Mauricare Limited

Mauricare

Inspection report

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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

About the service
Mauricare is a care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service at the time of the inspection was not providing nursing care.
The service can support up to 17 people, in one adapted building.

The registered manager was on planned leave at the time of the inspection site visit. The inspection was facilitated by a registered manager from another of the provider's services, at the request of the provider.

People's experience of using this service and what we found
Ineffective monitoring of the service by the provider and registered manager, and a lack of oversight by the provider, meant shortfalls in the service were not identified. Plans to bring about improvement were not in place, this impacted on the quality outcomes for people.

An external organisation had issued an enforcement notice, to bring about improvement to promote people's safety, and bring about compliance.

Systems to promote people's safety, which included assessment of risk, and safe recruitment practices for staff were not robust. Staff did not fully understand their responsibilities in safeguarding, all of which had the potential to place people at risk.

Audits on infection control were not an accurate reflection of the service. The audits recorded the service was clean, and furnishings and fixtures were in good condition. We found the service was not sufficiently clean, and some soft furnishings, floor coverings and mattresses to be damaged and stained.

People lived at a service that was not sufficiently maintained, both internally and externally.

People's needs were not regularly reviewed, and their care plans were not written with their involvement. This meant people were not supported to have maximum choice and control of their lives, and staff did not always support them in the least restrictive way possible. The policies and systems in the service did not support this practice.

Opportunities for people to engage in social activities, develop interests within the service and the wider community were limited. Activities, as detailed on the notice board did not take place.

People's health and welfare were kept under review by staff, who organised health care referrals and appointments on people's behalf. Staff supported people to access health care appointments, and implemented the guidance given to them to promote people's well-being.

People's views about the service were sought. People we spoke with expressed satisfaction with the care

they received, and spoke favourably about the staff who worked at Mauricare.

Staff were supported to perform their role through training and supervision.

People's medicines were managed safely and people were supported to access a range of health care professionals, to monitor and promote their health.

People who were able, accessed the wider community independently or with support from family members.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 22 February 2017)

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to: The effective governance of the service. Effective systems and practices to prevent and control the spread of infection. Maintenance of the premises, to promote the safety of people and their well-being. Effective assessment of potential risk, including staff recruitment practices. And, person centred care, enabling people to be involved in the development and review of their care.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mauricare on our website at www.cqc.org.uk.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Mauricare

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 carried out by one inspector and an Expert by Experience who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Mauricare 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.

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 sought feedback from the local authority. We used the information the provider sent us in the Provider Information Return (PIR). 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. We used all this information to plan our inspection.

During the inspection
We spent time with people who use the service. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a registered manager from another service location, owned by the provider, who facilitated the inspection. We spoke with five care staff.

We spent time with people who use the service. We spoke with five people and a visiting family member.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including minutes of meetings.

After the inspection
We requested the provider submit information to the Care Quality Commission, to evidence their requests to the landlord of the building, for the carrying out of maintenance. This information was not provided.

Requires Improvement

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 now 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; Preventing and controlling infection

