Hexon Limited

Rosegarth Residential

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

This inspection took place on 9, 10 and 14 January 2019 and was unannounced.

Rosegarth Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation and care for up to 26 older people, some of whom are living with dementia. At the time of our inspection there were 17 people living at the service.

At the last comprehensive inspection, completed in May 2018, we found that there were six breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person-centred care, the safe delivery of care and treatment, premises and equipment, staffing, recruitment and the overall oversight and governance of the service. The overall rating for the service at that time was 'inadequate' and the service was placed in Special Measures. We completed a focused inspection in August 2018 and looked at the safe and well-led domains only. At that inspection we found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the safe delivery of care and treatment and the overall oversight and governance of the service. We also identified a new breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. The service continued to be rated 'inadequate' overall at that time, and it remained in special measures.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this inspection we found that there were five breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, need for consent, competent and skilled staff, the overall oversight and governance of the service and a failure to display the rating from our previous inspection. We also identified one breach of the Care Quality Commission (Registration) Regulations 2009 related the provider's failure to notify the Commission of all notifiable incidents.

The service is required to have a registered manager in post. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service has had three new managers since January 2018. The most recent manager had started the process of registering with CQC.

A caring culture was demonstrated by some staff throughout the inspection. However, some staff lacked knowledge about people and respect for people was not always evidenced through service delivery.

Not all risk assessments in place were effective at mitigating risks. Environmental risk assessments were out of date and required reviewing to ensure they were fit for purpose. Improvements in fire safety were required to ensure people were safe. Additional fire training was being sought by the area manager.

Staff received an effective induction which included regular contact with the provider. Training of staff still required improvement to ensure that staff were knowledgeable in the needs of people using the service. Some staff lacked knowledge regarding people's specific needs despite processes in place to address this.

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; the policies and systems in the service did not support supported this practice.

Recruitment of staff was found to be robust and staffing numbers were observed to be sufficient to meet people's needs.

The provision of activities had improved. Further improvements were being considered and planned by the manager. Staff were observed to be less task focused and spent more time with people.

Care plans were person-centred and represented people's up to date needs. Reviews were held regularly.

People were supported with food and fluid intake and recording of this had greatly improved since the last inspection.

The provision of pressure area care had improved since our last inspection. Further improvements were required to ensure effective oversight of this area of care. The manager was considering ways in which this could be implemented.

There was a complaints policy in place and records showed that matters were investigated and responded to. Lessons learnt were not evidenced in relation to complaints or accidents and incidents. This required improvement to ensure the risks to people were considered and reduced.

Staff were positive about the new manager in place. They felt able to approach all levels of management including the provider, if they had any concerns.

A number of systems and processes had been introduced to monitor the quality of care provided to people. These systems required further review or embedding to ensure that they were effective at ensuring improvements in service delivery continued to be made.

The management showed a willingness and enthusiasm to deliver the changes necessary to meet the regulations. However, improvements were still required to ensure that the management in place could identify the shortfalls that CQC have continued to identify as part of the inspection process.

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

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.

Improvements in infection control were visible, further monitoring was required to ensure standards were being met.

Some risk assessments required updating or reviewing to ensure that they effectively mitigated risk.

Medication procedures and processes were not always followed or in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff lacked knowledge and training in areas to meet some people's needs.

The Mental Capacity Act (MCA) was not effectively implemented within the service.

Staff received a structured induction and supervision.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff lacked knowledge about people's specific needs.

Staff spent more time with people and communication had improved.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Not all staff knew people well.

The provision of activities had improved.

People's care plans were person-centred.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and processes in place still required further improvement or embedding to ensure the service was meeting the regulations.

Some improvements had been made to service delivery.

Rosegarth Residential

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9, 10 and 14 January 2019 and was unannounced. The first day of inspection was conducted by two inspectors and one specialist advisor. The second day of inspection was conducted by two inspectors and the third day by one inspector.

Before this inspection we reviewed the information, we held about the service, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We also considered the action plans submitted by the provider following our last inspection.

The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we spoke with two people who lived at the home, one relative, six members of staff, the chef, the manager and the area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around communal areas of the service and some bedrooms. We also spent time looking at records, which included the full care records for two people, who lived at the service and parts of care records for a further eight people. We considered the recruitment and induction records for three newly recruited members of staff and looked at other records relating to the management of the service, such as quality assurance and medication.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection, we rated the safe domain inadequate. During the focused inspection in August 2018 we found that the safe domain continued to be inadequate. We identified continued breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014, with a new breach of Regulation 11 (Need for consent).

