

Mrs R Ghai

# Marlyn House

## Inspection report

41 Cannock Road  
Blackfords  
Cannock  
Staffordshire  
WS11 5BU

Tel: 01543504009

Date of inspection visit:  
11 November 2019  
12 November 2019  
18 November 2019

Date of publication:  
03 March 2020

### 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?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Marlyn House is a residential 'care home' that provides accommodation with personal care for up to 18 people. People who use the service had physical health and / or mental health needs, such as dementia. At the time of the inspection, 17 people used the service.

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

Quality assurance processes in place were not effective. Quality audits had been completed, however, they failed to highlight issues that were found during the inspection. Care records were not accurate or up to date. The registered person did not have an accurate understanding of risks associated with people. The service has a history of noncompliance relating to quality assurance processes which dates back to our inspection in May 2016. The subsequent four inspections since have highlighted that governance systems in place have not been robust enough. Quality assurance processes have consistently failed to identify issues within the service to ensure the safety of people or drive sustainable improvements.

People's care files did not appropriately identify risk prevention measures to allow staff to ensure people's risk of pressure ulceration was managed in a safe way. The registered manager did not have clear processes in place to manage risks appropriately.

Care files did not always contain information on what to do to keep people safe and to advise staff on how to safeguard people's needs.

There was not an effective system to evidence that staff received appropriate training. The training matrix illustrated not all staff had completed the provider's mandatory training in a timely manner.

Staff members did not always have the necessary information to safely support people with their medicines.

Accidents and incidents were recorded. However, we did not see any processes in place to highlight any common themes or required learning.

All people were weighed weekly; however, it was not clear how the service was using this information in relation to people's ongoing health needs.

People's rights were not safeguarded as the provider had not sought confirmation those acting on their behalf had the legal authority to do so.

People were not always safe as the provider failed to ensure the physical environment was free from hazards

People were not supported to have maximum choice and control of their lives and staff did not support

them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service had a number of events in the past 12 months, which included ponies visiting the home, going out for pub meals and arts and crafts.

People told us that they felt they were treated with dignity and respect by staff.

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

#### Rating at last inspection

The last rating for this service was requires improvement (report published 20 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified two breaches. Regulation 12 the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed safely and the registered person failed to ensure the proper and safe management of medicines. Regulation 17 the registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Marlyn House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one assistant inspector

#### Service and service type

Marlyn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection-

We spoke with the nominated individual, registered manager, assistant manager, four members of staff, one cook, six people, two relatives and two professional visitors. We looked at four people's care records, records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision, appraisal records, training matrix, policies and procedures and audits completed by the

registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and policies and procedures. We requested feedback from four professional but didn't receive a response.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management: Using medicines safely

- People's care files did not appropriately identify strategies for risk prevention, to allow staff to ensure people's risk of pressure ulceration was managed in a safe way. People were being repositioned, but there was no evidence in care files to why this had been undertaken and care plans did not advise staff how often repositioning should take place. For example, one person in a week, was repositioned 12 times one day and seven another. The repositioning charts we saw were inconsistent and did not evidence people were supported in accordance with their care plans. The management team told us that they were unsure how many times the person should be repositioned in a day.
- Care plans and risk assessments were reviewed monthly by the registered manager. However, not all actions relating to people's care had been documented. For example, one person had a pressure mattress, but the care plan had not been updated to say why. However, appropriate referrals to professionals had taken place. A second person who had changes to their care needs, had their updated care plan in August 2019. However, there was a comments section as a summary to advise staff if any changes had been made to people's care needs. Their summary update stated, "no changes", so this did not guide staff on what additional measure to take.
- People did not always have their risks assessed. There was no clear process to manage risks appropriately, and to make sure people were involved in decisions about how their risks were to be managed. For example, for one person whose needs had changed, where they required a hoist, there was no risk assessment to advise staff on methods of transferring.
- Where risk assessments had been completed, there was not always an escalation guidance to advise staff on the process to take in order to safeguard people's ongoing needs. Escalation guidance is something needed to advise staff on how to safeguard people's needs dependant upon their risk assessment score. For example, waterlow assessments and falls risk assessments did not contain escalation processes.
- Staff did not always accurately complete Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given. However, this had been identified by the assistant manager through their audits and re-training given.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance for prescribed creams to ensure that staff knew when to administer PRN medicine. This meant that people may not always get their medicines when they needed them. Following the inspection, the registered manager provided evidence that people had PRN protocols. They stated after the inspection, that the assistant manager was unaware the PRN protocols were in place during the inspection, where they should have communicated this to them.
- The Management team could not provide documentation of an accurate running total of medication stock that remained in the home. We carried out a random stock check of people's medicines and found

that the amount of medicine in stock did not match that recorded by the provider. This meant we could not be assured there was appropriate systems in place to safely manage medicines stock levels.