- Potential risks to people's safety were not documented, and assessments to reduce potential risk were not in place or appropriately completed. For example, people who accessed the rear courtyard, did so by using external steps. Staff were aware that they needed to support people, however, no risk assessment was in place, identifying the risk and the action required.
- Risk assessments had been undertaken to identify the potential level of risk for a person developing a pressure sore. However, not all the questions to determine the level of risk had been answered. This meant the level or risk calculated could not be relied upon, and therefore any actions to reduce potential risk could not be relied upon.
- People's safety was compromised as the service was not well maintained, this included fire safety systems, which had resulted in an enforcement notice being issued by the fire and rescue service.
- Records providing key information about people, in the case of a health care emergency were not available. This meant key information such as, people's medical history, medicines prescribed, allergies or an outline of a person's care requirements, could not be provided or transferred with a person should they need to go to hospital. Staff told us, it was embarrassing trying to locate information requested, for example by ambulance staff in an emergency. This had the potential to put people at risk, as staff were not able to provide key information in a timely manner.
- Personal emergency evacuation plans (PEEPs) were not in place for a majority of people at Mauricare. This meant, should people need to leave in the case of an emergency such as a fire, then staff from the emergency services would not have access to information as to how best to evacuate people in an emergency.
- Individual electrical appliances, such as lamps and televisions had not always been checked for safety.
- Infection control audits, which had been undertaken monthly were ineffective, as they had not identified the shortfalls we found during our inspection site visit. We found the service, not to be well-maintained or clean, some mattresses were not in good condition as they were torn. Some furniture, including armchairs were damaged, this poses a risk of cross infection to people, as the equipment and furniture could not been effectively cleaned.
- Bathing, shower and toilet facilities did not always provide soap or paper towels to promote people's health, by reducing the risk of the spread of infection.

People were placed at potential risk, as assessments to mitigate risk, records to promote people's health, safety and welfare, and effective infection control measures were not in place, or maintained. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Systems and equipment in the service, were maintained by external contractors. These included gas and electrical installation, the passenger lift and equipment used by staff to move people safely, such as hoists. Staff carried out visual checks on moving and handling equipment, which included hoists and slings prior to using them, these checks were recorded and signed by staff.
● People's care records provided staff with information as to how to move people safely with the use of equipment. Records showed, staff re-positioned people who were cared for in bed, consistent with their care plan to promote people's skin integrity.
● A registered manager of another service owned by the provider was at the time of the inspection putting PEEPs into place. They were also taking action to address the enforcement notice issued by the fire and rescue service, which included the ordering of equipment to facilitate the evacuation of people with reduced mobility, in the event of a fire or other emergency.

Staffing and recruitment
● Recruitment practices of staff were not robust. For example, we found documentation in staff records was missing. These included, application forms, documentation to confirm staff's identity and address and evidence of their interview. We found DBS checks had not been updated, and evidence that a member of staff had worked at the service prior to a DBS being obtained. DBS (Disclosure and Barring Service) enable employers to check the criminal record of someone applying for a role, to enable them to make an informed decision as to staff's suitability.

● There were sufficient staff to meet people's needs. The provider did not employ dedicated staff to undertake the cooking, laundry and cleaning. Care staff undertook these duties, and the roster showed, these additional duties were rostered separately, which showed there were sufficient staff on duty to support people with their care.
● People's comments, regarding sufficient staff to meet their needs were mixed. A person told us, "If I want anything I use the buzzer, and they come straight up, no trouble at all. They come within a couple of minutes and if they are in the middle of attending to someone, they let me know and return as soon as they are free."
● Staff were seen to respond in a timely manner providing assistance with personal care, requests for drinks and to answer people's questions.
● Staff had access to, and were seen wearing protective personal equipment (PPE), which included gloves, and aprons when providing personal care. Staff wore hair nets in addition to gloves and aprons when serving food.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Systems to safeguarding people from risk of abuse were not robust. Staff's knowledge and understanding of how to report potential abuse, was not consistent with local safeguarding protocols.
● People told us they felt safe at Mauricare, and this was because of the care they received. One person told us, "[Staff] look after me, I feel safe here. If something was bothering me I would tell the staff."
● Staff were aware of their responsibilities to report any accidents or incidents, such as trips or falls, by recording completing a form, to be shared with the registered manager.

Using medicines safely
● People were supported with their medicines in a safe and timely way by staff, who had undertaken training in the safe management of medicine.
● Medicine systems were organised, and staff followed the safe protocols for the administration and recording of medicines. Records we viewed support this.
● People we spoke with were aware of the time they took their medicines. One person told us, "I do take medicines, one at seven in the morning and one at night." A second person said, "I take my medicines from

them [staff] and they make me take them on time."

