Sequence Care Limited

Connington Court

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Good**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Overall summary

Connington Court is a specialist residential service designed to support up to six adults with learning disabilities who may also have autism, complex needs or behaviours that challenge services. The service is provided on ground floor level and at the time of inspection there were six people using the service.

We carried out this unannounced inspection on 10, 11, 12, 13, 20 and 24 November 2015 and divided our inspection time between Connington Court and the house next door, also run by the same provider. This was the first inspection of this service since its registration in October 2014.

There was no registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider did not ensure that all reasonable steps were taken to ensure the risks to people were minimised when receiving care. We also found there were issues of concern around the management and safe

Summary of findings

administration of medicines. Staff were not given appropriate support through regular supervision and training opportunities. The provider was not providing care in line with people's consent and with mental capacity legislation. People's preferences and choice of activity were not consistently accounted for when planning care and not all staff understood the principles of providing a personalised care service. The service did not document complaints made by people or their representatives. The manager did not have a system of carrying out quality checks on the service provided. The provider carried out quality audit visits of the service and found issues not addressed by the manager. People were not asked for feedback by the provider to help shape the service and were not given the opportunity to give their views through meetings.

Staff were knowledgeable about procedures around safeguarding and whistleblowing procedures. There were enough staff on duty. The provider had safe recruitment procedures for new staff. People were offered choices from a varied and nutritious menu and special diets were catered for. Records showed that people accessed health professionals as required. Staff demonstrated they knew how to promote people's privacy and dignity. People were assisted to maintain their levels of independence. The provider had a clear complaints policy and an accessible pictorial complaints guide for people who used the service.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe because the provider did not ensure risk assessments were detailed enough and covered all the possible risks which people faced. The provider did not ensure there were systems in place to ensure the safe administration of medicines.

Staff demonstrated they had an understanding about safeguarding and whistleblowing. There were adequate numbers of staff on duty. The provider carried out safe recruitment checks before new staff began employment.

Is the service effective?

Inadequate

The service was not effective because staff did not receive enough support through regular supervision and training opportunities. The service was not working within the principles of the Mental Capacity Act 2005 and in line with people's consent.

People were offered a varied and nutritious menu and there were plans to review the menus with people's involvement. We saw evidence that people had access to healthcare when required.

Is the service caring?

Good

The service was caring because staff were knowledgeable about promoting people's privacy and dignity and we saw examples of staff using this knowledge when working with people.

Staff told us how they encouraged people to develop skills in becoming more independent and we saw evidence of this. Staff told us how they got to know people and their care needs.

Is the service responsive?

Inadequate

The service was not responsive because people did not receive care which took into account their preferences and there was a lack of knowledge amongst staff about what personalised care was. People were not always able to engage in activities of their choice.

The service had a complaints policy but there was only one complaint documented since the service first opened. The operations manager told us there had been more complaints but these were not documented.

Is the service well-led?

Inadequate

The service was not well led because the home manager had not completed quality audits on the service provided or taken action when the provider identified issues.

People were not given the opportunity to give feedback through meetings. The provider had not included this service in their annual feedback survey because the service was new.

Connington Court

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.

The inspection team consisted of one inspector on days one, four and five, who was joined on day two by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited the service on day three and a specialist advisor in the Mental Capacity Act 2005 joined two inspectors on day six.

Before we visited the service we checked the information that we held about the service and the service provider. This included details of its registration and any notifications they had sent to the Care Quality Commission (CQC). We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. However, due to receiving concerns about the service prior to this inspection, the provider was not asked to complete a PIR. We received concerns from two whistleblowers and the local authority relating to the care which people received.

During the inspection we spoke with two people who used the service, two family members, six care staff, two staff from the in-house multi-disciplinary team, two deputy managers and the operations manager. We also spoke with one visiting social worker and one visiting psychiatrist from a local authority. We observed interactions between staff and people living in the home and observed care and support in communal areas. We looked at care and management records including four people's care records, six staff files, training records, records relating to medicines and complaints, staff meeting minutes, quality assurance processes and policies and procedures.

Inadequate

Is the service safe?