The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they had received training to administer medicines, and their competency to do so was checked regularly.
- Medicines were stored and disposed of safely, as required by legislation

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- However, the registered manager did not have any processes in place to highlight any common themes or required learning. For example, in one month we saw that one person had four recorded incidents or accidents, but no learning had taken place. However, we did see referrals had been made for people who had incidents in the home.

Staffing and recruitment

- People were not supported in a timely manner. There were not enough staff available to meet people's needs when needed. The registered manager told us that staffing levels are dependent upon the needs of the people living in the home at the time. Staff and people didn't feel there were enough staff. A staff member told us, "I don't think there is enough staff, mainly because we have a lot of doubles that take up a lot more time than someone who is more independent..." One person was asked if staff have enough time to support them, they told us, "They haven't really got enough staff, but they [staff] do try their best."
- The management team told us that they had recently put in a new staff working day rota, to enable them to utilise staff more efficiently.
- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the management team could not always evidence they had taken a full employment history of some staff. The management team were informed regarding this on the day of inspection. They had a document for these checks in some staff files, but not all. The management team stated they would ensure this was in place for all staff.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have effective systems and processes in place and operated effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- Following the last inspection, the registered manager had introduced new safeguarding systems. All recorded safeguarding concerns had been reported to the appropriate authorities.
- The service training matrix evidenced that 12 staff had not completed safeguarding adults training. However, all staff spoken with told us they understood what systems they would follow. One staff member told us, "We've had online and in-house training. You should always document everything and make sure the residents are safe and secure."
- People spoken with confirmed they felt safe with the care they received from care staff. One person told us, "I think I feel safer than been at home, and you've got company."



## Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Personal protective equipment was available for staff, such as disposable gloves to use to help the spread of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service did not evidence that they used assessments to support person centred care. All people were weighed weekly however, there was no rationale for this practice. Not all people had been identified of risk of malnutrition, and there was no evidence how this information was been used to monitor or assess risk. Malnutrition Universal Screening Tools (MUST), this is a tool which is used to establish people's risk of malnutrition, were only completed for the first time in October 2019. When we asked the management team why people were weighed weekly, they told us, "It's something the registered manager introduced." The service did not identify any triggers for intervention when weighing people weekly.
- Care plans were an ongoing document and written using the information from the assessment and through consultation with people and / or their relatives. However following care plan reviews and consultation with professionals, care plans had not been updated to reflect their current needs and any changes that had taken place.

Staff support: induction, training, skills and experience

- The registered manager did not always have an effective system to evidence that staff received training to meet people's assessed needs. The training matrix illustrated not all staff had completed the provider mandatory training in a timely manner.
- The staff training matrix was not up to date. Not all staff had completed training in safeguarding adults, mental capacity act, end of life, fire, manual handling, medicines, health and safety, basic life skills, food safety and the control of substances hazardous to health. However, staff confirmed they had received some training. One staff member told us, "There is always more training, but you're always learning. We do it all online and we have in house training all the while."
- All staff reported they had received an induction and they had supervision.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations

- Where people lacked capacity and had given power of attorney to their next of kin, the registered manager did not appropriately safeguard people and have evidence that authority had been given. Therefore, people who did not have capacity were at risk that decisions were being made on their behalf who did not have the appropriate authority.
- Staff knowledge around mental capacity was varied. Some staff gave clear examples, whilst other staff could not identify or provide information on the Act in relation to people.
- There was a record for where best interest meetings had taken place for people that required this.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. If a person declined, this was respected, with staff approaching the person again after a while.

