Mr and Mrs R Odedra

Bournbrook Manor Care Home

Inspection report

134a Bournbrook Road
Selly Park
Birmingham
West Midlands
B29 7DD

Tel: 01214723581

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this home on 5 and 6 April 2016. This was an unannounced inspection. The home was last inspected in May 2013 and was meeting all the regulations. The home is registered to provide personal care and accommodation for up to 21 older people. The home provides care to older people with a variety of needs including the care of people living with dementia. At the time of our inspection 20 people were living at the home. We observed how care was provided to people and whether people were happy living at the home.

The registered manager was present during our 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.

People told us that they felt safe living at the home. Relatives confirmed that they thought the home kept people safe. Staff were able to demonstrate a good understanding of procedures to follow to keep people protected from abuse and harm. We found that the registered providers systems and processes had not always ensured the risk to people was minimised. Although there had been no medication errors in the last twelve months, systems were not robust enough to ensure that medications were safely administered.

Staff we spoke with told us training was provided, however training to develop staff's knowledge in relation to specific health conditions was not provided. Care plans did not reflect people's level of capacity. Staff lacked the understanding of the Mental Capacity Act (2005) and what it meant for people living in the home. People's rights had not been supported in line with the legislation.

The home did not always have effective systems to monitor and improve the quality and safety of the care provided to people. People, their relatives and staff consistently told us that the registered manager was kind and approachable. People's views had been sought but not consistently acted upon.

You can see what action we told the provider to take at the back of the full version of this report.

People were supported to have food and drink in sufficient quantities to meet their needs and help maintain good health. People's health was supported by access to appropriate health professionals.

We saw interactions between staff and people living at the home which were kind and compassionate. People gave us mixed feedback about the staff. Some people said staff were kind and did all they could to help them, others told us some staff were not caring.

People were enabled and encouraged to make decisions about their care. People told us that they had been involved in planning and agreeing to the care provided. People and those that mattered to them did not always contribute to the reviewing of care plans. Staff knew people well and could describe individual

preferences of the people they were supporting.

We saw that some arrangements had been made to provide people with interesting things to do. However activities were not always person centred to meet people's individual choices.

There was a complaints process that people and their relatives knew about. People told us that they felt comfortable to raise concerns and told us staff would listen and support them. Systems were not in place to record complaints and concerns that would help the provider to learn and to improve the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risk of avoidable harm.

The management of medicines was not consistently safe.

People told us that they felt safe living at the home. Staff knew how to protect and support people from the risk of potential abuse and harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Some staff had not received training in specific areas that were relevant to ensure they meet the individual needs of people.

Assessments of people's capacity to make decisions and determination of their best interests had not always been undertaken for some aspects of people's care. Some of the necessary safeguards were not in place to protect the rights of people.

People told us that they enjoyed the meals provided and were offered choices. People were referred to other healthcare professionals when a need was identified.

Is the service caring?

Requires Improvement

The service was not always caring.

Some people told us that some staff did not always speak to them with kindness and compassion.

People told us that they made their own choices regarding their daily routines.

We saw good and kind interaction between staff and people who

lived at the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in planning their care. Staff could describe people's personal preferences and things that mattered to them.

There were activities provided for people to participate in. These were not always to the satisfaction of everyone in the home.

There was a complaints procedure in place; however complaints that had been raised had not been recorded.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were in place but some records and audits required for the effective running of the home were not completed or in some instances had failed to identify issues.

People, their relatives and staff had the support and confidence in the management team.

Bournbrook Manor Care Home

Detailed findings

Background to this inspection

This inspection took place on 5 and 6 April 2016 and was unannounced. The visit was undertaken by one inspector.

As part of the inspection we looked at the information we had about this provider. We also liaised with service commissioners (who purchase care and support from this service on behalf of some people who live in this home) to obtain their views.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the visit we met and spoke with eight of the people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with six relatives of people and two health and social care professional during or after the visit to get their views. In addition we spoke at length with the registered manager, the deputy manager, one senior team member, four day care staff, one night care staff, one domestic and the cook.

We sampled some records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at the home. One person told us, "I feel much safer living here than I did when I lived on my own." Another person told us, "Now I live here, I feel safer than I have for a long time." All the relatives we spoke with told us they were confident their relatives were safe living at the home. One relative we spoke with told us, "Oh [name of relative] is far safer living here." Another relative told us, "[name of relative] is much safer here. They were really at risk of dehydration when they lived on their own. There are no problems now."

