

# Shaw Healthcare Limited

## Warmere Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Warmere Court is situated in Yapton, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 40 people some of whom are living with dementia, older age or frailty. Some people also required support with their nursing needs. At the time of the inspection there were 39 people living in the home.

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

The provider had learned from concerns that had been found during inspections at some of their other services and had implemented training to increase staff's awareness and skills. Systems and processes had been introduced to help minimise potential risk. However, people had not always been protected from the potential risk of harm. Medicines were not always administered according to prescribing guidance. People requiring modified diets had sometimes been given foods that had the potential to cause them harm. Systems and processes did not always ensure that people were protected from the risk of abuse. There was a lack of oversight when one person had experienced unintentional weight loss. Systems and processes had not always identified the concerns found as part of the inspection. Those systems that had been introduced, were yet to be fully embedded and sustained in practice. The registered manager took immediate action to address the concerns raised and ensure risk was minimised.

People were complimentary about the leadership and management of the home. They told us that the registered manager was, "Someone who listens and cares." This was demonstrated within the culture and atmosphere of the home, which was warm, welcoming and friendly. Staff felt valued and well-supported by both the registered manager and provider.

There were enough staff to meet people's needs. People and relatives were complimentary about staff's skills, who had been provided with training to help increase their awareness of people's needs. People's needs were assessed, and staff were provided with guidance to help inform their practice.

People told us they were happy and regarded the service as their home. Comments from people included, "They are interested in my special needs," "Everyone is treated with kindness," and "I feel valued, I like living here." People's privacy and dignity were maintained, and they were treated with respect, kindness and compassion. People were involved in discussions and decisions about their care and told us that their input and suggestions were listened to and acted upon.

People took part in meaningful activities and pastimes to help occupy their time. They told us how much they enjoyed the varied range of activities and entertainment as well as the visits to places of interest.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Rating at last inspection

At the last comprehensive inspection, the home was rated as Requires Improvement. (Published 18 July 2018). At a focused inspection the overall rating changed, and the home was rated as Good. (Published 27 September 2018). The home has now been rated as Requires Improvement at the last four consecutive comprehensive inspections.

### Why we inspected

This was a planned inspection based on the previous comprehensive inspection rating. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

### Enforcement

We have identified two breaches in relation to people's safety. You can see what action we have asked the provider to take at the end of this full report. 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. The registered manager took prompt action after the inspection, to ensure that risks were lessened.

### Follow-up

We will continue to monitor the intelligence we receive about this service. We will request an action plan from 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 plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warmere Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Warmere Court

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by one Inspector, a Nurse and 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.

#### Service and service type

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

The home 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 reviewed information we had received about the service since the last 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 20 people and nine relatives, six members of staff, a visiting healthcare professional, a deputy manager, the registered manager, a quality manager and an operations manager. We reviewed a range of

records about people's care and how the service was managed. These included the individual care and medicine administration records for 12 people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We obtained assurance from the provider that risks identified as part of the inspection had been sufficiently lessened.

# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. 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 were not always protected from the potential risk of harm. One person had been assessed by a Speech and Language Therapist (SALT) and required a modified diet. They had advised against certain types of food due to the risk of choking. We observed the person eating one of these foods after it had been provided to them by staff. Staff's knowledge about potentially high-risk foods was poor. Records showed that other high-risk foods such as bread, had been given on several other occasions. These actions placed the person at increased risk of harm and the provider had not considered the potential risk of choking.
- Another person had been assessed by a SALT as requiring a modified diet and thickened fluids. Records showed that they too had been provided with high-risk foods that had a potential to cause them harm. SALT guidance had advised that the person should avoid ice-cream as this could melt and become too thin. Despite this, records showed that the person had been provided with ice-cream and other high-risk foods on several occasions. This placed the person at increased risk of harm and the provider had not considered the potential risk of choking.
- One person was assessed as being at high-risk of malnutrition and was underweight. They had lost 17 percent of their body weight since their admission into the home six months previously. Efforts had been made to fortify some of the person's food to help increase calorie intake. However, staff had not always followed guidance to try and prevent any further weight-loss. The provider's guidance advised the person was weighed weekly and to have access to high-calorie snacks and drinks in-between meals. Records showed that this has not been implemented in practice and the person had continued to experience unexplained weight-loss.
- Medicines management was not always safe. Two people were living with Parkinson's disease. Records showed that they had not always been given their medicines according to the prescribing guidance. This concern has been found during inspections of the provider's other homes within the Sussex area. As a result of this, since April 2019 the registered manager had conducted audits to help ensure improvements. Although occurrences had been less frequent because of this, there had still been occasions when one person had not had their medicines according to prescribing guidance and had on one occasion received their medicines one hour after the prescribed times. This increased the risk that the symptoms of their condition would not be well-managed.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They informed staff of the importance

of not giving people high-risk foods. Modified diets were changed to being prepared and labelled in the kitchen and these were monitored at each meal by a mealtime supervisor to help ensure people's safety.

