

Earlybirdcare Ltd

Alexandra Park Home

Inspection report

2 Methuen Park
London
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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?

Inadequate ●

Summary of findings

Overall summary

About the service

Alexandra Park Home is a residential care home for up to 13 older people who are living with dementia and mental health conditions. Care is provided across two floors with a communal area on the ground floor. At the time of the inspection 12 people were residing at the home.

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

The leadership, management and governance of the organisation did not ensure the delivery of high-quality and person-centred care. The management did not display an open and transparent culture when things went wrong and the systems for monitoring the safety and quality of the service were not effective.

People's medicines were not always being managed safely. The systems in place to assess the risks to people's safety were inconsistent, not always effective and ways to mitigate risks were not always clear.

The provider did not always ensure staff working at the home had the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs.

People were not always supported to express their views or be involved in making decisions about their care and treatment. People were not placed at the centre of their care provision. Care and support did not always reflect current evidence-based guidance, standards and best practice. Information about people's needs, including their spiritual and religious needs was not always consistent.

The service did not always involve people in planning their meals, nor did it act on feedback received from people who use the service. Food was not always well presented.

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 always support this practice.

People liked the staff and felt safe with them.

The new provider had significantly improved the overall decoration of the home.

People took part in a range of activities at the home which had a positive effect on their well-being.

We have made three recommendations relating to food provision, the Mental Capacity Act (2005) and people's spiritual and religious needs.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 20 July 2019) 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 we found sufficient improvements had not been made and the provider continued to be in breach of regulations.

Enforcement

We have identified breaches in relation to medicine management, risks to people's safety, staffing, person-centred care and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

The inspection was prompted in part due to serious concerns received from the local authority and local clinical commissioning group (CCG) about the safe care and treatment of people using the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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?

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 ●

Alexandra Park Home

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 two inspectors and a pharmacist inspector.

Service and service type

Alexandra Park Home is a 'care home'. People in care homes receive accommodation and 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 was an unannounced inspection.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected by us on 13 May 2019. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. The local authority shared some records that they had obtained during their regular quality checks on the service. This was in line with the memorandum of understanding in connection with safeguarding information sharing protocols between the CQC and the local safeguarding authority.

During the inspection

We met and spoke with seven people who lived in the home. We observed the interactions between people using the service and the staff supporting them. We spoke with seven members of staff including the registered manager, the deputy manager, the nominated individual, the cook and three support staff.

We reviewed a range of records. These included five people's care records. We looked at four staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

The registered manager sent us some of the documents and additional information we had requested at the inspection.

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 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.

At our last inspection the provider had failed to safely manage medicines and robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

Using medicines safely

- The management and staff were not always clear about their responsibilities and role in relation to the management of people's medicines.
- The registered manager told us that people were not allowed to buy over the counter medicines, to bring into the home to take themselves, for minor ailments such as headaches.
- The registered manager had decided to not administer medicines prescribed to be taken when required (PRN). All PRN medicines were removed from people's medicines. This meant when people needed a painkiller, for example, they had to wait while staff contacted the GP or out of hours service for a prescription.
- This restricted people's access to PRN and over the counter medicines to treat acute and minor ailments. There was no evidence that people using the service had been consulted about this decision to remove PRN medicines.
- We found that people did not always receive their medicines as intended by the prescriber. For example, a PRN inhaler was being administered regularly to one person.
- Most medicines were being stored appropriately. However, the provider could not assure us that medicines in the fridge were being stored securely and within the manufacturers recommended conditions, as staff were not able to use the thermometer. Staff were signing the fridge temperature log daily and recording the maximum and minimum temperatures. However, on the day of inspection, none of the staff were able to demonstrate how they measured the temperature of the fridge, including the staff that previously signed the temperature log.
- We found there was no provision to store and record controlled drugs (CD's) to meet legislative requirements. At the time of the inspection, no CD's were held in stock.
- Care plans were not person specific and did not always have up to date information about people's medicines. For example, when prescribers made changes to people's medicines these were not always updated in the care plan.
- Staff were trained and assessed as being competent to administer medicines. However, we observed staff using the incorrect inhaler technique.

- Regular medicine audits were carried out by the provider; however, these were not robust and failed to identify the concerns we found on the day of inspection.