Our findings

The provider had a risk management policy which stated a single tool should be used to cover all risks relating to the individual. This tool used a complicated colour coding system which we saw could be difficult for new or agency staff to understand. The deputy manager explained that red indicated a high risk, amber indicated a medium risk and green indicated a low risk. However the deputy manager explained that the tool also gave consideration to the likelihood of a risk occurring which could affect the colour coding. We saw this was the case for one person who was assessed as being a medium risk but was given a green coding because the likelihood was low. The policy did not state how often risk assessments should be reviewed.

We found the risk assessments were incomplete for two people. We found for one person, information from the care plan stated that physical intervention was to be used as a last resort and information from the physical intervention plan specified which techniques were safe to use with the person. However neither of these pieces of information were included in the risk management plan to ensure this person was supported safely. For another person the risk management plan stated it may be necessary to use physical intervention, however it did not specify which techniques had been agreed or how long physical intervention could be safe used for. There was no evidence on this person's file of a physical intervention plan. We noted all staff had been trained in physical intervention techniques

The provider had a medicines policy which was updated on 1 May 2015 and gave clear guidance to staff around the supply, storage and administration of medicines. During the inspection, we looked at the arrangements for storing and administering medicines. We saw medicines were stored in a lockable trolley and administered from a small busy office environment. We observed there were telephones ringing constantly and staff entering and leaving the office frequently to get files or speak with management. This meant staff could become easily distracted and potentially errors could occur during administration.

We found five medicine issues which included not writing explanations for why medicines were not administered. For example, one person had a tablet left in the blister packs for one medicine which had been signed for on the medicine administration record sheet (MAR) but there was no explanatory note as to why the tablet remained in the pack. This meant the provider could not be sure if people were receiving their medicines as prescribed. The MAR sheets were non-specific for the times medicines should be administered and indicated general times of morning, lunch, teatime and bedtime. This meant the service could not be sure there was an adequate time gap between doses. Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual when required protocols were in place. However the administration guidance on these protocols were non-specific about the dosage to give each time and staff were not qualified to make the decision about how much of this medicine would be safe to administer. Additionally, the protocol guidance on dosages and timings between doses did not match up with what was stated on the MAR sheets for two people. This meant the guidance for staff about administering medicines was unclear and they did not have the information they required to administer medicines safely.

We noted that since the inspection the provider has taken steps to relocate the storage of medicines to reduce the risk of staff becoming distracted and errors occurring when staff are administering medicines. We are also aware the provider has now employed nursing staff to oversee the management of medicines.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not do all that is reasonably practicable to mitigate any risks to the health and safety of people receiving care and did not have systems in place to ensure the proper and safe management of medicines.

Some staff members we spoke with had a good understanding of issues related to safeguarding adults and whistleblowing. For example, one member of staff told us if they witnessed abuse they would inform the person in charge and, "Its better you say, when they don't take it up, you can go to the local safeguarding authority." However one staff member was not able to tell us what abuse was and another staff member thought whistleblowing was about taking a complaint to the next stage. This meant knowledge about safeguarding and whistleblowing was not consistent among staff. The service had a safeguarding adults' procedure in place. This made clear their

Inadequate

Is the service safe?

responsibility for reporting any allegation of abuse to the relevant local authority and the Care Quality Commission however the policy did not have the local contact details for the local authority. This means it was not clear for staff who they should report allegations of abuse to. We noted there was a "Safeguarding Tree" on the office wall which listed the six main types of abuse and how to recognise them. The service had a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate.

People told us they thought there were enough staff. Staff told us "We have enough staff", and, "I think the majority of the time the staff level is good." However staff also told us "Sometimes on a Wednesday when they send five staff to college, sometimes it interferes with staffing levels", and, "If you draw attention to a lack of staff, they will get agency." We reviewed the staff rota and handover sheets and saw there was enough staff on duty and people needing one or two staff working with them during the day were catered for. The provider had a bank of staff who they called on regularly to cover staff absences and we saw evidence of this from the rotas. The operations manager told us there were a few vacancies which they had filled with agency staff with a view to offering them permanent contracts. We observed on the second inspection day two staff were engaged in a game with one person in the lounge. The operations manager also told us the rota was in the process of being reviewed to make it clearer to staff which house and person they would be working with each day.