People we spoke with told us they would feel able to speak to staff if they felt unsafe or had any concerns. One person told us, "If I was ever worried or had things on my mind, I would tell the manager." We spoke with a relative of a person living at the home who said, "Any concerns at all I would approach [name of manager]."

We spoke with staff who told us they had received training about how to safeguard people from abuse. Staff were able to describe signs of abuse and consistently told us how they would respond to safeguarding concerns. One member of staff told us, "I would use the whistle-blowing policy if I didn't feel confident to tell anyone." Staff were aware of the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. We saw that the registered manager had systems in place to report safeguarding concerns to the Local Authority and the Commission. This ensured there were safe processes in place to keep people protected.

We looked at arrangements in place to manage risks and to keep people safe and protected. A member of staff we spoke with told us, "I always make sure there are no obstacles around before I support people to move. I check the hoist is safe to work and fully charged before I use it." Staff we spoke with told us that they were aware of peoples support and care needs and used the assessment information to inform how they provided care. We observed staff using safe practices, using the correct piece of equipment to help people mobilise, and took great care to make sure people received reassurance and encouragement in a dignified manner. However, we found there were no written risk assessments in place for people who required the use of specialist equipment. There were no risk management plans in place to guide the staff and to ensure the equipment was used safely. The registered manager advised us it was their intention to update risk assessments to rectify this.

Staff we spoke with told us that accidents were recorded as they occurred and we saw that the appropriate notifications had been sent to the Commission. Staff were able to describe how to respond to different types of emergencies. All the staff we spoke with were consistent with what actions they would take in the event of a fire. We noted that no consideration had been given to the need for personal emergency evacuation plans being available for any people living at the home. These would identify the number of staff and equipment that would be required to evacuate the person safely. We saw that overviews had been completed to identify the accidents that had occurred. Staff and records confirmed that most staff had received emergency first aid training. Staff gave us a good account of when they would contact emergency services and had the knowledge to support people to ensure they received safe and appropriate care in such

circumstances.

People and their relatives told us they had no concerns over staffing levels. Staff told us they thought the staffing levels were good. We saw that there were sufficient numbers of staff on duty to meet people's needs. One person told us, "There seems to be enough staff, they always answer my buzzer [call system] quick enough." A relative we spoke with told us, "Staff are brilliant and there are enough of them when I visit." A member of staff said, "There are enough staff working here. We are lucky that if someone rings in sick, the managers always come and support us." The registered manager advised us that agency staff were not used and that staff worked together to ensure sufficient cover was provided during any staff absences. This meant people would be supported appropriately by staff who knew them well. The registered manager told us, "Dependency levels are checked weekly or whenever there is a change in a person's needs."

We looked at the registered provider's recruitment process to ensure that the staff who were recruited were done so safely. We checked two staff recruitment records and saw that the registered provider had obtained appropriate pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). Two staff we spoke with confirmed that the appropriate checks and references had been sought before they had commenced their role.

During our inspection people told us they were satisfied with how their medicines were provided. One person told us, "I'm on the ball with my medicines. They are never missed." Another person told us, "I do all my own medicines. I have them locked in my room." We saw that people who wished to self-administer their own medicines had been assessed as being capable of doing so. One relative we spoke with said, "There are no issues here with [name of relative] medicines." We observed the safe administration of medicines by staff wearing tabards stating that they should not be disturbed whilst administering medicines.

We reviewed the Medicine Administration Records (MAR) for people who were having medicinal skin patches or prescribed creams applied to their body. We found that records of where the patches or creams were being applied were not in place to ensure that they were used at in line with prescriber's guidance. We spoke with the registered manager who advised us that they would rectify this following this inspection. Whilst we saw that staff asked people if they required any pain relief medicines, ['as and when required' PRN] and provided answers to any questions they had regarding what the medicines were for. We saw that there were no individual protocols in place with guidance for staff to follow to ensure consistence administration of these medicines. Medicine audits were undertaken which had confirmed that consistent and safe standards were maintained. Staff we spoke with told us that medicines were only administered by staff who were trained to do so. The registered manager advised us that they did not have a system in place to check that staff were competent to administer medicines.

Requires Improvement

Is the service effective?