- People told us they felt safe. One person told us, "This is my home and I feel much safer here than when I was at my original home. Everyone from the nurses, carers, managers, cleaners and laundry ensure this is a safe home and I have every confidence in them."
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people's needs would continue to be met in the event of an emergency.
- People's ability to administer their own medicines was assessed. When people lacked understanding, staff had followed correct processes and liaised with external healthcare professionals to ensure people had their prescribed medicines.
- People's medicines were reviewed to ensure that they were appropriate. This helped ensure that when people displayed behaviours that challenged others or if they became anxious or distressed, that staff were not always just relying on medicines to manage people's behaviour.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Staff had undertaken training about safeguarding and knew about the different types of abuse and what they should do if they had concerns. However, there was a failure to consider the risks when people who required a modified diet were given high-risk foods. These people had not been referred to the local authority for them to consider under safeguarding guidance. This raised concerns about staff's understanding and competence.
- Following the inspection, due to the concerns found, CQC made safeguarding referrals to the local authority for them to consider under their safeguarding guidance.
- When concerns about people's safety had been identified by the provider, they had worked with external health and social care professionals.
- People were comfortable in the presence of staff and told us they could talk to them if they felt unsafe. Regular meetings enabled people to share concerns about their care.

Learning lessons when things go wrong

- The provider had acted to share learning from inspections of their other services. Additional training had been provided to staff to increase their awareness of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguarding (DoLS), medicines management and modified diets.
- The shared learning from inspections of their other services helped ensure that changes were made to systems and processes to make improvements and help minimise risk to people. These changes were yet to be fully embedded and sustained in practice and this placed people at risk of harm.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met. When people needed assistance staff responded promptly. One person told us, "If I felt unsafe I would ring my bell and they come quite quickly."
- New staff were allocated to work alongside more experienced staff to ensure they had appropriate skills to meet people's needs.
- People were supported by staff that were suitable to work with them. The provider had ensured that pre-employment checks were undertaken to ensure people's safety.

Preventing and controlling infection

- People were protected from the spread of infection. Staff wore uniforms and used personal protective equipment to minimise the risk of cross-contamination.

- People were supported to have their food prepared and served by staff that understood the importance of food hygiene.

## 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 as systems were not in place to effectively manage DoLS authorisations. At this inspection improvements had been made and there was good oversight. This key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good awareness of MCA and DoLS and improvements had been made since the last inspection.
- People who had a health condition that had the potential to affect their decision-making, had their capacity assessed in relation to specific decisions.
- When people were unable to consent to staying at the home, DoLS applications had been made. There were effective systems in place to ensure DoLS that had been authorised were monitored and managed appropriately.
- Some people had Lasting Powers of Attorneys (LPA) that enabled others to make decisions on their behalf. The manager had assured themselves that people had appropriate legal authority by obtaining copies of documents before liaising and sharing information with others.

Staff support: induction, training, skills and experience

- Staff had been provided with training which the provider considered essential for their roles. Due to concerns found as part of inspections at some of the provider's other services, specific training had been provided to staff in relation to Parkinson's disease and modified diets. This was still being embedded in practice.
- People and relatives told us they had confidence in staff's abilities. One person told us, "The skills and knowledge of staff are 100%, you cannot fault them."
- Staff told us they felt well-supported and valued by both the registered manager and provider. Staff's competence and skills were recognised as part of the Provider's STAR awards. These recognised staff that excelled in their work and the registered manager spoke with pride about the amount of awards the staff team had achieved.

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

- People's physical, mental health and social needs had been considered and assessed. Staff were provided with guidance to help ensure they supported people in accordance with best practice guidance. For example, staff were provided with guidance about how to support one person when they were feeling anxious or depressed.
- People were treated as individuals and support was adapted to meet people's diverse needs.
- Technology was used to support people to remain independent. Assistive equipment, such as mobilising wheelchairs helped people with mobility needs to mobilise around the home. People were able to call for staff's assistance by using call bells. One person told us, "I have a computer, an iPad, a smart TV and a mobile phone. I am very technically minded."

