

Angels (Kingsleigh) Ltd

# Kingsleigh Residential

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Kingsleigh Residential is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

Kingsleigh Residential is a large converted house. People live in single rooms with mostly shared bathroom and toilet facilities.

The provider did not have any effective systems in place to monitor the safety and quality of the service. There were no systems in place to check and rectify risks to people. The provider could not be sure that the service was effectively cleaned and the premises were safe and maintenance checks carried out.

The provider had not ensured checks were carried out to water systems to protect people against the risk of legionella. Some areas and furnishings of the home could not be thoroughly cleaned and there were no clear instructions for cleaning staff.

The provider could not be sure that all staff had received suitable training for their role as records were poor; we have made a recommendation about this. However, staff were recruited safely, received supervision and there were sufficient staff to meet people's care needs.

People living at the service had good relationships with staff and were relaxed in their company. Relatives told us they were confident their loved ones were safe and well-cared for as individuals. Staff were warm, friendly and patient with people. Care plans were of good quality, person-centred and contained clear information about people's needs and preferences. However, we identified some institutional aspects in respect of the weekly shower rota and referring to people by their room numbers.

Staff morale was good; staff told us they enjoyed working at the home. Staff felt supported by the registered manager who was approachable. Relatives also commented positively on the registered manager.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 04 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

## Why we inspected

The inspection was prompted in part due to concerns received about the overall safety of the service and the provider's governance systems and oversight of the quality of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to managing infection control, , the condition of the premises, and monitoring the effective running of the service at this inspection.

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

## 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Kingsleigh Residential

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We observed staff caring for people who used the service. We spoke with six members of staff including the registered manager, assistant manager, care workers and the chef.

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

#### After the inspection

We spoke with six relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

# 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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to protect people from the risk of cross infection. 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

- No individual risk assessments had been completed to consider the Covid-19 risks to people using the service, or how to mitigate the possible risk
- Staff had not completed a comprehensive infection control audit of the premises at Kingsleigh Residential.
- Although the home was visibly clean with no odour, there was no comprehensive cleaning schedule and there was no record of cleaning hours provided at the service.
- Monthly infection control audits were not fit for purpose as they did not identify potential infection control issues such as surfaces which could not be cleaned fully. The condition of some furnishings within the home did not protect people from the risk of cross infection. For example, five side tables in the lounge had compromised surfaces. This meant bacteria and viruses could lodge in these areas as they could not be cleaned thoroughly. We identified other compromised furniture and surfaces to the registered manager during the inspection.
- The provider could not demonstrate all staff received infection prevention and control training.
- Whilst temperatures of staff and visitors entering the home were recorded there was no check on the accuracy. For example, one temperature was 31.4 degrees which is five degrees below the minimum normal temperature. Staff had not identified a potential fault in the thermometer which would not detect a person with a high temperature.
- People's toiletries were stored in the communal bathroom which posed a risk of cross infection.

We found no evidence that people had been harmed however, systems were either not in place or not detailed enough to demonstrate protection from cross infection was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.

- We were somewhat assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were somewhat assured that the provider was accessing testing for people using the service and staff.
  - We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were somewhat assured that the provider's infection prevention and control policy was up to date.
  - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
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- We observed good infection control practice and change of personal protective equipment (PPE) during medicines administration.
  - Separate staff were employed to do laundry and clean.
  - There was now a cleaning schedule and infection control audit in development.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff knew how to identify potential abuse and report it.
- The registered manager told us she had completed online safeguarding training but had not undertaken safeguarding training for managers.
- Relatives felt their loved ones were safe. One relative said, "They couldn't be anywhere better. I do trust the staff there to look after them. I do feel relieved they are in Kingsleigh, rather than on their own."

#### Assessing risk, safety monitoring and management

- People had not always been protected from environmental risks
- People had not been protected from the risks of Legionella. The provider had not carried out a full risk assessment of their hot and cold water systems and ensured adequate measures were in place to control the risks. The registered manager had identified these shortfalls and had booked a Legionella assessment.
- The provider had not ensured electrical safety checks had been carried out by professionals in line with guidance of every five years. The registered manager had identified this, an inspection had taken place and remedial works were planned.
- The provider had not ensured gas safety checks were undertaken annually.
- The provider had not ensured regular servicing of fire equipment. There was no evidence of a regular schedule of fire drills, however alarms and call points were tested regularly. The fire risk assessment was overdue however the registered manager had identified this and an assessment was booked.
- One person's carpet had a hole in it. We identified a further two people's rooms which needed new carpet.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider had carried out a thorough risk assessment of the premises and taken action to mitigate these risks. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's individual risk assessments were of good quality. Risks to people had been identified and suitable plans developed to reduce these risks. For example, people had risk assessments for skin integrity, falls, nutrition and mobility.
- A relative commented, "[Name] has had falls. They have a pressure mat in their room. They have made



arrangements to cover that side of it."

#### Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and to meet their needs. People were attended to quickly in a calm and unhurried fashion. Staff told us there was enough of them. One relative told us, "I can't speak for the evening, but certainly during the day. I have heard them [residents] press the buzzers and someone comes pretty quick." Throughout the day we observed staff spending time chatting to people.
- The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS), this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

#### Using medicines safely

- Medicines were managed safely. Medicines were stored safely in a locked cabinet secured to the wall when not in use. Medicines which required additionally security were stored in line with legal requirements. The service had suitable arrangements in place for the obtaining, stock checking and disposal of medicines. The registered manager carried out regular audits to monitor the quality of medicines management.
- Medicines were administered safely. We observed notably good practice by the member of staff who administered medicines during our inspection. Each person had clear information about any allergies and protocols were available for 'as required' medicine.
- Excess medicines were stored separately in plastic boxes labelled by room number. This meant there was a potential risk of mixing up or losing medicines if the person changed room. We were told this was to protect confidentiality, however, as only medicines competent staff accessed the cupboards it would not breach people's privacy.

#### Learning lessons when things go wrong

- Staff recorded accidents and incidents which were reviewed by the registered manager. Records showed that actions had been put in place to reduce re-occurrence. For example, following a 'near miss,' for one person whilst using the bath changes had been made to their care plan.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received suitable training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We were unable to verify fully that all staff had received training due to the poor quality and organisation of records .

We recommend the provider considers current guidance on staff training and how to record completion of any training undertaken

- One member of staff told us, "Not actual training but gone through policies, in [the] purple folder. I was told about online training that we get sent but it's being changed over so I've been told, no point doing it yet."
- Staff files contained some certificates of training completed but this was not consistent.
- Staff told us, and records confirmed, they received an induction.
- Staff had recently received in person moving and handling training, they also told us about other training in continence care.
- We observed staff supporting people in a competent and skilled way.
- Staff received regular supervision. One member of staff told us, "Meetings, yes every six weeks."

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

- Three out of the four care records had an assessment of people's needs. One person, who was new to the service, had minimal information. The completed assessments were of good quality.

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

- People were supported to eat and drink enough to maintain a balanced diet. People had individual care plans and risk assessments for nutrition. People were weighed regularly; one person was gradually losing weight and their record stated, "Moving in the right direction."
- People's care plans contained information about likes and dislikes and other information. For example, one person had diabetes which was controlled by diet. This person received meals which were low in sugar.

- Another person was vegetarian. This information was highlighted in their care plan. We were told by a relative, "When I was there on Tuesday one of the carers came up to have a chat and talk about food. They talked to me about the things [Name] likes to eat and was aware of their different needs."

Staff working with other agencies to provide consistent, effective, timely care

- People had visits from other professionals when needed.
- Records showed visits from chiropody, GPs and the district nursing team.
- One person had started to have difficulties with coughing and had been assessed by the speech and language therapist.

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

- The service had been adapted to meet people's mobility needs. There were handrails around the building and a lift had been installed for people who could not use the stairs.
- People had access to a shower room which was adapted for use by people with a disability.
- We have commented in the safe section on the condition of decorations within the home.

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.
- Staff worked within the principles of the MCA. Where people potentially lacked capacity to make a decision staff followed good practice. The person had a capacity assessment to determine if they were able to make the decision and if not a best interest decision was recorded.
- Assessments and best interest decisions were recorded for each area a decision needed to be made. Where an assessment demonstrated a person did have capacity this was recorded. One member of staff told us, "It's whether or not someone has capacity to make decisions for themselves."

# 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 requires improvement. At this inspection this key question has remained the same. This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We identified some institutionalised practices, particularly in respect of storage of excess medicines and recording of team minutes. People were sometimes referred to by their room number instead of their name and initials. We saw one notice board which had a bath rota with slots listed by room number. Staff meeting minutes also stated, "It was decided that we should start bringing the residents into the dining room again at teatime as it will be easier to keep the lounge clean." This was not decided in light of people's preferences but to make things easier for staff.
- Relatives told us, "I wish they had more availability to shower more often. They have a rota, and they get a shower once a week on a [Day]." They said their relative had been used to showering daily when at home.
- Staff described how to protect people's dignity during personal care. For example, staff always knocked on people's bedroom doors, even if they thought the person was not in. Staff described closing doors and curtains and using towels to cover people whilst washing.
- A member of staff told us they had noticed one person had compromised their dignity in the lounge. They told us, "I put out a screen to protect them."
- Another member of staff told us, "One person used to be worried about personal care, so we gave lots of reassurance."
- Records contained information about what people were able to do themselves and what assistance they needed.

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

- One relative told us, "They are always very kind. They don't rush [Name], they are very gentle. Another relative said, "I think the carers are really good – caring, friendly. I can tell from the way they communicate with my [Name] that they have a good relationship with them. They spend a lot of time with them."
- Staff evidently had warm and caring relationships with people. They spoke kindly to people and knew them well. People were relaxed and trusting with the staff team.
- During our observation at lunchtime staff encouraged a relaxed atmosphere, people were given as much time as they needed to eat their meal. The cook came out to speak with people about their lunch; it was evident they knew people and their preferences.
- People were treated as individuals. One member of staff said, "Everyone's different so everyone's needs will be different."
- One person chose to sleep in the lounge. Staff had documented clearly this was their preference and they had the capacity to make this decision.