Our findings

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. Staff we spoke with had limited knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what this meant for people living at the home. Most staff we spoke with told us they had not received any training in these areas. However Staff we spoke with described how they would gain a person's consent before supporting them. Assessments of people's capacity to make decisions when there were concerns about their ability and determination of their best interests had not been undertaken. Care documents we viewed often had 'consent forms' that had been signed for by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person, or that the person lacked capacity to give consent.

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). 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. We found that the provider had failed to appropriately refer people using the service, for consideration by the supervisory body, in this case the local authority for authorisation of Deprivation of Liberty Safeguards (DoLS).The registered manager agreed to rectify this by reviewing the assessments for people and, subject to capacity assessments, would make any necessary referrals to the local authority for DoLS.

The provider was not ensuring that people's rights were protected and this was a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 11.

People were complimentary about the abilities and skills of staff within the service. A person living at the home told us, "Staff are knowledgeable and well trained." A relative we spoke with said, "I am confident they [the staff] are well trained, you can tell the way they help [relative's name]." Staff told us that they were able to access a range of training in a variety of subject areas. One member of staff told us, "We have the opportunity to attend training. We have external people coming in and we complete work books." Staff had not received training in some of the areas appropriate to people's needs. For example there were people living with specific health conditions and staff had not received any specialist training. Discussions with the registered manager identified that whilst they did observe staff interacting with people in the workplace there was no evidence of any competency assessments being carried out.

Staff told us and we saw that they were provided with and completed an induction before working for the home which continued into the early weeks of their employment. This included training in some areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. Staff told us that they were closely supported during their induction period and the registered manager had checked on their performance and progress throughout this time. One member of

staff told us, "During my induction I spent time getting to know people. I had to do some training and I'm currently completing a workbook." We found that the registered provider had not yet introduced the Care Certificate that should be completed for staff who are new to the care sector. Staff told us they received regular supervision and felt well supported by the management team

Staff told us and we saw that they received handovers from senior staff before they started their shifts and said communication was good within the team. This meant that key information was shared to ensure people received consistent care and support.

People spoke positively about the quality of food and drink available. One person said, "The food is good. I'm given choices and if there is something that I don't like they will always make me something different." A relative we spoke with told us, "My relative tells me that the meals are good. Sometimes they help to peel potatoes. This gives them some independence." We observed lunch being provided. The dining tables were laid with the appropriate cutlery, glasses or jugs of drinks. There were no menus provided to assist people with their choices. However, people had two choices of main meal and two desserts available to them. We observed that a member of staff supported a person with their meal in a professional and kind manner. The person was supported to eat at their own pace and was asked if they had had enough to eat. We saw that people had access to regular drinks. Fluid charts were maintained for people who required them; these showed the people had a good intake of fluids to maintain their health and well-being. Staff we spoke with had a good understanding of people's religious and cultural dietary needs and consistently described people's personal dietary preferences.

Discussions with people and staff confirmed that people's health needs were generally identified and met appropriately. We saw that people who were at risk were weighed monthly and were monitored as necessary to ensure they ate and drank enough to maintain good health. A person told us, "I've got my own GP and the chiropodist comes in when I need them too." Another person told us, "The optician comes here to see me." A relative we spoke with told us, "They [the staff] soon get the GP's involvement if my relative is unwell." Some people had health conditions that may require staff to seek emergency assistance from health professionals. We received conflicting information from staff about the action they would follow to keep the person safe. We looked at people's care records and found that these had not been completed with enough detail to guide staff. The lack of clear guidance presented a risk to in the monitoring of people's healthcare needs and may have delayed appropriate action to be taken in a medical emergency.

We spoke with one visiting health care professional on the day of the inspection who gave positive feedback about the care given to people and the approach of the managers. Another health professional who we spoke with following our visit told us communication was good between the home and the doctor's practice.

Requires Improvement

Is the service caring?

Our findings

We saw that staff spoke with and about people in a warm and caring way. People generally told us that staff were kind and caring. One person told us, "Staff listen and are patient and caring." Another person said, "Staff are marvellous." A relative said, "Staff are cheerful, caring and thoughtful." A visiting professional told us, "People seem well looked after and carers really care." We received some less positive comments from people in relation to some night staff. One person told us, "Some night staff are not so thoughtful and are rude." Another person told us, "Some night staff don't care as much as the staff during the day." Another person told us, "Staff on the night shift can be rude when I use my buzzer [call alarm]." We saw records from a residents meeting where concerns had been raised regarding some of the night staff. The registered manager had not taken action to address this issue, but advised that they would do so following the inspection.