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● We found significant shortfalls in the maintenance and décor of the service. For example, external rendering to the property was in a poor state of repair in places. Water, from the drainage system flowed onto the car park at the front of the building, and down a wall onto the ground at the rear of the property.

● The external grounds to the rear of the property, where people sat outside were not well-maintained or tidy, and did not provide a relaxing environment for people to enjoy. For example, the rear space, had garden borders that were overgrown with weeds, a disused sofa and black bin liner bags containing garden waste. Outdoor seating, for people to use was very limited.

● Internally, paintwork on walls, skirting boards, ceilings, doors and architrave was damaged throughout. Carpets in some rooms were stained, and some furnishings, such as armchairs were damaged, and stained. Laminate flooring to the ground floor was damaged.

● We found evidence of damp in a bedroom, and some bedrooms had malodours. Many of the mattresses were either torn or stained, and springs could easily be felt when touching mattresses, which has the potential to impact on people's quality of sleep.

● Ceiling and wall lighting fixtures in some communal areas did not work, and some light bulbs were not covered by a lampshade. Lampshades, which were in place, were dusty. Extractor vents in bathing and toilet facilities were dusty.

● Bathing and toilets facilities required improvement, two shower facilities were used, these were not well-maintained or clean, and did not provide a pleasant environment for people to receive personal care. Other bathing facilities were not used as people, due to their health and physical needs were not able to access them.

● A person we spoke with said, "My bed broke the other week, the spring went on it, and I moved up to room number [X]."

People's accommodation was not well maintained or clean. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People's needs had been assessed when they moved into the service. However, people's records did not include a review of all their needs.

Staff support: induction, training, skills and experience

● Staff undertook training in key areas to promote people's, health, safety and well-being, which included

the completion of the Care Certificate for some staff. Staff had opportunities to undertake vocational qualifications in health and social care.
● Staff were supported through ongoing supervision and appraisal, which included checks as to their competency to provide people with the appropriate care and support.

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary needs were detailed within their records, which included information as to people's needs to meet ongoing health conditions, such as diabetes. Staff who prepared and cooked people's meals, fully understood their dietary requirements.
● People's weight was monitored, and records we looked at showed people had maintained their weight.
● The daily menu was displayed on a board in the dining room, which showed two choices were available. Staff were seen asking people earlier in the day, what they wanted for their lunch and tea time meal. ● People spoke positively about the food. One person said, "The meals are nice, they are very good." A second person told us, "I'm having faggots, some are having cottage pie, we have quite a lot of good things."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff we spoke with had a comprehensive understanding of people's needs, and supported people to access a range of health care professionals. Staff kept a detailed record as to the outcome of people's health care appointments, and followed up on any actions. However, we found not everyone had access to regular dental checks.
● A health care professional, within a questionnaire that sought feedback about the service, sent by the provider, had written of the positive impact the care provided by staff had had on a person's well-being. This had meant the person had recently been able to leave Mauricare, and return to independent living.

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 to deprive a person of their liberty had the appropriate legal authority and were being met.
● We found the conditions on authorisations to deprive people of their liberty were met. Authorisations to deprive people of their liberty were kept under review and any conditions on authorisations were monitored.
● People were supported by a paid person's representative (PPR), who regularly met with the person, staff and reviewed the person's records, to ensure people's DoLS and any conditions were being met.
● Staff were knowledgeable as to who had a DoLS authorisation in place, and the circumstances in which it had been put into place.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence;

- People's comments or views about their care, were not recorded within their daily notes to evidence the choices provided, and the decisions they made. For example, records showed all those who had a shower, did so at the weekend. There was no information as to whether it was the person's choice, or whether they had been offered showers on other days, but had declined.
- People's dignity was not maintained, as they resided in an environment, which they were not able to influence. People relied on the provider to ensure the service in which they lived was maintained and cleaned, and provided equipment and the surroundings to ensure their comfort.
- People in some instances, were supported by family members in making decisions about their care. A family member told us how they worked with staff, they said, "We explain things to them [staff] for [relative] and we attend all their appointments. We visit most days, we can ring staff, talk to them, staff are doing their best."