Safe recruitment checks were made. We found all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had been provided with employment references, had a criminal records check and where appropriate there was confirmation that the person was legally entitled to work in the UK.

Inadequate

Is the service effective?

Our findings

The service had a policy on staff supervision. The policy stated that supervisions should be at regular intervals throughout the year and at a minimum frequency of six times per year. All staff files we looked at had a signed supervision agreement agreeing to supervision monthly. We found that supervisions were not being completed monthly as stated on the supervision agreements. We also found not all staff were getting supervisions. For example, one staff member had no supervision records in their file. We asked the operations manager if this staff member had completed any supervision. The operations manager told us, "[Staff member] hasn't had supervision because system around supervision hasn't been working. Gaps everywhere else as you've seen." This meant staff were not receiving appropriate support through supervision in line with the provider's procedure.

Some staff told us the provider was, "Good for training at Sequence, they have empathy with the service users", but other staff told us they had not had much training since they began employment. Family members we spoke with were concerned that some staff did not have the necessary skills or training needed to work with their relative. We reviewed the staff training matrix which consisted of 34 staff including bank staff and found training for staff was not up to date. For example, we saw six staff were overdue doing refresher safeguarding training and 14 staff were recorded as not receiving safeguarding training with the provider since they began employment. This explained the inconsistent knowledge among staff about safeguarding. We saw from care records that three people who used the service had epilepsy but only 14 staff had received epilepsy training. Training records showed only two staff had received up to date training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and only two staff had received training in mental capacity awareness.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not received support from supervision in line with the policy or agreements and regular supervision would have helped to identify performance issues and training needs.

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 and hospitals are 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 were being met.

During the inspection we observed that the kitchen and laundry rooms were locked. Staff we spoke with told us the locked doors was a policy decision rather than based on risk assessment. This is not consistent with the MCA or DoLs as it is a restriction on people's liberty and must be assessed on an individual basis.

We saw a mental capacity assessment on one person's file with respect to day to day decisions and health and safety which indicated this person lacked capacity to make these decisions. However there was no evidence as to why this person failed each element of the four stage test or how they were supported to have capacity before concluding they did not. We also found no evidence of a best interests decision being made following on from the capacity assessment. There was also a mental capacity assessment regarding this person's capacity to understand care and treatment which was well evidenced but there was no corresponding best interest's decision.

We found there was no evidence of a DoLS being in place from the records for another person with a severe learning disability and autism. However this person's diagnosis and associated needs assessment would put them in the scope of MCA legislation. We found the notes on this person's file were contradictory and indicated that staff did not understand what they must do to comply with the principles of the MCA. For example, the care plan stated this person, "Is unable to access the community on his own due to risk involving road safety and his history of absconding. Person may be deprived of his liberty by locking of the front door to prevent him of risk and vulnerability," and "Staff to establish that [person's] liberty

is not deprived of and decision are made in his best interest and he is kept free from harm. Staff to explain to [person] that he has the right to leave and also support him to understanding his rights."

The care records for another person indicated that restraint might be considered or used to prevent harm to this person but there was no evidence of how this might be considered within the legal framework. We saw on this person's file there was a capacity assessment and best interest's decision dated 7 July 2015 in respect of supported living and having a tenancy at Connington Court. However, Connington Court is not supported living and is a registered care home which meant that this person would not have a tenancy so the capacity assessment and best interest's decision were inappropriate.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not providing care in accordance with people's consent and in accordance with the Mental Capacity Act (2005).

We saw the service had a four week rolling menu which was varied and nutritious and contained two choices for the main meal each day. People were offered choices of cereal, toast or cooked breakfast and we saw one person chose to have a selection of fruit for breakfast. Staff told us there were plans to discuss the menu with people to see if they would like any part of it changed. We saw evidence that special diets were catered for. For example, one person who was diabetic had diabetic jam and ice cream stored in the kitchen. We also saw that people were able to have a take-away meal of their choice once a week and this was documented on the menu. For example, one person chose to have pepperoni pizza from a nearby take-away establishment.