During the inspection we saw that the staff handover of information between shifts was conducted in a communal area where people could overhear what was being said. The registered manager had not ensured that arrangements were in place to protect the confidentiality, privacy and dignity of people living in the home. The registered manager advised us that they would ensure the door was closed for future handovers.

All the relatives and visitors we spoke with said they were able to visit the home whenever they liked and were always made to feel welcome. Visiting times were open and flexible. One person told us, "My family come to see me most days and at different times because they work." A relative we spoke with told us, "I come and visit each week and I live quite a distance. Staff look after me and offer me something to eat and drink. I think that is really kind." Another relative told us, "No restrictions and no rules here."

During our visit we spent time in the communal areas and saw that people were relaxed about asking staff for assistance. We observed warm and kind interactions between people and staff. The staff we observed responded to people's needs in a timely, supportive and dignified manner.

People told us they were consulted about decisions regarding their care. One person told us, "I live in my own room. This is my choice and I'm happier." Another person told us, "I make all my own decisions. I go to bed when I want to, I go out when I want to and I eat what I want to." A relative we spoke with told us, "[name of relative] is fiercely independent and makes all her own choices. I say good for her." We saw people walking around the home freely, without restriction and going out to the shops independently. People ate meals at different times according to their choice. Staff knew people well and could describe people's personal and preferred routines. Staff we spoke with had a good appreciation of people's rights to make decisions about their daily lives. One member of staff told us, "People have the right to make their own decisions and choices." Another member of staff told us, "We encourage people to do as much as they can. For example, some people help to set the tables and some people prefer to get dressed themselves."

We asked people what staff did to protect and respect their privacy and dignity. One person living at the home told us, "Staff treat me respectfully." One member of staff told us, "I knock on the door and wait to be

called in." Another member of staff told us, "If I'm supporting someone with their personal care, I make sure curtains and doors are closed." One relative we spoke with told us, "[name of relative] has their own room, which is personalised to their wishes. When we visit we can go to their room or if the weather is nice we can sit in the garden. That enables us to have some privacy." A health professional who we spoke with told us that staff clearly demonstrate a caring attitude to the people in their care and that staff make efforts to preserve people's privacy.

Some people living at the home shared a bedroom. The registered provider had made some arrangements to enhance people's privacy in shared rooms by use of privacy curtains around beds and washing facilities in these bedrooms. We spoke with two people who shared a bedroom. One person told us, "Staff always use the curtains." All the staff we spoke with told us that they always use the privacy curtains to maintain people's dignity.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us that they were happy with the quality of care and support that was provided for them. People told us that they were asked about how they would like their care to be delivered. One person told us, "I was involved in planning my own care plan. I'm very self-contained." Another person told us, "The staff know how to look after me and they know what I like." A relative said, "All the family are involved in supporting [name of relative] with her care plan needs, reviews and any meetings." We saw that pre admission assessments were completed prior to the person moving to the home. This would ensure that the home was appropriate to meet the person's individual needs. Whilst we saw that care plans had been regularly reviewed and updated in support of people's changing needs, people and those that matter to them had not always been involved or had contributed to the review process.

We saw that staff knew people well and knew what people liked. Staff were able to give detailed explanations about people's needs as well as their life history and likes and dislikes. One member of staff told us about the interests of one person and said, "I enjoy sitting with [name of person] and looking through their picture albums."
The home asked people about their cultural and spiritual needs as part of their assessment. A staff member told us, "There is a priest who comes here to give a service and we have people who go out to religious establishments of their choice." No one we spoke with had identified any spiritual or cultural needs that were not being met by the home.

Staff we spoke with told us that they shared responsibility for providing activities for people to do. Staff told us that they 'try their best' and acknowledged that activities could be improved. On the days of our inspection we found little stimulation being offered to people. One person we spoke with told us, "Sometimes we have people come in to sing, they are okay. I keep myself occupied though." Another person told us, "I enjoy adult crayoning and gardening. The home does support me to do these." Other people told us that they enjoyed watching their favourite football team playing on the television. One person said, "I go out for a walk every day. It keeps me fit." One relative we spoke with told us, "Staff do great 'bake off' events and recently held a lovely Easter event." Some of the relatives we spoke with felt more could be done to provide people with 'meaningful things' to do with their time. In one person's care plan we saw that they enjoyed a particular activity. We saw no evidence that this had been offered during a seven day period. The registered manager advised that regular activities and trips were planned and advised us that they would ask people for additional suggestions at the next residents meeting.

