of pages going missing. The nurse in charge told us, "We ordered a new one last month, it has not arrived yet. I will chase it up today." We also saw a copy of the British National Formulary (BNF) a book which gives updated information about medicines. The one we saw was dated March 2011 meaning staff could be working with outdated information which could potentially put people at risk. The nurse confirmed this was the only copy held at the home and again said, "We ordered one of these in January also, and I will chase this up today too."

On reviewing the MAR's we saw whilst some people had front sheets which contained details such as photographs, allergy status and the preferences relating to how the person wished to take their medication,

there were a number of people who did not have this information present. This meant if a new member of staff or agency worker was required to administer medicines they may experience difficulties in identifying individuals and their preferences.

On some MAR's we saw staff were using a tick to indicate a medicine had been given instead of signing the MAR, it was not made clear to us what the tick meant. Gaps where medicines should have been signed were blank was seen on multiple occasions.

We saw there were protocols in place for prescribed as and when required (PRN) medicines, however, these were inconsistent. We saw people who were not prescribed medicines on a PRN basis had a blank PRN protocol in place which had been signed by a staff member. However, people who had been prescribed medication to be administered PRN did not have a PRN protocol in place. Therefore, it was not clear whether staff were fully aware of how and when to administer these medications, their side effects and their intended effects. There was no evidence that these particular medicines were being reviewed by the prescriber.

We found that the registered person had not protected people against the risk of not receiving their medication as prescribed. This was in breach of regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We inspected records of lift and hoist maintenance saw certificates confirming safety checks had been completed. We also reviewed fire safety records and maintenance certificates for the premises and found them to be compliant and within date with the exception of the gas certificate for the premises which expired on 03 January 2016. We were told by staff they were waiting for the provider to authorise the expenditure. We asked the manager to send us information when the gas check has been completed and a copy of the certificate. The information we requested was sent to us after the inspection in a timely manner.

We found the provider had not protected people against the risk of premises and equipment. This was in breach of regulation 12(2) (d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance.

We spoke with the nursing staff and three care staff who demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the CQC if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. The provider's policy on safeguarding included information on staff's roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality. One member of staff said, "I have never seen anyone being unkind or unpleasant, but if I did I would report it to the manager." The staff spoken with showed confidence in the process to follow should they suspect actual/potential harm to people. Staff training record showed staff who worked at the home had received training in safeguarding adults.

The manager told us staffing levels were based according to the level of funding each person received. We discuss the deployment of staff in the home with the manager. They told us they were able to increase staffing when required and would always ensure where the dependency of people increased, they would

ensure staffing levels reflected this. We spoke with two people in the home and two staff regarding the safety measures in place within the home. We asked if people felt safe both people told us the home was a very safe place to live. All of the staff we spoke with told us they felt the home had enough staff on duty to keep people safe and meet their needs.

On the day of our inspection we saw enough staff on duty to meet the needs of people who used the service. We saw people did not have to wait for long periods of time for support.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had completed an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at four staff personnel files which showed detail of the person's application, interview and references which had been sought. This showed staff were checked to make sure they were suitable to work with vulnerable adults.

Staff we spoke with told us personal protective equipment was available. We saw an ample supply of gloves in the store room and around the home. All the bathrooms and toilets contained notices regarding hand washing procedures and had liquid soap and paper towels available. These measures promoted a clean environment for people and reduced the risk of the spread of infection.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

We looked at people care plans and found risk assessments identified hazards that people might face. These included falls and mobility. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People told us they could get up and go to bed when they wanted. One person said, "Yes I like it here, I like people, I like to watch TV in my room, the staff are lovely." A relative of a person told us, "[Name of person] goes to bed when she wants to and gets up when she wants to."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Applications for a DoLS had been made, resulting in 16 people having authorised DoLS in place. However, the mental capacity assessments that were in place in some care plans were poor and not detailed enough, with some care plans not having any evidence the person's capacity had been assessed at all.

An example of this was one person care plan stated they lacked capacity due to their dementia; however, there was no capacity assessment in place to evidence how the staff had reached this conclusion.

Another person had been assessed as not having capacity to be willing to take their medication; however, there was no care plan in place to tell staff specifically how to manage this outcome. In relation to end of life wishes and management of people's current health status, all of the care plans we reviewed said the same 'lacks capacity due to dementia. Is unaware of health status'.

In all of the care plans we reviewed, only one person had their consent form signed. The others were blank and not completed. The one person had their consent forms signed by their son; however, there was no capacity assessment in place to say that the person lacked the capacity to sign these themselves.