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

- People's equality and diversity was supported by staff. For example, where people's first language was not English, staff had developed effective systems of communication, through body language and facial expressions to interpret people's needs.
- Family members told us how they regularly visited and worked with staff in meeting their relative's needs, which included interpreting information in a person's first language.
- People's records, where it was information was known, contained information about their lives prior to moving into Mauricare, which included information about their family, work and social lives. Staff were seeing using this information to converse with people, in topics of interest to them.
- People were complimentary about their care, and spoke positively about the staff, which included comments about their impendence. A person told us. "I feel good, looking after me well." Since I have been here, I've been doing really well. The carers are great. I go out, I'm still independent." A second person told us, "It's lovely here, they [staff] do a good job."

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. 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; Supporting people to develop and maintain relationships to avoid social isolation;

- People's care plans were not written with their involvement, and did not provide information as to their preferences. For example, the time they preferred to get up, or go to bed. Whether they preferred a bath or shower, or the frequency. This meant, there was potential for people's care not to reflect their preferences or choices.
- Records detailing people's personal care, showed that people had a shower at the weekend, and a strip wash during the week. We asked staff, why showers were provided at the weekend. They told us, the likelihood of them being disturbed by having to answer the door or telephone were reduced at the weekend, which meant they were able to provide personal care, without interruption. A person told us, "Every Saturday I have a shower." This evidenced people's care was not based on their preferences.

People's care and support, was not always provided with regards to their preferences, likes or dislikes, and they were not involved in the development or review of their care plan. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's records provided information about their lives prior to moving into Mauricare, which included information about their work, social and family life. However, there was little evidence to show this information was used to plan or provide activities of interest to people based on their earlier life.
- Opportunities for people to take part in activities or to follow areas of interest were very limited. During our site visit, the activities available were limited to watching television or listening to music. Activities for the month of August, were displayed on the notice board in the dining room. However, the activities referred to were not provided, although activities did include watching television, which people were seen to do.
- A person was heard requesting a new puzzle book, and staff told them they would get it for them. However, the absence of both the registered manager and deputy manager meant staff did not have access to people's money to purchase things on their behalf. This meant the person had to wait until the management team were available.
- People were seen to watch television, and a person enjoyed a visit from a friend, who read from The Bible, to them. Another person sat colouring and drawing, and their drawings were displayed on the wall in the communal rooms and in their bedroom. They told us, "I do colouring when I feel like it, but not going to do it today. Someone comes and does 'Bible stories."
- A person told us they were much happier since moving to Mauricare, and that they enjoyed meeting up with people, who they used to live with. They told us, they continued to visit a local public house, which they were able to do independently and enjoyed visits from family members.

● A person had the opportunity to watch television programmes in their first language, with English sub-titles, which was provided for them in their room, so that they could watch the television, whilst they were in bed.

End of life care and support

● People's wishes, and that of family members were recorded. For example, some people had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). People's capacity to make informed decisions about DNACPR's were documented.

● At the time of the inspection, no one was in receipt of end of life care. However, the records of a person who had very recently attended a hospital appointment, reflected a recent diagnosis, which staff were aware of. Staff had already began to plan the community health-based services, they would be contacting, to ensure the person was appropriately supported.

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.

● Key information was available for people to read, which included the menu, which was displayed in the dining room. Information about how to make a complaint or raise a concern was displayed on a notice board, for people and visitors to read.

● Where people's first language was not English, staff had developed a good understanding of their needs, by interpreting body language and gestures. However, this information was not recorded within the person's care plan. Staff had developed a close working relationship with their family members, who supported staff and translated information.