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

- People were complimentary about the food and told us that staff respected their choices. One person told us, "If you don't like the menu they will make you an omelette or a sausage sandwich or a salad."
- People enjoyed laughter and conversation with each other and staff whilst having their lunch. There was a lively and fun atmosphere that created a sociable lunchtime experience.
- People who needed assistance to eat and drink were supported with sensitivity and patience.
- People had access to enough fluids to maintain their health. Staff were mindful of the hot weather and frequently offered people drinks of their choice. Records showed that staff monitored people's fluid intake to ensure they had sufficient quantities to maintain their health.

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

- People had adequate space to move freely around the home. People were observed mobilising independently whilst using electric wheelchairs or mobility aids.
- Communal areas and gardens enabled people to spend time with others. People had private rooms if they wished to spend time alone or receive visitors in privacy. One relative told us that the layout and presentation of the home was one of the reasons they had chosen the home. They described it as, "Bright and airy."
- Regular meetings enabled people to be involved in on-going discussions about proposed changes to the decoration of the environment.

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

- People received a consistent and effective service when staff worked with external healthcare services. Staff had been responsive if people had become unwell.
- Staff supported people to access healthcare services when needed and liaised with these and relatives to ensure people received coordinated healthcare treatment.
- People told us they had confidence that staff would contact healthcare professionals if their health changed. One person told us, "They make sure all my needs are met. I have seen a dentist, an optician and a chiroprapist."

# 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.

We did not inspect this key question at the focused inspection on 6 September 2018. At the last comprehensive inspection on 11 December 2017, this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy, well-treated and content. One person told us, "Everyone is treated with kindness." A relative told us, "I come here often, and I know my relative is happy."
- People and relatives spoke fondly of staff. One person told us, "I'd give them 10/10." A relative told us, "Staff are gentle and caring and I cannot fault them."
- People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished.
- Staff adapted their support to ensure all people's needs were met. One person told us, "They are really interested in my special needs. They are getting me an electric wheelchair soon."

Respecting and promoting people's privacy, dignity and independence

- People were able to maintain their individuality. Before moving into the home, one person had taken pride in their appearance, they wore nice clothes, had their nails painted and enjoyed regular visits to the hairdresser. Staff had been made aware that this continued to be important for the person and the person had been supported to maintain their appearance. We saw they had their nails painted and wore clothes and jewellery of their choice.
- People were treated with sensitivity and tact if they needed assistance with their personal care needs. Their privacy and dignity were maintained. A relative told us, "When we came in this morning my relative had slept-in late. Staff asked us to leave the room because they had to assist them. This is how they maintain their dignity and personal respect, even though my relative has dementia. Staff are wonderful and patient."
- People's confidentiality was maintained. Handover meetings, where staff discussed people's care needs, were conducted in offices so that people's privacy was maintained.
- Information held about people was securely stored in locked cabinets and offices.
- People told us that staff encouraged them to remain as independent as they could. Staff were observed encouraging people to continue to do things for themselves. One person was taking time to eat their meal. Staff offered assistance yet were mindful that the person should continue to do as much as they could for themselves.

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

- People had been involved in discussions about their care. People and relatives told us they were involved in the development and on-going review of people's care and that staff liaised with them when there were

changes in people's needs. A relative told us, "They always listen to what I say. I wish my relative could have moved here earlier. Now I have complete peace of mind."

- Regular meetings helped ensure people were involved in discussions about the running of the home. They were able to share ideas and make suggestions.
- Staff asked people and gained their consent before assisting them. People were actively involved in the care that was provided.