Assessing risk, safety monitoring and management

- Risks associated with people's individual health and care needs were not always assessed and guidance was not available to staff on how to minimise known risks to keep people safe.
- At the last inspection of this service in May 2019 we had concerns about how the risks to people's safety and welfare were being assessed and managed. Although we saw some changes had been made, the same issues remained, which was putting some people at unnecessary risk.
- The service used an adapted Waterlow pressure ulcer risk assessment tool which calculates the risk of a person developing pressure ulcers. In one care plan we saw, the scoring had been miscalculated which meant the person could be at greater risk of developing pressure ulcers.
- We saw that people's risk assessments and subsequent mitigation actions were still inconsistent. For example, one person had been assessed as being at risk of developing pressure ulcers. As part of the actions needed to reduce this risk, records showed that staff were to reposition this person every four hours during the night. When we asked the registered manager for these repositioning records, they told us it was not necessary to reposition this person. There were no records that indicated this action was unnecessary. We noted that this person had a pressure reducing mattress. However, the alarm on the mattress was sounding to indicate it was not functioning properly. The registered manager told us this was being addressed.
- Each care plan we saw included a manual handling risk assessment tool which comprised of a list of 'yes' or 'no' questions to calculate people's risk. However, there was no explanation of what these scores meant in relation to people's moving and handling needs.

The above concerns meant the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The local authority informed us they had concerns with the provider's recruitment practices. They had identified these concerns during their regular visits to the home. We checked the recruitment records of four staff who were on duty on the day of the inspection. We saw, in one staff recruitment record, neither of the two references were dated and there was no written record to say who had provided the references. Each contained a note that the references had been checked by the registered manager but there was no further information recorded.
- Two of the staff who were on shift on the day of the inspection had been provided by an external employment agency. The registered manager told us they had worked with this agency in the past. We saw the registered manager had carried out a criminal record check on both these agency staff. However, there was no information available to evidence other checks, including training and previous experience had been carried out. This meant that we could not be assured these staff had the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. The registered manager told us they trusted the employment agency and this information had been discussed over the phone. We spoke with the registered manager and requested this information to be sent to us. The registered manager sent us training certificates for one of the two staff after the inspection.

The above concerns were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service and the staff who supported them told us they had no concerns about staffing levels at the home. The staffing rota showed there were sufficient numbers of staff on each shift and

we saw staff were relaxed and had time to sit with people and get involved in activities.

Preventing and controlling infection

- Since our last inspection all shared toilet facilities had been fitted with an electric hand dryer to reduce the risk of cross infection.
- Domestic staff were employed to clean the home. The home was clean on the day of the inspection.
- People who used the service did not have any concerns about the cleanliness of the home.
- The kitchen was clean, and the cook understood their responsibilities to ensure food hygiene practices were adhered to.
- We noted that people's bedrooms did not contain any soap or paper towels, so people could wash their hands. We were informed that the domestic would be providing this when they cleaned rooms.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they had no concerns about their safety and said they felt safe with the staff at the home.
- Staff were able to explain the potential signs of abuse and the procedures they needed to follow if they suspected abuse. A member of staff told us, "I would tell the manager straight away."

Learning lessons when things go wrong

- Staff were aware of how to raise concerns and record safety incidents and accidents.
- We saw that accidents or incidents were being recorded. The nominated individual's quality check report identified that one person had four falls at the service. The registered manager told us they looked at these records to see if there were any patterns or ways of preventing a reoccurrence. There was a template to support this analysis of accidents and incidents. However, there were no completed falls analysis forms.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The registered manager had applied to the local authority for DoLS for four people living at the home. We reminded the registered manager that they would need to notify the Commission when the safeguards had been authorised.
- We noted from looking at people's care plans and, from talking to both staff and people using the service, that some people who were not under a DoLS would not be able to safely leave the home without support from staff. This meant that people were being deprived of their liberty however, required safeguards had not been put in place. We discussed this with the registered manager who told us they would review all the people at the home in relation to Deprivation of Liberty Safeguards.
- People told us that staff asked their permission before providing support.
- The registered manager told us everyone at the home had capacity to make their own day to day decisions. However, of the five care plans we looked at, only one had been signed by the person to confirm they consented to the care and treatment provided. The other consent forms had only been signed by the registered manager. This meant there was no evidence people had been consulted about their care and treatment plans.

We recommend that the provider review their policies and procedures regarding the Deprivation of Liberty Safeguards (DoLS) to ensure that no one at the home is being deprived of their liberty without appropriate

safeguards being in place.