At this inspection we found some areas of improvement. However, further improvements were required to meet the requirements under Regulation 12, Safe care and treatment.

We looked at medicines administration within the service. At the last focused inspection, we identified two people who received their medicines covertly without covert plans in place. At this inspection we still identified one person who did not have a covert plan in place. Information within this person's care plan was inconsistent regarding which medicines were to be administered covertly. Some staff with the responsibility for administering medicines on a night time had not had their competency checked to do so, prior to administering medicines. The manager had paperwork in place to address this and reassured us these would be completed as a matter of urgency.

We identified that on monthly occasions there was a night shift were no seniors where on shift to administer medicines 'as and when' needed. Although the manager said there was a protocol in place should a person require medicines during the night, this was not a formal written protocol. This protocol was written during the inspection.

During the last inspection we identified that people lacked specific plans in relation to the management of their diabetes. At this inspection, although some people's care plans had been updated, we still found one person who had diabetes, had no risk assessment or care plan in place for this health concern.

All the service's environmental risk assessments were out of date and some failed to adequately address what actions to take to mitigate risks. The failure to identify actions to reduce risk was also identified within some people's individual risk assessments. This included people's risk in relation to nutrition, mental health, challenging behaviour and risk of falls. For example, one person who displayed behaviours of concern had a behaviour plan in place, but the service had not considered whether this could be linked to pain management. This person's pain score had been assessed in September 2018 over a three-day period but had not been revisited since. There was no guidance for staff to know how this person could display signs of pain and how this could potentially be displayed through behaviours. Another person's risk assessment for risk of falls failed to consider their specific mobility restrictions or any alternative actions available to reduce the risk.

At our last focused inspection in August 2018, we found the most up-to-date fire risk assessment was unavailable to staff and weekly fire checks did not include people's bedroom fire doors as required by the provider's organisational policy. At this inspection we identified that the fire risk assessment was in place, however, the service continued to fail to include bedroom fire door checks as part of their weekly fire checks.

The area manager told us they thought staff had included fire door checks as part of the weekly fire check. However, they accepted, given this wasn't clearly recorded and we identified multiple fire doors that were not meeting the required standard, this must not have been happening.

Following our previous serious concerns regarding pressure area care within the service we found that records had improved to demonstrate that people were now being actively supported to manage this specific risk. We identified improvement was required for one person's records. At the start of the inspection the manager told us this person had acquired a grade two pressure sore, however the records failed to confirm this. Although some body maps for this person were in place, these had failed to be updated with an outcome. Daily notes recorded by care staff failed to comment on the condition of this person's skin. We discussed the importance of daily records reflecting people's specific care plan needs, especially in relation to pressure area care and the manager assured us that changes would be made to capture this information.

We identified some infection control concerns including rips in flooring, some unclean areas, rips in chairs and inadequate flooring seal to aid effective cleaning. These concerns had not been identified by the manager or area manager. During our inspection in May 2018 we identified an open cupboard which contained hazardous substances and Personal Protective Equipment (PPE). On the first day of this inspection we found this cupboard to be unlocked again. At our request the manager addressed this on the first day of the inspection.

The registered provider had improved the recording processes in place to monitor accidents and incidents. We found whilst the system for recording and reviewing accidents and incidents had improved, there was a lack of meaningful review, or action taken as a result of the new paperwork. For example, in October 2018 there were nine recorded accidents. The monthly audit looked to identify patterns such as location, or time of the accident, however, no summary was provided to comment if any pattern was identified. The remaining sections of the audit which looked at any actions needed all stated 'none'. There continued to be a lack of actions taken or any lessons learnt following incidents and accidents. This exposed people within the service to continued or increased risks.

This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the service's safeguarding log which was up to date. The service communicated with the local authority safeguarding team when it was necessary. However, the service failed to notify CQC of all notifiable safeguarding incidents. This is referenced in the well led domain.

We checked the recruitment processes in place for three newly recruited staff. We found these checks to be robust.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection, we rated the effective domain inadequate. This was because the premises were not maintained and suitable for the purposes for which it was being used, staff were not sufficiently trained or supported to carry out their role and record keeping was not accurate. During the focused inspection in August 2018 we identified a breach of Regulation 11 (Need for consent) in the safe domain which we have now considered within the effective domain.