The above evidence demonstrated a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. For example, choice of clothes and meals and what activities people would like to participate in. Staff said they used a number of ways to assist people to make their own decisions which included verbal communication and pictures of different activities and meals. Staff we spoke with confirmed they had received training on the MCA and our

review of records confirmed this.

Records showed that arrangements were in place to ensure people's health needs were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, hospital, tissue viability nurse, chiropodists or the falls clinic. People's nutritional needs were assessed and weights were monitored. Where people were nutritionally at risk we saw there were plans in place to ensure food with enhanced nutritional value were offered and encouraged.

We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs.

Staff told us menus were based on the known likes and dislikes of people who used the service. We looked at the menus and saw there were a good variety of options available for people. We observed people being seated and asked if they required clothes protectors and choices for these were respected. Most people sat in the dining room. Some people chose to eat in their own room. We saw they were offered a choice of what to eat and given assistance, if they required this. The food was well presented and looked appetising. People were offered a choice of hot or cold drinks to go with their meal. A person who used the service told us, "The food is nice, very nice." Another person said, "The food's good, not bad."

Staff were able to describe clearly the needs of the people they supported and knew how these needs should be met. We looked at the staff training matrix which showed the majority of staff had completed all of the mandatory training they required for their role. This included first aid, infection control, fire safety, food hygiene, medication awareness, safeguarding and moving and handling. We also saw staff had completed training which the home considered to be 'best practice' which included dementia care and challenging behaviour. This meant people living at the home could be assured that staff had up to date skills they required for this role.

Staff we spoke with told us they thought their induction training had been comprehensive and covered for example, moving and handling, health and safety, food hygiene and safeguarding. One person said, "I was already a carer before I came here, but I found the induction really good and it prepared me to work at Harewood Court."

Staff told us they had regular opportunities to give their point of view about the service, we were told this was in either their supervision meetings or during their annual appraisal. Records we looked at confirmed this. Staff told us they felt this was effective and helped them to enhance their confidence and knowledge that allowed them to provide an improved service for people who used the service.

Is the service caring?

Our findings

The home had a warm and homely atmosphere. Feedback from people who used the service and their relatives about the attitude of staff was good with the exception of one person. People told us they were happy living at the home. Comments included; "I am well cared for" and "I have everything I need." One person told us, "All I have to do is ask and it happens." However, one person did say, "I find some of the staff can be a little sharp sometimes."

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people's dignity, privacy and independence. For example, by encouraging them to make choices about how they spend their time at the home and always asking them for their consent before assisting with their personal care needs. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

However, we did feel that some members of the team were driven by completing their tasks and interactions by these individuals were task led. For example, we saw the nurse in charge in the morning attend the dining room to administer eye drops and check the blood glucose level of one person. They did not tell the person what they were going to do or when they were going to do it and did not attempt to obtain the person's consent to carry out these tasks. We saw the nurse administer the eye drops in silence, then simply brought the person's hand towards her and proceed to check their blood sugar level. We felt this interaction could have been much more person centred and positive.

We saw all people who used the service were at ease and relaxed in their environment. We saw people responded positively to staff with smiles when they spoke with them. We observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People were comfortable in the presence of staff.

We saw staff had a caring, gentle approach to people, we heard one person who used the service say to a member of staff, "You are a lovely person." Another person said, "I don't know what I would do without you. You are so kind." We observed staff speaking with people whilst assisting them, for example, a member of staff was helping a person rise from their chair, they explained what they were doing and gave reassurance throughout.

Throughout the day we saw visitors arriving to see people. We observed that visitors were able to visit without being unnecessarily restricted. We saw staff making visitors welcome and providing hot beverages. We spoke with five visitors and they told us they were pleased with the care, treatment and support their relative's received. They said the manager and staff were quick to inform them of any significant changes in their relative's general health which they found very reassuring. Comments included, "I am confident my relative is safe and is being well cared for" and "The manager always informs me if my relative is seen by their GP or if staff have concerns about their general health or well-being."

Is the service responsive?

Our findings

We saw a pre-admission assessment was carried out before people started using the service to determine people's needs and to ensure the service could support them. We found these could be improved by ensuring they were signed by people who used the service or their relatives.

Care plans overall were contradictory, for example, in one person's care plan, staff had written the person is 'quietly spoken but is able to vocalise'. In their daily log staff had written the person was 'unable to vocalise' and this was written also by the nurse in the review completed in January 2016. One daily entry however, in February 2016 stated, "[Name of person] has been very chatty today." As a result of the contradictions seen throughout, it was not clear how the people who used the service would like to be cared for.

Daily notes were being completed by staff; however, these were very basic and consisted of one line per activity of daily living. The daily notes did not tell you how the individual had spent their day and in its current form was not meaningful and added no value to the care plan.

