Mrs Tina Dennison

Harbour House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection was carried out on 5 and 6 May 2016. The last inspection took place on 23 January 2013 and found there were no breaches in the legal requirements at that time.

Harbour House provides accommodation and personal care for up to four people who have learning disabilities, some health conditions and some complex and challenging behavioural needs.

Accommodation is arranged over three floors and each person had their own bedroom. Bath and shower facilities were shared. The service benefitted from a small enclosed back garden.

Three people lived at the service and we were able to meet and speak with each of them. People told us that they liked living at the service, they were happy, they liked the staff and the staff were kind. They thought the home provided a relaxed and comfortable living environment, which didn't feel crowded.

The service did not require a registered manager as the provider manages this service and another owned by her locally. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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 provider was present during the inspection.

At this inspection we found improvement was required in some areas where some regulations were not being met.

Some practices for the administration of medicines did not promote proper and safe management. This was because procedures intended to ensure the correct storage temperatures of medicines were not followed and one person picked up a pill they found on the floor.

Aspects of recruitment processes were incomplete because decisions about the employment of some staff were not recorded.

Quality assurance checks were not fully effective because they had not identified some of the shortfalls we found.

Where the service had a legal obligation to notify the Commission of certain decisions and events, notification was not made.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and applied these principles correctly.

People were supported by enthusiastic staff who received regular training and appropriate supervision.

There were enough staff to meet people's needs.

People had personalised records detailing their care and support, including well developed support plans for their emotional and behavioural needs.

People were supported to access routine and specialist health care appointments. People told us staff showed concern when they were unwell and took appropriate action.

People enjoyed their meals, they were involved in deciding what they wanted to eat and went shopping to buy groceries.

Staff were caring and responsive to people's needs and interactions between staff and people were warm, friendly and respectful.

Staff spent time engaging people in communication and activities suitable for their current needs.

People felt comfortable in complaining, but did not have any concerns. People, relatives and visiting professionals had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been reviewed and acted upon.

The provider had a set of values forming their philosophy of care. This included treating everyone as an individual, working together as an inclusive team and respecting each other. Staff were aware of these and they were followed through into practice.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Some practices concerning the storage and administration of medicines did not always promote safe practice.

Recruitment checks were not fully effective because risk assessments required before employing some staff were not recorded.

There were sufficient staff on duty to meet the needs of people, support their activities and health care appointments.

Staff understood the processes for raising any concerns about people's safety.

Is the service effective?

Good

The service was effective.

People were cheerful and positive about the staff who supported them.

The service was meeting the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People consented to their care and treatment and staff were trained to support people's specific needs.

Communication was effective, staff understood people's needs. People told us they had choices about what they ate and how their meals were planned.

People were supported to maintain good health and had access to medical and social services as needed.

Is the service caring?

Good

The service was caring.

People told us they liked that staff who supported them and found this comforting and reassuring.

Staff spoke to people in a kind, patient and engaging way. Staff took the time to interact with people and engage them with them positively.

People were encouraged to make their own choices which were respected and supported. Staff supported people to be independent and helped them to maintain and develop life skills.

Staff demonstrated they wanted good outcomes for people and wanted to continue to improve the services people received.

People were treated with respect and dignity.

Is the service responsive?

Good

The service was responsive.

Care plan reviews took place when needed. People's goals and ambitions were clearly recorded and actively pursued.

There was an accessible complaints procedure and people were confident that any concerns would be addressed and action taken where necessary.

The service actively involved people and their families or advocates in planning and reviewing care.

People had a choice about activities which helped them meet new people and maintain friendships.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance processes were not always effective at identifying concerns.

Statutory notifications required by CQC were not always submitted.

Staff felt supported and there was an open culture which encouraged staff and people to share their views.

Staff had a good understanding of the values and goals of the service.

Harbour House

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 was planned to check 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.

We undertook an unannounced inspection of this service on 5 and 6 May 2016. We spent some time talking with people in the service and staff; we looked at records as well as operational processes. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff would be intrusive to people's daily routine.