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

- The management team told us the home was undergoing a refurbishment programme at the time of our inspection where four people's rooms had been redecorated. However further improvements were needed for example, we found that people's rooms and bathrooms did not have signage. One person told us, "I get up very early, 5:30am. I had my breakfast and went to the toilet but couldn't find it." A second person stated, "Oh it's nice, it's been decorated. They've got cleaners, so it's always kept clean."
- We found loose batteries, curtain equipment and loose bedding in the home during our initial walkaround that posed a risk to people's health and safety. This was highlighted to the management team who ensured all items were removed.
- We saw that during both days of the inspection that one person's toilet had paint cans in it. We spoke to the management team about this during the first day of inspection, however this was still present on the second day. The management team stated on the second day, they would ensure these would be removed.

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

- People selected their food for the day at the beginning of each morning. The service had two cooks, who told us they followed a four-week seasonal menu. Information was clearly displayed, and the cook showed knowledge of people in the home that required a specialist diet.
- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day.
- People told us they enjoyed the food they were given. One person stated, "It's lovely, really nice." Care files contained a catering profile, that detailed people's food likes and dislikes.

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

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- However, care plans did not always detail evidence of appointments with health care professionals such as General Practitioners, district nurses and dietitians. During the inspection it was observed that a number of professionals were visiting people.
- One person told us, "I've always had troubles with my stomach, and they call the doctor."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and respect was not always promoted within the home. People did not feel there were sufficient staff available. One person told us, "We use to have a buzzer, but now they've just chucked them. We just have to catch them [Staff]. Sometimes you're waiting and waiting, then you just wet yourself."
- Relative did feel that people's independence was been promoted. One relative told us about the support and respect in the home, "Yes staff treat [person] with dignity and respect. The home was recommended by his social worker and I can't fault it."
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.

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

- Care plans and risk assessments were reviewed yearly, but people's current needs weren't always detailed and updated to make sure they accurately reflected their current requirements and preferences.
- People and their relatives, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made, however, the service could not evidence where people had given power of attorney and people's wishes were not always considered if they lacked capacity.
- Staff told us that they got to know people well in the home and found out about hobbies and interests from care plans. One staff member told us, "For example [Person] use to work on a farm and has one son. They don't like jelly."
- Care files contained a section on people's life history, that gave an overview of their childhood, families and preferences, which enabled staff to have a clear picture of the person they would be supporting where their preferences for support had been documented.

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

- We observed staff supporting people in a caring and compassionate manner.
- People and their relatives reported positive relationships with staff. One person said, "Yes staff are fine, I get on better with staff than patients."
- One relative told us about the support in the home, "It's lovely and friendly. They are caring staff, the best. They talk to [Person] as well which is nice."
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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

- People's care plans were personalised and placed people's views and needs at the centre of the care provided. However, they were not always updated with current information when people's circumstances changed. Due to people's care plan not been up to date, staff were not given accurate information relating to people's needs. We could then not be assured that care given to people was sufficient and personalised to meet their needs.
- People and their families, where appropriate, were involved in the planning of care and support needs.
- Relatives informed us that people were supported how they wanted to be cared for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had ensured that people received information related to the service and their support in a format that they could understand. All care files contained a communication support plan. For example, one person's stated, "[Person} requires glasses and enjoys talking to staff."
- The registered manager told us, "[Person] has dementia. They have the ability to read, but they find it easy to have access to pictures or symbols."

Supporting people to develop and maintain relationships to avoid social isolation

- People told us they had a choice if they wanted to get involved with the activities. People had access to group activities. On the days of inspection, it was seen that people were getting involved with a quiz. One person told us, "This afternoon we have a singer, and we all join in. we get a microphone to use."
- The management team told us about a number of events the service had held in the past 12 months. This included ponies visiting people, going out for pub meals and arts and crafts people had designed and put up on the walls in the home.
- The management team told us, that a number of people have their own mobile telephones, or they could use the home telephone, to help keep in touch with relatives. It was seen during the inspection one person using their mobile telephone speaking to their family.

Improving care quality in response to complaints or concerns

- People told us that they would know how to raise a complaint. However, one person told us, "You dare not raise a complaint", however a second person told us, "I would speak to managers, but I have never had to."

Relatives confirmed they knew how to raise a complaint, where one relative told us, "I have no concerns currently. I did have a concern around the décor, but this has started to be completed now".