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

- Throughout our visit we noted staff sought people's permission. For example, they asked people if they wanted to move to the lounge before offering assistance.
- People's care records contained information throughout about their preferences. One member of staff told us they, "Ask the person and family, so I can find out likes and dislikes, can find out how they like things done, try and promote independence as much as I can."
- We saw clear information in people's care plan about their preferences in clothing and appearance.

# 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 remains the same. This meant people's individual care needs were met.

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

- There was a lack of activities for people living at the service. The registered manager told us it had been difficult since the activities coordinator left. Recently a singer had started to come into the home. People had access to the pet guinea pigs who lived in a large cage in the hallway of the home.
- One member of staff said they planned to take people out to the seafront for an ice cream but this had not yet happened.

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

- People received personal care which met their needs and preferences. Care plans were of good quality, person-centred and developed to meet people's needs. The plans gave a sense of who people were. One person's care plan stated they were, "Very friendly with a great sense of humour."
- Care plans were current and up to date. Staff had reviewed care plans monthly. Where people's needs had changed this was updated. For example, one person was no longer able to walk safely; staff had updated their care plan to describe the best way to support them.
- Another person could become upset at times. Their care plan said, "Can become agitated if tired or unwell offering a nap or pain relief can help," and went on to note after one occasion, "We had a cuddle but they couldn't tell me why they were so angry."

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.

- People had communication plans in their care records. This contained guidance for staff on communication needs. There was information about each person's need for glasses and hearing aids
- Plans also contained information about any other communication issues. For example, one plan advised staff the person, "Can communicate yes/no but has word finding difficulties." This was referred to in other relevant parts of the care plan also.

Improving care quality in response to complaints or concerns

- We were told that the service had not received any complaints since the last inspection. One relative told us, "The manager is very good. She lets you know anything that is happening. You only have to say something to her and it's done."

#### End of life care and support

- Staff had information about people's end of life preferences if they or their family wished to discuss these.
- People could choose to remain at the home if they could be safely supported to be comfortable and pain free. Staff liaised with local health professionals to ensure 'just in case' medicines were available to support people at the end of their lives.
- One relative had sent feedback about their relative's care, "We know they passed content and comfortable and we got to spend some time with them in their final days."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. The provider did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to identify shortfalls in governance systems at the service. Risks to people had not always been identified and mitigated. 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.

- The provider had no effective governance systems in operation. We identified two repeated breaches of regulation and one additional breach. Action had not been taken to rectify all previous breaches.
- There were no systems in place to monitor the quality and effectiveness of the service. The provider was unable to monitor training, cleanliness of the service, frequency of supervision or health and safety.
- Systems had failed to identify the lack of a Legionella risk assessment and monitoring plan. Gas and electricity safety certificates had been allowed to expire.
- There were no systems in place to identify improvements needed to the furnishings and environment. Whilst some improvements had been made there was no plan in place to identify and prioritise needed improvements.
- There were no checks in place to monitor the quality of COVID-19 precautions. For example, the thermometer used by staff to check visitor and staff temperatures was not working correctly. This had not been identified until we questioned the accuracy of the readings recorded.

We found no evidence that people had been harmed however, systems were either not in place or effective enough to identify gaps or shortfalls in service provision. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received individualised care which was tailored to their needs. However, there was no overall plan to monitor the culture of the service. Monitoring had failed to identify potential institutionalised practices.
- Staff consistently applied a person-centred approach. The new registered manager had implemented new



care plans which promoted people's independence and preferences.

- One relative told us, "I can talk to the manager any time, they are very helpful and will sort out any problems. I haven't any complaints."
- Staff told us their morale was good and spoke positively about the manager. Comments included, "We all seem to get on really well, always a good atmosphere," and, "I cannot fault the support from the manager, they've been wonderful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were no systems in place to obtain feedback about the service
- The main noticeboard displayed thank you cards received by the service. Comments included, "Your care, commitment and love for [Name] was outstanding. You made the last year of their life very happy." And, "Thank you for all the care and attention you gave [Name]."
- Staff told us they were able to contribute to care plans and felt listened to if they passed on information about a change in needs.

Continuous learning and improving care

- People's records demonstrated that where an incident or near miss happened a review took place and actions were put in place to review the risk of recurrence.

Working in partnership with others

- Staff liaised with healthcare professionals when people needed additional support
- Staff had the service had previously worked with the local authority improvement team.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not protected people from environmental risks. The provider had not ensured the furnishings and fabric of the building were adequately maintained.

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  People were not protected from the risk of infection. This is a repeated breach.

**The enforcement action we took:**

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to monitor the safety, effectiveness and quality of the service. Repeated breach.

**The enforcement action we took:**

warning notice