The involvement of relatives is not being documented in some people's care plans. Records showed in some people's care plan their last contact with family was 2011, yet staff state, "Oh yes they get visitors all the time." This needs to be evidenced. At present there is no evidence the individual or their relatives were involved in the care planning process on a regular basis. One relative spoken with said, "I have not been told about care plans."

We found that the registered person had not protected people against the risk of not receiving person centred care. This was in breach of regulation 9 (3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

There were a range of social activities that took place at the home. For example, quizzes, chairrobics, reminiscence and visiting singers/entertainers. People spoken with told us they enjoyed the activities. On the day of our visit, there were activities taking place from an external company who had visited. This activity was clearly enjoyed by people who used the service. The activities co-ordinator was off work for the week. There was no provision in place to facilitate activities in their absence and when we questioned a member of staff on the first floor about activities they told us, "All they do down here is eat and sleep. Activities are definitely more focussed on the people who live upstairs. But it's getting warmer so we will soon be taking people out on trips." We saw evidence that a church group visits the home and gives a service on the first Sunday of the month.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The manager told us they operated an open door policy and people who used the service, visitors and staff were aware they could contact them at any time if they had a problem.

The relatives we spoke with told us they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "I've no complaints, everyone is friendly." Another said, "I have got to know the management and staff well over the last year so I would not have a problem discussing any concerns I had with them."

We saw from staff meeting minutes any feedback on concerns and complaints were discussed with staff in order to prevent re-occurrence of issues.

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager. The manager told us they were due to start the registration process with CQC. The home has not had a registered manager with CQC since March 2015. We spoke with staff about the management of the home. Staff said they felt supported to be the manager. One person said, "We see quite a lot of the manager she walks around to see what's going on in the home. If we have any problems we report it to her." Someone else said, "I love working here, the majority of people know everyone here."

We found the previous CQC inspection rating was not displayed in the home. The information file on reception contained a copy of the last CQC inspection report. The manager was unaware this had to be displayed. This was a breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us there were regular staff meetings held at the home which gave them the opportunity to give their opinions and feedback on the service. We saw minutes which showed two monthly meetings had been held with staff working at the home. This showed staff were appropriately supported in relation to their caring responsibilities and was regularly updated about any changes in the service.

We saw there were systems in place to enable people living at the home to comment on the service provision. We saw resident meetings were held every six months at the home. We looked at the minutes of the meeting from December 2015 which showed a good level of attendance by people using the service. Minutes showed discussions about activities, meals and the overall service took place.

The manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to friends and relatives of people who used the service to seek their views and opinions of the care and support they received. The manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the manager. This included audits of accidents, falls, medication, health and safety, dignity, cleanliness and the premises. However, we found shortfalls in the service identified in the body of this report had not been identified through the quality assurance monitoring systems in place. For example, the issues we found around medication and care plans. We also found a failure to monitor, review and keep records in relation to MCA legislation.

This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

We looked at a number of recently completed questionnaires and found the comments received were positive and people were pleased with the standard of care and facilities provided. Comments included "Completely satisfied with the care and condition of the home, and general helpfulness of friendly staff" and

"Excellent general and personal care, very pleased."

The relatives we spoke with told us they had confidence in the manager and staff team and were generally pleased with the standard of care and support they received. Comments included, "I have always found the management to be approachable" and "The staff we have come across seem patient, kind and caring. We just turn up and we have never seen anything untoward."

The staff we spoke with told us the manager and senior management team were approachable and operated an open door policy. They also told us they were confident that any issues they raised would be dealt with promptly. We asked one staff member if the management team were open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas. Another staff member said, "I love my job; we are all happy. The manager is approachable."

We found the manager was open and honest with the inspectors about where they recognised improvements were still required. They told us they were committed to creating a culture within the home that encouraged relatives, staff and people who used the service to raise concerns or ideas for improving the service; knowing that they would be taken seriously and acted on.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	We found that the registered person had not protected people against the risk of not receiving person centred care.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	We found that mental capacity assessments were not specific to the decisions being assessed and did not show how decisions were made as required by the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	We found that the registered person had not protected people against the risk of not receiving their medication as prescribed.
Treatment of disease, disorder or injury	
	The gas certificate for the premises which expired on 03 January 2016. We were told by staff they were waiting for the provider to authorise the expenditure.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Diagnostic and screening procedures

Treatment of disease, disorder or injury

We found around medication and care plans, a failure to monitor, review and keep records in relation to MCA legislation. This raised concerns about the effectiveness of the quality assurance monitoring process.

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 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	We found the previous CQC inspection rating was not displayed in the home. The manager was unaware this had to be displayed.

The enforcement action we took:

Fixed penalty notice