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

- The service did not always involve people in planning their meals, nor did it always act on feedback received from people. In one case we saw that food was not always well presented.
- People had mixed views about the food. Most people told us lunch was satisfactory however, people said the evening meal could be improved. One person told us, "The lunch is quite good. The supper gets on my nerves. All we have is soup and sandwiches. Yesterday was a chicken sandwich. The chicken was very thin. You are just eating bread." Another person told us, "I buy my own food. I don't eat the food here. I don't like the food." The cook worked part time at the home and told us they cooked the lunch and made sandwiches before they finished their shift for staff to give out to people in the evening.
- People told us they had discussed their views about the food and had made suggestions for menus however, nothing had changed as a result. One person we spoke with told us they had requested crisps to be included sometimes with the evening meal. They told us, "[The registered manager] keeps saying 'they are on the way' but nothing has happened." The registered manager came up to the person and we saw they were writing down their preferred flavours of crisps during the inspection. We saw from the most recent 'resident meeting' minutes that everyone had said they were happy with the food provided which did not match what people were telling us.
- Where risks had been identified regarding eating and drinking, there were instructions in people's care plans about how risks should be reduced. For example, one person required their meals to be pureed. However, when we saw this person's lunch, we saw that all the different parts of the meal had been liquidised together which looked unappetising and did not enable the person to taste the different parts of the meal. We were informed that this person's meal was divided into both lunch and evening meal which meant they ate this meal twice each day.
- In some care plans we looked at, people's food likes, and dislikes had been recorded and we saw that staff were following these food preferences. However, this was not always the case and one care plan did not state that the person was a vegetarian.

We recommend that the provider seeks advice from a reputable source regarding menu design and appropriate presentation of pureed meals.

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

- People's changing needs were not always being recorded accurately.
- Assessments of people's needs were recorded before someone started to use the service. These assessments were generally comprehensive and included information about how the service would support the individual.
- People's care plans included the person's life history, personal, social and emotional needs. However, these were not always accurate or updated when people's needs changed. For example, we noted on two people's care plans, that their recorded religious and spiritual needs differed from what the two people told us.

Staff support: induction, training, skills and experience

- We were not always assured that people had their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.
- Since the last inspection the provider had used an external training provider as well as purchasing an online training programme. Not all staff had completed this training however, we saw that the registered manager was working towards this.
- Staff told us that the induction process was useful and involved training as well as shadowing more

experienced staff before they felt confident to work on their own.

- The registered manager told us they carried out induction training with staff.
- Staff undertook supervisions with the deputy manager who told us they had supervision with the registered manager.

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

- Care plans showed the registered manager had obtained information about people's healthcare needs and had provided guidance for staff regarding what action they needed to take if people became unwell.
- We saw evidence in people's care plans that they had access to health and social care professionals including dentists, GPs and district nurses.
- Staff we spoke with understood the current medical and health conditions of the people they supported.

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

- Since the new provider took over the service, they had significantly improved the overall decoration of the home.
- People had their own rooms and we saw they had individualised their rooms as they wanted.
- The registered manager told us they had ordered signs to assist people in orientating around the home.

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us they liked the staff and were well treated by them. One person told us, "I get on well with the carers. They are kind and really caring." Another person commented, "I like it here the staff are friendly."
- We observed staff treating people with respect and kindness.
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and respectful way.
- Care plans included details of people's spiritual and cultural needs. However, these were not always consistent with what people told us. For example, two care plans we looked at did not include accurate information about people's religion. One person we spoke with confirmed they were Church of England, but their care plan stated they were Catholic.

We recommend that the provider review people's spiritual and cultural needs.

- Discussions with the registered manager and the nominated individual demonstrated they respected people's sexual orientation.

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 were not always involved in making decisions about their care and were not consulted about changes within the home.
- Although we saw that care plans were reviewed on a regular basis, there was no evidence that people had been involved in these reviews as the forms only contained the registered manager's signature. In some cases, we found that people's recorded comments about their care conflicted with what they told us.
- The registered manager had instigated a 'siesta' for all the people at the home. We saw staff taking people to their rooms after lunch. The registered manager told us most people slept in their chairs, so it was felt people could better rest in their rooms. We saw 'resident meeting' minutes which stated that everyone had agreed with this. However, some people told us they had not been consulted. One person told us, "They prefer you to go and rest. It came into force recently that you have to go to your room."
- We saw that one person had moved rooms within the home. They told us they had not been consulted about this move and did not understand the reason for the move. They said, "I didn't have any say in the matter. You just have to adapt to things." There was no evidence that this person had been consulted or the reason for the change recorded.
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal

care tasks and that personal information about people should not be shared with others.

- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

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 deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were not always involved in planning or reviewing their care and treatment needs. Care plans generally covered people's needs and contained information about people's life histories, likes and dislikes. However, this information was not always accurate. We noted in some plans that people's gender changed from 'his' to 'hers' and in one plan, there was information about another person's needs.
- Care plans were written in the first person but, apart from this positive perspective within the plans, there was little evidence that people had been involved in planning their care.

The above concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager was aware of the AIS and told us that everybody in the home was able to communicate their wishes and preferences verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests were recorded in their care plans and the registered manager told us that the home put on activities and invited people from other residential homes in the area to come along.
- On the day of the inspection we observed a Tai Chi class which most people and staff took part in. It was clear from observations that people enjoyed the class and we saw this had a positive impact on people's well-being.
- We observed people being supported by staff with activities throughout the inspection.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and the registered manager told us there had been no complaints since they had taken over the management of the home. One person told us, "Staff are friendly, and I would go to the manager if I had any concerns. I feel they would be fixed."

End of life care and support

- The provider had an end of life care planning policy.

- We saw an end of life care plan in place in all the care plans we looked at. This included details of people's funeral wishes and preferences in the event of their death. We did note however, that one end of life plan also included information about a different person.

Is the service well-led?

Our findings

Well-Led – this means 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 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 assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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; Working in partnership with others; Continuous learning and improving care

- The leadership, management and governance of the organisation did not always ensure the delivery of high-quality and person-centred care. The management did not always display an open and transparent culture when things went wrong and the systems for monitoring the safety and quality of the service were not always effective.
- As part of the local authorities safeguarding responsibilities an establishment concerns meeting had been held in July 2019. This was a result of several concerns identified through regular visits to the home by the commissioning team and the CCG. Concerns were also highlighted by a recent CQC report and a fire brigade inspection that took place in June 2019.
- As a result of the meeting an action plan was put in place to support the provider to improve the service. The registered manager and nominated also agreed to put a voluntary embargo on any further admissions to the home until all the issues of concern had been resolved.
- We were informed by the local authority that the registered manager and nominated individual had admitted a new person to the home despite the voluntary embargo in place.
- The registered manager and nominated individual acknowledged that the authority who placed the person were not provided with the latest CQC report which detailed the rating given to the service nor was this rating of 'requires improvement' displayed at the home. We saw that the rating was being displayed at the time of our inspection.
- The local authority told us they did not feel the registered manager or nominated individual were cooperating fully with the establishment concerns process which was putting people at risk. This meant that the registered manager and nominated individual were not being open and transparent or learning lessons

when things went wrong.

- At the last inspection of this service in May 2019, we identified concerns about the systems for assessing the safety and quality of the service. The registered manager told us the nominated individual carried out six-monthly checks at the service and provided a report, which included action plans to improve any identified issues. However, the latest report we saw, dated October 2019, had failed to identify the continued problems we found in relation to medicines, risk assessments and care plans. This report did not make reference to problems highlighted by the local authority visits and subsequent establishment concerns process.

The above concerns meant the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we saw records of 'resident' meetings, we were not assured that people's views were fully taken on board or suggestions they made followed up. There was very little written evidence in people's care plans to confirm they had been involved in making decisions regarding their care. Inconsistencies with regard to people's names, gender and religions in people's plans did not show that care at the home was modelled on person-centred care.

- One person told us, "[The registered manager] I like her. They are lovely. Her husband is here. He is very intelligent."

- Staff we spoke with were positive about the registered manager. One staff member told us, "The [registered] manager is really supportive."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not always supported to express their views or involved in making decisions about their care and treatment. People were not placed at the centre of their care provision.</p> <p>Regulation 9 (1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment checks did not always evidence that staff had the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs.</p> <p>Regulation 19 (1)(2)(3)</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 Care and treatment was not always provided in a safe way for service users and all that was practicable was not done to mitigate risks. Medicines were not managed safely. Regulation 12 (1)(2)(a)(b)(c)(e)(g)

The enforcement action we took:

Issued a Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a) (b) (c) (e)

The enforcement action we took:

Issued a warning notice