Care records showed that people had access to healthcare as and when required. The provider had their own in-house multi-disciplinary team consisting of a responsible clinician, specialist learning disability nurse, psychology assistant, speech and language therapy assistant and an occupational therapy assistant. This team worked across the whole organisation and individual members of this team were seen at the home throughout the inspection working with individuals.

Good

Is the service caring?

Our findings

People told us they thought staff were caring. Family members told us they thought some staff were genuinely caring and others were not as good because of the lack of training. We observed staff interactions with people were friendly and calm. For example, we saw that one person threw a plastic cup and plate across the lounge. A staff member immediately responded in a calm and constructive way, encouraging the person to say what they were upset about and to go to their bedroom to cool off. We saw this person behaving in a calm manner a short time later. Another person was anxious because they had lost a sock. The staff member supported this person to look for their sock and was successful in calming them down.

We observed another incident which was well managed by staff. This concerned one staff member who was allocated to work with a person in the house next door. However, one person from Connington Court came up to this member of staff in an agitated state and took hold of the staff member's hands indicating they wished to go out. The staff member remained very calm, observed this person was not dressed appropriately for going out and whilst gently speaking to this person took them to their room to put shoes and a coat on. The deputy manager was alerted to the situation and arranged to cover this staff member's duties next door to enable them to take this person out.

At other times during the inspection we observed staff knocked on people's doors and waited to be invited in. We spoke with staff about how they respected people's privacy and dignity. One staff member said, "Only two people need personal care assistance, cover them up and ask for their permission to help." Another staff member told us they, "Knock if you need to go into their bedroom and ask their consent. Having a level of confidentiality unless they are at risk. Respect they need to have time on their own."

Staff were able to demonstrate they were knowledgeable about encouraging people to develop their levels of independence. For example, one staff member told us they, "Try to have them do as much as they can on their own." Another staff member told us promoting independence was, "By assisting and not doing for them." During the inspection we observed people helping to unpack grocery shopping and put the food items away. We also saw people being assisted to do laundry and fold their clothes. The deputy manager told us, "I want to empower them for when they're in their own flat."

One staff member told us they got to know people who used the service through, "Reading their files and through other staff." Another staff member told us they, "Communicate on their level, build a rapport and communicate with staff who know [person] well." Staff demonstrated they knew people well by explaining their preferences. For example, a member of staff showed us the pictures they use to help people to indicate their choices of food. This staff member told us which cereal one person preferred and demonstrated to us how they showed this person all the breakfast cereals and "[person] always chooses this one or sometimes this one." Another staff member said, "They have a right to choose. We take [person] to the wardrobe to choose clothes. We take [person] to the fridge and [person] chooses semi-skimmed milk and yoghurt."

Inadequate

Is the service responsive?

Our findings

Three staff we spoke with were not able to demonstrate they knew how to deliver personalised care. One staff member told us personalised care was, "Make sure room is clean, daily room temperatures, make sure they participate in activities." Another staff member told us personalised care is, "Not having a particular person you like. Being there for everyone, not just a particular person." The third staff member told us, "It's to be there for service users, to help them and to respect them." These are task focussed approaches and do not correspond with the definition of personalised care which is care and support designed around individual needs and preferences. A member of the in-house multi-disciplinary team told us, "Person centred [care] is there but could be better," and "Staff are caring, could be a bit more person centred."

We saw that support plans in care files had a section for the individual to give their views but this was not always completed in two of the care records. For example, for one person we found their care plans were undated and the community access and activities care plan stated the person was not available to comment on their care plan. Their care plan for medicines did not contain a section for the person's views. We saw the care plan for their absconding behaviour was left blank for their views and the personal hygiene care plan stated the person "Is happy with the support he gets from staff members." We noted the care plans for physical aggression towards others and the activities care plan were both done on 17 April 2015 and had not been reviewed since this date. The person's views section for the religion/cultural beliefs was also left blank. None of the support plans for this person were signed by the person or their representative to indicate agreement. It was unclear from the support plans if this person had the capacity to agree to their support. This meant the service was not including people in their care planning and supporting people to express and document their views or preferences.