- The service had received two complaints since the previous inspection.
- Where a complaint or concern had been raised, an investigation and action had taken place. We did see evidence of how complaints were managed.

#### End of life care and support

- The management team told us people with end of life care preferences were recorded in their individual care plans, with family involvement when needed.
- Care files had a "My future and end of life plan". This highlighted people's personal preferences in regard to end of life wishes; funeral preferences; their likes and dislikes and who they wanted to be involved with this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to have effective governance systems and processes in place to prevent abuse of service users. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had not been enough improvement and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service has a history of noncompliance relating to quality assurance processes which dates back to our inspection in May 2016. The subsequent four inspections since have highlighted that governance systems in place have not been robust enough. The provider has consistently failed to sustain improvements. The registered manager has failed to implement quality assurance systems that demonstrate strong leadership and good governance of the service.
- Quality assurance processes to assess the quality of the service were not effective. They failed to highlight, or correct issues we found during the inspection. For example, the audits did not identify the errors related to people's care files, which had not been updated or MUST scoring tools not been completed or undertaken. Risk management or assessments related to areas such as weight loss or pressure care had not been completed. Medicines audits were not always effective finding the issues and risks that were found during our inspection, with the stock check of PRN medicines.
- The registered manager failed to ensure that people's care records were accurate and up to date. They did not have an accurate understanding of risks associated with people. The inconsistent documentation meant that information was not reflective of people's needs, and this had not been appropriately picked up by the registered person. Accurate records were not always maintained or did not accurately reflect the support people were being offered. This demonstrated that changes to people's needs were not being managed appropriately. There was a risk that any new staff coming to work at the service could provide ineffective and unresponsive care, by following insufficient and contradictory care plans. For example, one person whose needs had changed required the use of a hoist. However, there was no documentation to guide staff on how to work safely with this person and provide them the support they needed.
- The registered manager audits did not highlight when risk assessments did not contain an escalation process to advise staff on how to safeguard people's needs.
- Ineffective quality assurance systems meant that the provider could not always continuously learn, improve and innovate. The registered manager completed an audit on incidents and accidents that looked if the paperwork had been correctly filled out. However, this did not look at common themes or trends to

mitigate the risks to people or the home.

- The registered manager had not ensured the service was working within the principles of the Mental Capacity Act to safeguard people from abuse. Where care files had stated that people had given power of authority for finances and health and wellbeing, there was no evidence for this.
- The registered manager did not have effective audits in place to ensure the home was clean and free of malodour. We found paint cans in one person's toilet on both days of the inspection and loose batteries and screws that were accessible to people on the first floor of the building.
- There were no audits in place that focused on the decoration and design of the building. During the inspection it was seen rooms did not have signage on them. For example, people's bedrooms did not say their name or room number and bathrooms did not have signage on them to instruct people where they were. The management team confirmed that the signage missing wasn't due to the refurbishments taking pace.
- The service had a registered manager as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager stated that they understood their Duty of Candour, and that, "All staff undertake duty of candour training so that they understand the regulation." However, we found that not all staff had completed this training.
- We found that accident an incident forms had been completed. However, these did not state if the person's next of kin had been informed. Relatives spoke to, did confirm that the service would contact them if an accident or incident occurred.

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

- Due to the training matrix not being up to date, we could not be assured that staff received training in relation to the Equality and Diversity.
- The service gained feedback from people and their views were listened to and acted upon. The registered manager stated following feedback, improvements and personalisation were made to people's rooms.
- The registered manager told us they attempted to gain feedback from relatives, but only received one reply.

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

- There was a clearly defined management structure within the service.
- There were not effective management systems to promote person-centred care. We found that care plans were not specific to people's needs.

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. For example, on the day of inspection we saw professionals coming to the home to meet people's medical needs through the day. However, this advice was then not recorded in people's care files.
- The management team told us the service had close working relationships with district nurses, occupational therapists and GPs.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

### The enforcement action we took:

NoP to impose conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p> <p>At our last inspection the provider had failed to have effective governance systems and processes in place to prevent abuse of service users. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had not been enough improvement and the provider was still in breach of regulation 17.</p>

### The enforcement action we took:

NoP to impose conditions