We reviewed a range of records. This included two care plans and associated risk information and environmental risk information. We looked at recruitment information for four staff, including one who was more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the provider. We spoke with each person, four staff and provider. After the inspection we spoke with a social care professional who had visited the service.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law. The provider had completed a Provider Information Return (PIR) before the inspection which we used to help us inform our Key Lines of Enquiry (KLOE) for inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy and felt safe living at the service; they trusted the staff and were reassured by those who supported them. People appeared comfortable and at ease within their home environment. Comments included, "I'm happy here, I don't worry about living here"; another person told us "I'm fine, I have lots to do and enjoy what I do".

Although people told us they felt safe, some medicine management processes and aspect of staff recruitment meant the service was not always safe.

We assessed the procedures for ordering, receipt, storage, administration, recording and disposal of medicines. We found storage temperatures for some medicines were not recorded as required. Non refrigerated medicines need to be stored at temperatures not exceeding 25°C, this is because storage above this temperature risks medicines becoming desensitised, not working as intended or potentially ineffective. The service did not monitor or record the temperature these medicines were stored at, this placed people at risk of receiving ineffective medicines.

During our inspection one person found a pill on the floor in the service. Although the member of staff present acted immediately to secure the pill to prevent any further risk to the person; the presence of the pill on the floor demonstrated that medicines were not always administered safely. A review of the medicine administration records found the pill had been signed for by staff as administered. When pointed out to the provider, they took immediate action to ensure the member of staff concerned did not administer any more medicines until they had been spoken with and their competency to administer medicines reassessed. The provider and staff also acted immediately to seek professional advice about the missed dose of medication and ensured the person received their full dose of medicine.

Otherwise, medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed when they needed them.

Administration of medicines was not always suitably recorded and medicines were not always suitably stored. This failure was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected as far as practicably possible by a safe recruitment system. Records showed employment histories were checked, suitable references obtained and Disclosure and Barring Service checks (DBS) were undertaken when staff were recruited. However, where DBS checks disclosed convictions, although considered by the provider, their decision and any associated risk assessment to employ such staff were not recorded. We discussed this with the provider who gave an undertaking to address this issue. However, systems in place were found incomplete.

This did not promote the principles of a robust recruitment process to protect the safety of people living at the service. This is a breach Regulation 19 (1)(a)(2)(a) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Any concerns about people's safety or wellbeing were taken seriously. Discussion with staff showed they understood about keeping people safe from harm and protecting them from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There was a policy and procedure that informed them about what to do. The service also held a copy of the locally agreed safeguarding protocols. Staff said in the first instance they would alert any concerns they might have to the provider, but understood about and could name the relevant agencies that could be contacted if their concerns were not acted upon. One staff member told us, "I would whistle blow if a person is being mistreated, I wouldn't stand for it, I would tell (the provider) or go straight to the local authority".

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. Staff knew the different risks associated with each person and how to minimise any occurrence. Risk assessments were in place to help keep people safe in the service and when outside or attending activities and day centres. They clearly set out the type and level of risk as well as measures taken to reduce risk. These enabled people to be as independent as possible. For example, they included safety in public places, crossing the road and using transport. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently. Risk assessments were reviewed when needed and linked to accident and incident reporting processes. This helped to ensure the service learned from incidents and put processes in place to reduce the risk of them happening again. Records showed and staff confirmed there was a low number of incidents and accidents.

Strategies were in place to support people with behaviour that could challenge. Staff were aware of potential behavioural triggers and indicators of people's anxiety or agitation. During the inspection staff confidently, but sensitively, supported a person reminding them about other people's personal space and how other people might feel if their space was not respected. Staff spoke calmly and directly to the person, having first taken them to a quiet area; this reflected guidance provided in the person's behaviours plan. Where one person had a tendency of self injurious behaviour, staff demonstrated a keen awareness of when this may happen, what the triggers could be and the strategies and techniques to minimise this happening. Where one person experienced occasional epileptic seizures, systems were in place to monitor them, particularly when they were alone in their bedroom. The person was happy with the monitoring system and had agreed to it.

Staffing levels were based upon people's dependency assessments and were flexible to accommodate outings and activities. Staffing comprised of two staff on the day shift and one wake night member of staff. There was an established on call system should additional support be required. Agency staff were not used, any shortfall was met by staff employed by the provider. This ensured familiarity of people's needs and enabled them to be addressed consistently and safely. People and staff felt there were enough staff on duty to support people, their activities and safety.