We found in the other person's care records it was also unclear if they had the capacity to express their view and neither the person nor their representative had signed to agree to the support they were given. The support plan indicated this person needed staff to accompany them outside the home to manage absconding behaviour but the support plan stated "For [person] to access the community safe and risk free as possible, [person] to be supported in carrying out activities of daily living skills without his liberty being deprived." We saw the care plan for road safety awareness stated in the person's views section "[Person] to be pain free and treatment carried out in their best interest." We found some sections of the care plans for this person had not been reviewed for more than six months. For example, the care plan for the management of absconding behaviour had not been reviewed since it was written on 30 December 2014 which meant the service did not ensure that appropriate care was being provided and continued to meet people's needs.

One member of the inspection team was speaking with one person who took them by the hands and asked to go to the park and to KFC. The inspection team member asked the staff member present if it was possible for this person to go to the park and the response was, "Well someone else will have to take him. It will have to be someone else." We raised this with the deputy manager who said the staff member should have explained they could not go out with this person alone because they required two members of staff. The deputy manager also said the staff member should have asked other staff if they were free to help fulfil this person's request.

Staff from the in-house multi-disciplinary team and care staff told us there were not enough activities offered to people due to a lack of appropriately skilled staff. The service improvement plan dated 5 October 2015 stated activity plans needed to be reviewed with the input of people who used the service and shifts needed to be planned to enable activities to happen. This had not been actioned at the time of inspection. The Operations Manager admitted to us the, "Rota is not clear, staff don't know what they are doing, not well organised, people not stimulated in the house" and "we will be reviewing everyone's activities timetables." This meant the service was not providing personalised care in accordance with people's preferences.

The above was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not included in their support planning and care was not designed or delivered in line with people's preferences.

The provider had an accessible and pictorial complaints guide for people who used the service. The Operations Manager told us that he was aware there were complaints

Inadequate

Is the service responsive?

but he could not find evidence that they had been formally logged in the service. We noted there was one complaint by a family member about the service at Connington Court mentioned in the team meeting minutes of 28 August 2015 but this had not been logged or progressed as a complaint. Family members we spoke with also described complaints they had made and although they had received responses to their complaints in writing, they said the trust in the service was lost and they were not happy with the outcome.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider could not evidence that proportionate action had been taken in response to any complaint received about the service.

Inadequate

Is the service well-led?

Our findings

We found care records were disorganised and incomplete. Each person who used the service had three or four files so it was difficult to get an overall picture about individuals and it was difficult to locate important information about individuals. This meant it was difficult for staff to be able to obtain relevant information quickly in an emergency situation without spending a long time searching for the information. For example, in one person's file we found a letter regarding a staff member's suspension from employment. We raised this with the deputy manager who agreed it was not appropriate for this to be on the person's file and they took immediate action by re-filing the letter in the appropriate staff member's file. On another person's file we saw a weight monitoring chart which had not been completed since 25 September 2015 and several new charts around exercising, blood pressure and temperature which were blank.

The clearest information in each person's file was contained within reports written by the in-house multi-disciplinary team which gave a clear introduction to the individual. We discussed this with the operations manager who informed us that a manager from another service had been brought in immediately prior to the inspection to support the service to make improvements, in particular to improve the care plans and to make the staff rota clearer and more specific. The operations manager gave us a copy of an email they had sent to the supporting manager and the deputy manager regarding the actions which needed to be completed.

We reviewed the home manager audit files and saw the manager's environmental audit and documentation audit had not been completed since the service opened. Records also showed the manager's monthly audit had not been completed since March 2015. There was also no record of the provider's monthly visits although there was a sheet to record this in the audit file. Additionally, we saw the home manager had not done any audits of medicines.