People were supported to maintain relationships that were important to them to minimise their social isolation. We observed many visitors calling into the home during our inspection. We saw staff offering them drinks and chatting to them. A person we spoke with told us "I can come and go as I please. I go out a lot with my family and I'm off on holiday with them soon." One relative said, "I visit as much as I can. It's important to us both."

People knew how to make a complaint. One person told us, "I am happy at the moment but if I was unhappy and wanted to make a complaint I would go to [name of manager]." A member of staff we spoke with told

us, "I would support a person to complain and would get advice from my manager." The home had a complaints procedure in place that was accessible to people and the procedure was displayed in the home. Records we looked at showed that the home had not received any complaints this year. However, we were informed by a relative that they had raised frequent complaints. Discussions with the registered manager confirmed that they had received complaints but had responded to them as a concern. Information about these complaints had not been recorded utilised or used to enable continuous improvements to the home.

Requires Improvement

Is the service well-led?

Our findings

Whilst there were systems in place to monitor the quality and safety of the home we found some of the quality audits were not effective and failed to identify and address areas of concern. There were no systems in place to analyse trends when accident and incidents had been reported to prevent the likelihood of further occurrences for people. There were no systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. Training records identified that staff had not received training in some of the areas appropriate to people's specific health needs. Internal audits had failed to identify that there were gaps in the monitoring and reviewing of people's individual risk management plans and care records. We saw records lacked content and guidance. In addition we were unable to establish if complaints received had been dealt with appropriately or in a timely manner. Any complaints that had been received were not audited or analysed to identify trends or used to drive continual improvements to the service.

Our discussions with the registered manager during our inspection showed that they had not kept up to date with changes to regulations and what these meant for the service. The failure to keep their knowledge current meant that there was a risk that people would not be provided with support and care that complied with the regulations.

These issues confirmed that the provider was not ensuring good governance of the service and was in breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

All the people we spoke with said they felt the home was well-led. One person told us, "[name of manager] is in charge. She is very nice." Another person told us, "The manager is lovely, the right character. She is chirpy. She is efficient, but kind and makes sure things are done." We asked people about their experience of living at the home. A person said, "I've settled down and I'm happy enough. There is nothing I would change." Another person told us, "I like the staff and the food." We spoke with some relatives to ask them their views. One relative told us, "I've no worries. The manager is very approachable." Another relative told us, "Good little family home."

People were encouraged to express their views about living at the home. One person we spoke with told us, "I complete surveys about how I feel." A relative we spoke with told us, "Yes, I have completed some surveys. I think it's a good thing." The registered manager told us and we saw that meetings were held for people living at the home to discuss things of their choice. We saw people had asked for changes in the menu and the registered manager had shared important events with people to keep them abreast of what was happening within the home. We noted that the systems in place had failed to ensure that feedback from meetings had been analysed, responded to and used to drive improvement within the service.

The culture of the service supported people and staff to speak up if they wanted to. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. Staff we spoke with were able to describe their roles and responsibilities and what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. The registered manager demonstrated that they understood their day to day responsibilities and told us that they felt well supported by the provider. However, the registered manager was not aware of changes to regulations and some key developments and requirements in the care sector. For example, the regulation regarding the duty of candour or the requirement that any new staff recruited had to complete the care certificate, which is a key part of the induction process for new staff.

Staff we spoke with told us that they felt supported in their job role. They were clear about the leadership structure within the home. Staff told us and we saw that they attended regular staff meetings and completed staff surveys which gave them the opportunity to contribute to the development and improvement of the service. One member of staff told us, "We have regular staff meetings and the manager tells us about things that are happening." We saw that staff had received feedback following a recent environmental health inspection which demonstrated the registered manager had systems in place for sharing information pertinent to the development of the home. A member of staff told us, "Teamwork is so good here. We all get on well and you only have to ask and there is help." During our inspection we saw that the registered manager interacted well with people and made themselves available and were visible within the home. One member of staff we spoke with told us, "The manager is very hands on and we do appreciate it."

The registered provider had an overt surveillance CCTV system fitted within the exterior points of the building. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. The registered manager told us consultation meetings had been held with people and staff to ensure consent was sought for the use of the surveillance. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure that the care and treatment of service users must only be provided with the consent of the relevant person. 11 (1) The provider did not act in accordance with the provisions of the Mental Capacity Act 2005. 11 (4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b) The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)