Records showed the provider ensured mains services and appliances were checked and maintained as required, for example the building electrical wiring, gas safety, portable electrical appliances, fire alarm and firefighting equipment were checked when needed to keep people safe. An emergency plan provided staff with information about what to do in the event of a fire. Fire drills were held and staff were familiar with actions to take. The outside of the property required redecoration because paint was weathered and flaking off the building. Discussion with the provider and maintenance man found a maintenance schedule in place and identified this work as required during better weather later in the year.

Personal emergency evacuation plans explained what support a person needed in the event of an

emergency. They included important contact details and a current list of medication people took and what it was for. The plans were up to date and easily accessible in a grab bag; the grab bag also contained spare keys for the service to ensure people could get out as a locked door policy was in place.

Good

Is the service effective?

Our findings

We spent time talking with people; all comments made were positive. We also observed people's interaction with staff and the care delivered. People told us they felt staff understood their needs and had confidence in the staff who supported them. Comments included "All of the staff are good" and "They always do their best". People were happy and cheerful; they spoke positively about their home.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS), which form part of the Mental Capacity Act (MCA) 2005. It aims to make sure people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS should ensure that the least restrictive methods are used.

The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. Applications had been made to the local authority for each person. One DoLS authorisation was in place and the remaining applications two were receiving consideration. Receipt of the applications had been acknowledged and the service maintained contact with the local authorities pending their decision making processes.

Staff clearly understood the basis of the MCA and how to support people who did not have the capacity to make a specific decision. We heard staff encourage people to take their time to make decisions and staff supported people patiently whilst they decided. Staff offered people reasoned explanations to help some people reach a decision. Staff gained people's consent to give them care and support and carried this out in line with their wishes. People were involved in their day to day choices about the food they bought and ate, the clothes they wore and the activities they preferred to do.

Policies reflected that where more complex or major decisions needed to be made, involvement of relevant professionals such as GP's and an Independent Mental Capacity Advocate of Relevant Person Representative was required. These are workers who are independent of the service and who support people to make and communicate their wishes. Information about these processes was available to people and visitors within the service. We saw examples where the advocacy service had been used.

People had individual communication plans in place. These helped to ensure effective understanding between people and staff. Where needed, this included information about facial expressions, body language and gestures as well as other indicators such as people's general demeanour and what any changes may indicate. For example, how people may appear and react if they experienced pain, anxiety or were becoming frustrated. Staff were aware of people's communication needs and used them effectively. Communication aids such as pictorial prompts were available if needed.

People told us they enjoyed their food, they said they always had enough to eat and drink. This was borne out by our observations at lunch time. People finished their meals and told us they had enjoyed them. Staff were aware of people's food preferences and any specific dietary needs. People told us they often went food

shopping with staff and this helped them to decide what they wanted to eat. On the second day of our inspection, people went out and had a picnic for lunch.

People were supported to maintain good health and received ongoing healthcare. People were registered with the local GP and had access to other health care services and professionals as required. Where specialist advice was needed, for example about people's mental health, we found that referrals had taken place and the advice received was followed. Health action plans were based upon individual needs and included dates for medical appointments, medicine reviews and annual health checks. Where people presented challenging behaviour, staff worked with health professionals to look at ways of managing the behaviour. Interventions and restraint were not used to manage behaviours; other techniques and strategies, such as positive behaviour support and distraction or diffusion strategies were used.

Where the service needed adapting to suit different people's needs, these changes were made. For example, additional handrails had been added to the stairs to help keep one person safe.

Staff received regular training in areas essential to the effective running of the service such as fire safety, first aid, infection control and food hygiene. A training planner identified when training was due and when it should be refreshed. Additional training had been delivered which helped staff support people, including epilepsy, autism, depression and continence promotion. All staff had received training to support people with behaviour that challenged. Staff told us the training was good quality and they felt confident to do their job properly. One member of staff told us, "The training I have received has been very good". Another member of staff commented, "There are plenty of opportunities for training, I've enjoyed it, it's helped me, I feel confident when I support people".