As we looked around the service we found that the environment had improved. Some furniture had been replaced along with areas of flooring and carpets. Efforts had been made to improve the environment for people living with dementia. Dementia friendly signs were in use however not all signs purchased were being utilised. For example, the board to display the menus for people was empty all day on the first day of inspection. The provider told us that they had renumbered all bedroom doors to reduce the confusion of the layout of the building. However, for some people's bedrooms this had been done by hand writing over the old number which was not very effective. Some people's doors displayed their name and a photo which meant something to them, which may orientate them to their own rooms.

Staff continued to be insufficiently trained to carry out their role effectively. Following our last inspection, the provider told us that a programme of training would be provided to their staff. We saw evidence of external training on areas such as safeguarding and dementia. The area manager continued to also provide training to staff. We identified as part of the inspection that in-house training did not include competency checks on areas such as moving and handling and medicines. Furthermore, the area manager was not up to date on their own training. Training materials provided after the inspection evidenced that training being delivered by the area manager was in some parts out of date.

We were provided with a copy of the service's training matrix and requested to see evidence of two people's fire training. The manager was unable to locate these in the service but one was later located at head office. Staff were recorded on the training matrix as completing moving and handling and medicines training yet their competency to carry out these tasks was not checked, despite them delivering these tasks. The area manager also advised us that the moving and handling training was theory based only and did not include any practical training as this was completed within the service. However, there were no records of this. Staff were recorded as completing pressure area care training, delivered by the area manager. However, when we requested evidence of the certificates it became apparent that only one of the three staff had returned their workbook to check knowledge following the training and had therefore two of these staff had not been issued their certificate of completion. This brought into question the validity of the training matrix provided as it did not reflect the true skills and competence of staff.

There were gaps in staff's knowledge in relation to diabetes and behaviour management. No training had been provided to any staff in these areas despite people presenting with these needs. Although some staff had been trained in nutrition, all staff and management lacked knowledge regarding how to meet one person's specific needs in this area. The area manager advised us following this feedback, that the two chefs had been booked on local nutritional training.

Records evidenced that staff received regular supervision and this was being tracked by the manager. Records showed that supervisions continued to be 'topic' focused and failed to offer opportunities for discussion regarding training needs or on going supported needed.

The staff lacked adequate training and development to ensure they were competent to meet people's needs. This was a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The monitoring of DoLS had not improved since the last inspection. We identified that two people's DoLS had expired before the provider applied to the local authority safeguarding authorising body for an extension. The new manager advised they had a new system in place to track DoLS expiry dates to ensure this does not occur again.

Through discussion, the manager and area manager recognised that they lacked knowledge in relation to best interest decisions. A number of people were being restricted through the use of lap belts and sensor mats yet best interest's decisions had not been made on their behalf. This had been highlighted in the last inspection report. The manager and area manager were not aware that they should be instigating the decision making.

This was a continued breach of Regulation 11, Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that new staff completed a structured induction and paperwork was available to evidence this. New staff told us that they felt supported in their role and had received supervision.

We checked records in relation to monitoring people's food and fluid intake and found improvements in the accuracy of those documents. We found that all people had a target for fluids and people were regularly achieving this target. People told us they were supported with fluids, "I have lost a lot of weight recently so I make sure I drink. Staff will encourage me to do this." We shared concerns regarding two people who were greatly exceeding their daily fluid target and had health concerns which may have impacted on this. We identified two people who due to their health needs would have benefitted from their fluid output being monitored, however, this was not in place. This risk had not been considered by the service but they sought GP advise on this matter immediately.

We observed the dining room experience on the first day of the inspection. The meal time experience remained unorganised and people were not given meaningful choice. The new manager had already

identified this as an area of concern and was working with the staff team to look for solutions to this moving forward.

Requires Improvement

Is the service caring?

Our findings

The training matrix reflected that since our last inspection staff had attended training in dignity. In discussion, staff were able to give examples of how the promoted people's dignity whilst providing personal care. We observed staff to treat people with dignity and respect. However, we considered the way in which some people's bedroom doors had been renumbered demonstrated a lack of respect for people as individuals. Furthermore, we observed some poor personal hygiene including the cleanliness of people's finger nails and felt this also demonstrated a lack of respect for people.

Although improvements had been made within this domain, we still identified that not all staff were aware of people's conditions. For example, we asked two staff if they knew if anyone suffered from Parkinson's disease, but they were unsure. All staff lacked knowledge regarding one-person's specific diet. No research has been completed regarding how the service could vary their diet to provide alternatives and greater choice.