● People's care plans referred to the importance of staff encouraging people to wear aids to promote communication, which included hearing aids and the wearing of glasses.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure, which was displayed on a notice board. Concerns and complaints were recorded, which included concerns and complaints which had been investigated by commissioners.

● People were reminded in meetings, as to how to make a complaint, people told us they were confident to raise concerns. One person said. "I would talk to [deputy manager] the boss if I had a problem."

Requires Improvement

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 remained the same, require improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

A registered manager was in post; however they and the deputy manager were on planned leave at the time of the inspection site visit. The inspection was facilitated by a manager from another of the provider's services, at the providers request.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 provider did not have in place a system to assure themselves of the quality of the service, and to drive improvement. The provider informed us quality monitoring visits of the service had not recently taken place, and that they had relied on the registered manager to ensure the service was running well.
- The lack of oversight by the provider, meant they were not aware of areas for improvement. For example, they told us they did not know there were shortfalls in fire safety systems, until an enforcement notice was issued by the fire and rescue service.
- A lack of planning to bring about improvement by the provider, meant people resided in a service that was not well-maintained. The provider acknowledged environmental improvements were required. However, there was no plan in place detailing what improvements were planned or by when.
- The registered manager had undertaken audits, however these were ineffective, as they had failed to identify the shortfalls, we and other agencies had identified. This meant, opportunities for the service to improve, and to have a positive impact on people's quality of life and care were missed. Ineffective management of records meant records were not readily accessible.
- We could not evidence the hours worked by the registered manager or other members of the management team, as they were not included on the staff rota. People using the service when asked referred to the deputy manager, as the manager. Staff told us, the registered manager did not regularly work from Mauricare. A person when asked what they would do if they had a problem said, "I would talk to [deputy manager] the boss, if I had a problem."
- The provider and registered manager had not consistently met their legal requirements, for example, ineffective record keeping, meant documents to evidence robust staff recruitment and assess potential risk to people were not in place or up to date.

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

● People did not consistently have the opportunity to influence their care, which meant their care was not always person centred, but reflective of the needs of staff, and the day to day running of the service.
● We found no evidence to support the registered manager kept up to date with good practice guidance, to share with staff and improve quality outcomes for people.
● Staff informed us staff meetings did take place, however they did not take place on a regular basis. We asked for the minutes of staff meetings, only one set of minutes could be found, from a staff meeting held in June 2019. Minutes evidenced people's health and welfare were discussed, for example staff were reminded to encourage people to drink plenty due to the warmer weather.

Systems and processes to assess, monitor and reduce risks to people's health, safety and welfare were ineffective, which impacted or had the potential to impact on people's quality outcomes. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us the registered manager supervised them, by providing one to one meetings. The meetings were used to talk about any specific concerns, which included people's care, health and welfare. Records we viewed confirmed this.

Working in partnership with others
● The provider was monitored by commissioners of the service, against their contract.
● Health care professionals monitor and review people's health needs, which includes visiting people at the service. However, information to be transferred with people to hospital in an emergency was not in place, to benefit people's health, care and welfare.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views about the service were sought. People were asked to complete questionnaires about the service and had the opportunity to attend meetings. Recent questionnaires identified people were satisfied with the service, and the minutes of a meetings showed people were reminded of how to raise concerns.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive person centred care, as their views about their care were not recorded within their care plans. Institutional approaches to care, meant people's care was reflective of the needs of staff and not those using the service. Which included, people's choices as to when they wanted to have a bath or shower.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's health, safety and welfare was not consistently promoted. Potential risks to people were not robustly assessed, or regularly reviewed to ensure their care needs were met, and potential risks mitigated. People's safety was compromised as Personal Emergency Evacuation Plans were not in place. People's health and welfare was compromised, as systems to prevent and reduce the risk and spread of infection were not effective.

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 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Refer to Warning Notice

The enforcement action we took:

Warning Notice

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	Refer to Warning Notice

The enforcement action we took:

Warning Notice