Supervision of staff took place every three months and appraisals annually, these are formal meetings between staff and the provider or senior management. Supervisions covered achievements, training and individual actions or targets for staff. They gave staff the opportunity to raise any concerns about working practices and focussed on ideas to progress individual development of staff. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. Supervision processes linked to staff performance and attendance and, where needed, led to disciplinary action. A comprehensive induction programme and ongoing training ensured staff had the skills and knowledge to effectively meet people's needs. The provider subscribed to and used the Skills For Care Care Certificate, an identified set of standards that social care workers adhere to in their daily working life for the induction of new staff. All staff had achieved or worked towards NVQ or Care Diplomas levels two and three.

Staff communication was effective. A handover book ensured key information was passed between staff, such as GP appointments and key comments about care and support delivered. Staff told us this system worked well.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us they liked the staff who supported them and found them comforting and reassuring. Everyone thought they were well cared for. One person told us, "I've settled here and I'm happy", another person said, "The staff all care about us". People told us they were treated respectfully and with dignity. They felt their individuality was recognised and their independence was actively promoted. One person said, "I think the staff are very fair". A member of staff told us, "It's important we remember to treat people equally but also as individuals. I think we do that well". Another member of staff commented, "We treat our clients as if they are family, I'd be happy with any of my family staying here".

Interactions between people and staff were positive, respectful and often made with shared humour. The atmosphere was light, calm and friendly. When staff supported people, they responded promptly to any requests for assistance. Staff spoke with people in appropriate tones and were friendly and unhurried in their approach, giving people time to process information and communicate their responses. Staff were aware that different people responded to different styles of verbal communication and were consistent in the ways they spoke them. For example, short sentences helped some people understand what to do, where as other people preferred a more conversational approach. Staff were very natural in their interaction with people, giving reasoned explanations. This helped people know what was happening and managed their expectations about upcoming events and activities, avoiding unnecessary worry or anxiety.

We observed many examples of positive interactions between staff and people, with staff showing respect and kindness towards the people they were supporting. Staff spoke respectfully about people between themselves when discussing how people's days were going.

People were consulted with and encouraged to make decisions about their care. Each care plan contained a lot of pictorial information to make it more meaningful and engaging for people. One person told us they liked talking about their care with staff; they felt valued because they were listened to. They told us, "We talk a lot about what I want to do and how things are for me". People told us they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where they spent their time. During the inspection people moved around the house and garden as they wanted to, supervised by staff when needed. Bedrooms were individual and people were able to have the things around them that were important to them. They liked how they were decorated and felt they suited their tastes and needs.

People's independence was maintained. People talked about choosing meals they liked to have, planning menus, helping to prepare food and choose food shopping. People were involved in household chores if they wanted to; there was pictorial information to remind people what they were doing. People felt staff encouraged them to maintain their independence and daily living skills.

Each person had a detailed pen picture. This included the most important things about them, the most

important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records. There was information about people's lives and who was important to them so that staff were able to support them with their interests and keeping in touch with friends and family. Staff had signed each of the care records to acknowledge they had read them.

People said they had their privacy and dignity respected. Several people told us, "They knock on my door and wait to come in." People were dressed in clothes of their choice; they told us they felt clean and well cared for. Staff and the provider all recognised the importance of dignity and respect for people and this was conveyed in their interaction with them.

Care records were stored in a locked cabinet when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to support this.

Good

Is the service responsive?

Our findings

People received care and support to suit their specific needs. They felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. People had regular activities and outings, some people felt they especially benefitted from going to social clubs, day centres and events held locally. They told us this gave them an opportunity to see friends, make new friends as well as learning and practicing life skills, which some people told us helped them to feel more confident. This helped to ensure that people did not feel socially isolated. The service had a mini bus available help with transport for activities.

Pre-admission assessments were completed to ensure that the service was able to meet people's individual needs and wishes. Care plans were then developed from the assessments as well as discussions with people, their relatives where possible and the observations of staff.

Care plans contained information about people's wishes and preferences. These were in an easy to read format and some people had completed them themselves or with the support of staff and signed them to show they were happy with the content. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care. This included what they could do for themselves, however small and what support they required from staff. For example, the elements of personal care that people could do independently. There were behaviour support plans and risk assessments about the support people needed when they became distressed or challenging towards staff or others. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Daily notes reflected what each person had done, their mood and any events of importance.