During our inspection we completed a SOFI observation. We observed one person in one communal lounge for a period of 40 minutes. Throughout the duration of the observation there was limited interaction between this person and staff at the service. Although staff members entered the room they did not always engage with this person. When staff did engage this was appropriate.

Most staff knew how to communicate effectively so that people understood. However, on some occasions when communication was needed, staff failed to respond. For example, during lunch time observations, two people were observed to interact in a negative way towards one another. This interaction was ignored by staff who failed to offer reassurance to either person or challenge their comments.

People told us they liked the staff, they said: "I like it here, the staff are lovely, you can't get any better than them, my family are here all the time" and "I feel happy here."

During this inspection we observed an overall improvement in the way that staff interacted with people. Interaction was less task focused then we had seen at the last inspection. We observed at times staff sitting and interacting with people in a meaningful way. Staff were observed to have a good rapport with people. We observed one staff member being very tactful whilst encouraging someone to visit the toilet. We observed them engaging in meaningful conversation to encourage and prompt them to follow them to the toilet. This staff member was patient and allowed sufficient time to ensure this person was not rushed and they could provide the care that they required.

We found the filing system in the manager's office and the new seniors' room had greatly improved and meant documents were more easily located. Written information about people who lived at the service and staff was stored securely in locked cupboards to protect people's confidentiality. Daily records and charts were no longer located in communal areas of the home.

People's friends and relatives were welcome to visit, there remained no restrictions to the amount of time

they could spend at the service. We spoke with one visitor during the inspection who told us that they had no concerns about the care being delivered to their relative.

Records confirmed at least one person living at the service had support from an advocate at the time of the inspection. Advocates provide independent support to help ensure that people's views and preferences are heard where they may not be able to articulate these themselves.

People's cultural and religious needs were considered when care plans were being developed. Information about people's likes and dislikes and their religious beliefs was included within the care plans. The chef provided examples where they recognised people's diverse needs but took steps to ensure that people didn't feel singled out or different in any way.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found this domain to be requires improvement. Whilst some improvements had been made, we found that further improvements were still required and the domain remains rated requires improvement.

Pre- admission assessments were in place before people moved into the service. This included a summary of needs for all areas of support the person may require.

The plans in place included information about people's individual needs and were person-centred. The provider had thought of ways to improve the staff's knowledge of people and their individual needs. The provider had attended the service on a regular basis to deliver care plan training. This involved looking at specific people's care plans and then completing a quiz at the end to check staff's knowledge and understanding. The staff that we spoke with found this training valuable, they told us, "We have been going through all the care plans in depth with the owner. We have discussed ten residents already, it's been amazing, extremely helpful." Despite attending these sessions some staff still lacked knowledge about people's specific care needs. For example, one person's care plan described specifically what to do to check if the person was retaining fluids. We asked a staff member about this, who needed to go and ask a colleague for some advice. When they returned they failed to adequately reflect what actions had to be taken as written in the care plan. Daily notes continued to be repetitive and failed to capture key information, for example, about people's skin integrity or continence.

Reviews of care plans were now completed monthly. Whilst the frequency of reviews had greatly improved since the last inspection we still saw consistent use of 'risk assessment/care plan is still relevant'. Whilst the care or risk levels might not have changed, for some people, circumstances had and this had failed to be captured as part of the review. For example, recent reviews for one person failed to capture the fluctuating condition of their skin integrity. Another review failed to identify that a person's pain management had not been monitored or assessed since September 2018. We spoke to the area manager about this who told us they would address this.

This inspection identified an improvement in the provision of activities, and further improvements were planned. Staff were allocated daily, the task of hosting an in-house activity. Some staff told us, "I love it when I am allocated to activities, I really enjoy doing this." Activities included playing dominoes, pampering sessions, painting nails and singing songs. An external provider visited weekly to provide entertainment. The manager told us they planned to expand the provision of activities including accessing services and entertainment in the local community. As part of the services ongoing monitoring and action plan, the provider advised us that an activities coordinator had been employed to work three days a week. The manager and area manager told us there was no activities coordinator in post and they planned to continue with care staff providing activities moving forward.

The provider had a complaints policy and procedure in place and this was on display within the service. Records evidenced that the service acknowledged and responded to complaints completing an

investigation into matters raised. However, the service failed to consider lessons learnt from this process. The manager advised us that this would be captured in the future.