## Is the service responsive?

### Our findings

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

We did not inspect this key question at the focused inspection on 6 September 2018. At the last comprehensive inspection on 11 December 2017, this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's social and emotional needs had been considered, assessed and met. People took part in meaningful activities and a range of different pastimes to meet their interests and preferences. One person told us, "Photography has always been my hobby. I can screw a tripod on the wheelchair to keep it steady and still follow my hobby. I feel valued and I like living here."
- We observed people taking part in a gardening club where they were provided with information about plants. People enjoyed taking part and were observed engaging in conversation about their shared interest.
- People had enjoyed visits from external organisations. A relative told us, "My relative was absolutely delighted by the visit of a Llama last week." Another relative told us, "In spite of my relative's dementia they get thoroughly absorbed by the music activities like singing, rhythm and percussion."
- People had been supported to enjoy visits to local places of interest. Two people told us how much they had enjoyed a visit to the Circus.
- The provider had taken additional steps to further improve the systems that were in place to assess and plan people's care. They had streamlined the process to ensure that only information that was appropriate for people's needs and preferences was gathered and provided to staff. This helped ensure the information was more person-centred. Staff told us that the new way of working helped ensure there was clear and appropriate information about people's needs and preferences.
- Reviews of people's care ensured that staff were provided with current guidance about people's needs. People and their relatives had been involved in their care.
- People were able to maintain contact with their family and friends who were welcomed into the home and able to enjoy drinks and meals with their loved ones.

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.

- Staff were provided with guidance about how to support people according to their communication needs.
- No-one required information to be adapted to meet their needs. Staff told us they would read their care plans to them if they wished to access them.

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

- The provider had a complaints policy and people were made aware of how to raise a complaint within the information provided to them when they first moved into the home.
- People and their relatives told us they felt comfortable to raise any concerns.
- Complaints that had been raised had been responded to according to the provider's policy.

#### End of life care and support

- People were able to plan for care at the end of their lives.
- People had been able to remain at the home for the end of their lives and staff had supported them according to their expressed wishes.
- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that their comfort was maintained.
- Compliments had been received and relatives had praised the care their loved ones had received at the end of their lives.

# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not consistently delivered high-quality or person-centred care.

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

- There have been on-going themes amongst the provider's other services within the Sussex area in relation to MCA and DoLS, time-specific medicines management and modified diets. The provider had acted to ensure lessons were learned and had implemented specific training to increase staff's awareness. Systems and processes had been introduced to minimise potential risks. Despite this, some improvements that had been made needed to be embedded in practice. There were risks found in relation to people's access to high-risk foods when they required a modified diet, medicines were not always well-managed for people who were living with Parkinson's disease. There was sometimes a lack of oversight when people had unintentionally lost weight.
- Audits had not identified all the concerns that were found at inspection. For example, the registered manager had not identified that people who required a modified diet were having access to high-risk foods that increased their risk of choking. Neither had they identified that one person who was at high-risk of malnutrition, was not receiving appropriate care to meet their assessed needs.
- Records, to document the care people had received were not always maintained. For example, two people required staff to regularly support them to reposition. Records showed that staff had not always recorded the support provided. It was not evident if people had received appropriate care or if staff had failed to document their actions.

The registered manager had not always assessed, monitored or improved the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager's responses to the concerns raised showed a willingness to improve. Immediate and robust action was taken. They developed systems to minimise risk and help assure people's safety.

- New audit processes had been introduced as it had been recognised that those previously used had not always identified concerns that were being found at inspections of the provider's other services. There was an increased focus on quality and new roles had been introduced to help ensure people had positive experiences.
- The registered manager created clear roles and responsibilities for staff who spoke highly of the support they received. One person recognised that the registered manager's leadership had a positive impact on

staff's skills. They told us, "She is a good manager because all the staff know who they are answerable to."

- The registered manager was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- People and relative's comments demonstrated that they felt the provider's values of wellness, happiness and kindness were implemented in practice. There was a welcoming, homely and friendly culture and atmosphere within the home. People and relatives told us the home was well-led. A relative described the registered manager as, "Someone who listens and cares." One person told us, "She always comes to talk to me and she always listens."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff worked in partnership with external healthcare professionals to ensure people's needs were met. A visiting healthcare professional told us that the service people received was responsive and staff worked hard to meet people's needs.
- People contributed to discussions and agreements about their care. These helped ensure that people's expressed needs and preferences were listened to.
- Staff were involved in discussions about the home. Staff meetings and an open and transparent approach by the registered manager, enabled staff to raise suggestions and ideas. Staff told us that they felt valued and that their suggestions were welcomed.
- People and their relatives had been asked for their feedback and had completed surveys which the provider had analysed to help provide assurance that people's needs were being met.

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 and provider had a candid, open and transparent approach. We had confidence in their abilities to make improvements in response to the concerns that had been found as part of the inspection.
- People and their relatives told us that the registered manager and staff were open and honest with them. Records showed that were kept informed of any changes in people's needs or if care had not gone according to plan.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>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.</p> <p>Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment.  The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.

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

We have issued a Warning Notice to both the Registered Manager and the Provider. They are required to be compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 September 2019.