Care plans were reviewed continually to ensure they remained up to date. Annual reviews were current and provided an oversight of the care provided. These were open to people's social worker, their family or an advocate and staff. People told us they thought they received the support they needed. Where people had specific conditions, for example, epilepsy, there was guidance for staff about symptoms or indicators which may precede a seizure and the support the person would need. There were clear behaviour support plans and risk assessments about the support people needed when they became distressed and challenging towards staff or others.

Health action plans were in place, detailing people's health care needs. The plans contained comprehensive and specific information, including input from health and social care professionals where necessary. This had helped to ensure that health conditions were monitored and appropriately reviewed.

Activities and goal setting enabled people to create changes they may desire and introduced structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and saw how this linked to activity planning, development of learning and exploring new activities and challenges. One person told us about a car mechanics course they were doing and the sense of fulfilment and enjoyment it gave them.

People had monthly key worker reviews about their care and support. A key worker is a specific member of staff who works closely with people to help ensure their needs are met. This included discussions about health issues and appointments, activities and any contact with family and friends. In addition people told us they had an annual review meeting with their care manager, their family or an advocate and staff. Some people told us that staff supported them to travel to see their family and they had regular telephone contact.

The service's complaints procedure was available in pictorial form. People told us they did not have any complaints and did not wish to make any. They told us they knew the staff and provider by name and were confident that, if given cause to complain, it would be resolved quickly. There were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose and gave us examples of when they had done this.

Requires Improvement

Is the service well-led?

Our findings

Staff were positive about the service and the provider. They enjoyed working there and felt the provider was committed and wanted the best for the people they supported. Staff and people thought the provider was approachable, supportive and fair. People were involved in developing the service and staff encouraged people's suggestions and ideas. Examples included taking part in meetings where things like decoration, improvements to the home, holidays, activities and food choices were decided. However, we found some areas in how the service was managed which required improvement.

Audits of the home included areas such as infection control, medicine management and care plan quality. Checks had not identified the temperature at which medication was stored was not monitored or recorded. However, the concern identified illustrated that the quality assurance measures currently in place were not fully effective.

This inspection highlighted a shortfall in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. These are referred to as statutory notifications. This includes when a service receives a decision from local authorities in response to an application made under Deprivation of Liberty Safeguards. This is where restrictions are needed to help keep people safe in the service. Statutory notifications informing us about the decision received had not been made to the Commission. Additionally, examination of incident and accident records showed other instances when an injury and a police matter should have been notified to us.

The registered person had not notified the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 4(A)(a) of the Care Quality
Commission (Registration) Regulations 2009.

Policy and procedure information was available within the home and, in discussion; staff knew where to access this information and told us they were kept informed if changes were made.

The service had a clear commitment to the people they supported and philosophy of care. The values and commitment of the home were embedded in the expected behaviours of staff and were discussed during staff meetings and linked into supervisions and annual appraisals. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People had completed quality assurance questionnaires to give feedback about the services provided, which were positive. Other feedback included responses to surveys from people's relatives and care professionals. Again the responses received were positive.

There was an open culture within the service that encouraged people and staff to express their views through service user or staff meetings. People were given opportunities to comment about the service and their personal experiences through these meetings, and people confirmed they used these to raise issues or comment about aspects of the service such as menu planning.

Staff told us that and records confirmed that they attended regular staff meetings and felt the culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices. They said they felt confident about raising any issues of concern around practices within the home and felt their confidentiality would be maintained and protected by provider.

Although we did not see any visitors during our inspection, people told us and recent surveys confirmed friends and family were welcomed and could visit at any time. Staff and the provider welcomed people's views about the service and surveys of people, relatives and visiting professionals took place annually to facilitate this. The provider was in the process of redesigning a number of surveys to make them more user friendly.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission of events which they had a statutory obligation to do so. Regulation 18 (1)(2)(b)(ii)4(A)(B) of the Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the safe administration and storage of medicines. Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured appropriate systems or processes were in place to assess, monitor and improve the quality and safety of services. Regulation 17 (1)(2)(a)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Procedures were not established and operated effectively to ensure persons employed for the purpose of carrying on a regulated activity were of good character. Regulation 19 (1)(a)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.