We saw a provider compliance audit was carried out in June 2015 and identified 27 issues that had not been addressed by the home manager. The issues identified included incomplete risk assessments, care plans not in a logical order and staff supervisions not taking place. We saw the provider followed up on this when they visited on 5 November 2015 and the record of this visit showed only five of the 27 actions had been completed. The records showed that the home manager had not added to the action plan to indicate what had been achieved towards completing the other actions. We also saw the auditor had noted they would ask for weekly updates from the time of this check. The operations manager told us the home manager had not carried out quality audits and as a result they had drawn up a service improvement plan with actions they were expecting the manager to complete. We saw the action plan from 5 November 2015 contained 17 actions which included the lack of quality assurance. We noted no actions were completed at the time of this inspection.

People who used the service were not asked for feedback. We saw from the record of a staff meeting held on 28 August 2015, the home manager noted that staff had not been holding regular resident meetings. Although we saw there was a staff meeting on the 28 August 2015, the operations manager told us there a staff meeting held on 26/10/2015 but was unable to produce the record of this. We asked the operations manager if feedback had been requested from people and their families to obtain their views about the service. The operations manager told us that as the service had not yet been open for one year this was not done. We noted the last feedback survey carried out by the provider for all of its services was done in March 2015 but Connington Court was not included in this as it had only been open for four months. Obtaining people's views early on would have involved them in shaping the service they received.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not ensuring relevant actions were completed on issues identified in audits and was not seeking and obtaining feedback from people and relevant persons in order to improve health and safety of the service and evaluate, shape and improve the service provided.

There was not a registered manager in post at the time of inspection. The home manager had decided to withdraw their application with CQC to become registered and following the inspection moved onto other employment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The provider failed to produce evidence that all complaints received were investigated and proportionate action taken in response to any failure identified by the complaint or investigation. Regulation 16 (1).**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider did not work in partnership with people to involve individuals in the planning of their care and enable people to express their views or preferences. The provider did not ensure that the design and delivery of care was in line with people's preferences.**

The enforcement action we took:
The registered person must ensure the care of service users is appropriate, meets their needs and reflects their preferences. The registered person must carry out an assessment of the needs and preferences for care of the service user. The registered person must design care with a view to achieving the service users' preferences and ensuring their needs are met. The registered person must enable and support the relevant persons to understand the care choices available to the service user.
Regulation 9 (1)(a), (1)(b),(1)(c), (3)(a), (3)(b), (3)(c) and (3)(h).
We have issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider did not ensure that care was provided with people's consent and within the requirements of the Mental Capacity Act (2005).**

The enforcement action we took:
The provider must ensure that care and treatment of service users is only provided with the consent of the relevant person. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the provider must act in accordance with the 2005 Act.
Regulation 11 (1) and (2).
We have issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Enforcement actions

The registered provider did not do all that is reasonably practicable to mitigate any risks when providing care to people. The registered provider did not ensure there were systems in place to ensure the proper and safe management of medicines.

The enforcement action we took:
Care and treatment must be provided in a safe way for service users. The provider must do all that is reasonably practicable to mitigate any risks. Where medicines are supplied the provider must ensure that there are sufficient quantities of these to ensure the safety of service users and to meet their needs. The provider must ensure the proper and safe management of medicines.
Regulation 12 (1), (2)(b), (2)(g).
We have issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure there were adequate systems in place to monitor and improve the quality and safety of people using the service. The provider did not seek feedback from people for the purpose of continually evaluating and improving the service.

The enforcement action we took:
The provider must ensure systems or processes are established and operated effectively to ensure compliance with good governance. The provider must assess, monitor and improve the quality and safety of the services provided in the carrying on of providing care. The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user and of decisions taken in relation to the care provided. The provider must seek and act on feedback from relevant persons and other persons on the services provided in the carrying of providing care. The provider must evaluate and improve their practice in respect of the processing of the information referred to in the previous points.

Regulation 17 (1), (2)(a), (2)(b), (2)(c), (2)(e), (2)(f).
We have issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider did not ensure that staff received regular support from supervision in line with the

This section is primarily information for the provider

Enforcement actions

supervision policy or supervision agreements. The registered provider did not have a system in place to identify performance issues and training needs to enable staff to effectively carry out their duties.

The enforcement action we took:

The provider must ensure that persons employed by them in the provision of care receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (1), (2)(a).
We have issued the provider with a warning notice.