There was the option within people's care plan to record their end of life preferences. Some care plans recorded details in this area but many stated that the person had not expressed any wishes at this time. The training matrix showed that ten staff had completed end of life training. The area manager recognised the importance of staff feeling confident and trained to communicate with people effectively about their end of life wishes. The manager was booked on an end of life train the trainer course shortly after the inspection which would enable them to deliver this training to their staff team.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection in May 2018, we rated the service as requires improvement in the well-led domain. There was a lack of effective leadership and management oversight, audits were not robust and did not identify concerns or drive improvements forward. We found a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the focused inspection in August 2018 we found a continued breach of Regulation 17 and the domain was rated inadequate.

It was acknowledged during this inspection that there have been a number of improvements across the service. Some processes and systems introduced still required embedding whilst others needed further development to assure the provider that the service can meet the regulations. There were still some areas that continued to fail to meet the required standard. These areas included, risk assessments, fire safety, mental capacity act and training. These areas were all still in breach of regulation and the management demonstrated a lack of knowledge in relation to a number of these subjects. However, there was a keen willingness throughout the inspection from the manager and area manager to introduce changes and address concerns identified during the inspection. The management team required further knowledge and skills to ensure they could identify shortfalls in meeting the regulations.

We identified that audits and checks had been introduced and these now recorded a clear action plan which was monitored and updated on a regular basis. Some audits completed had failed to identify the concerns that we identified as part of the inspection. Audits completed on accidents and incidents continued to fail to address our concerns from the last two inspections as there was still a lack of recording to demonstrate any actions taken or any lessons learnt. Whilst most care plans and risk assessments had been audited, key information in relation to one person's care was not up to date.

Records in relation to the provision of pressure area care had greatly improved since the last inspection. Re-positional charts were up to date, clear and checked regularly. Effective ways of ensuring the manager was kept up to date on the conditions of people's skin integrity were not in place and this could expose people to further risks. The manager understood the significance of ensuring they had better oversight of people's pressure care management and was considering ways to enable this. The area manager had already identified delays in the updating of body map documentation and work was ongoing with the staff team to ensure these were updated on a more regular basis.

We continued to identify clear data protection concerns during the inspection with confidential information regarding ex-employees accessible to staff within the service.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had continued to work in conjunction with the local authority quality monitoring team and provided updates to a joint action plan. We identified some anomalies within this action plan including an

inaccurate picture regarding staff training and competence, care plans being fully up to date and the employment of an activities coordinator. The provider continued to have a positive relationship with the team and further visits were scheduled.

Since the last comprehensive inspection, the provider had increased their attendance at the service. New staff told us they felt they knew the provider well and would have no hesitation to approach them if they had any concerns. Staff were also positive about the new manager in post, they told us, "The manager is lovely, they are really approachable. I haven't had to go to see them about anything yet but I would feel at ease going." Staff told us the area manager was involved in the day to day running of the service. They told us, "The area manager is here all the time. They have always been here when I have been on shift."

Since our last inspection some staff and relative's meetings had taken place. More were scheduled for the forthcoming months. Staff expressed a wish for more frequent team meetings to enable them to share ideas, information and discuss best practice.

At the last inspection we identified two safeguarding incidents that should have been notified to CQC in line with legal requirements. Registered providers are required to inform CQC of important events that happen in any of their services in the form of a 'notification'. During this inspection we identified safeguarding incidents and a serious injury had failed to be notified to CQC. We are dealing with this matter outside of the inspection process.

This was a continued breach of Regulation 18, Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009.

Previous CQC inspection ratings were displayed within the service; however, they were still not being displayed on the provider's website as required, despite reassurances being given following our last two inspections that this would be completed. We are dealing with this matter outside of the inspection process.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 11 HSCA RA Regulations 2014 Need for consent The service was not meeting the requirements of MCA

The enforcement action we took:

Notice of proposal to remove the location. Whilst improvements were noted during this inspection, they were not sufficient to remove the enforcement action that was on going.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service has failed to provide safe care and treatment

The enforcement action we took:

Notice of proposal to remove the location. Whilst improvements were noted during this inspection, they were not sufficient to remove the enforcement action that was on going.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place failed to be effective to ensure adequate oversight of the service and the production of contemporaneous records.

The enforcement action we took:

Notice of proposal to remove the location. Whilst improvements were noted during this inspection, they were not sufficient to remove the enforcement action that was on going.