

# Rapport Housing and Care

# Rogers 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rogers House is a residential care home providing personal care to up to a maximum of 43 people. The service provides support to people who have care needs, such as, diabetes, epilepsy, Parkinson's disease. Some people were living with dementia or had deteriorating mobility. At the time of our inspection there were 23 people using the service.

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

Although improvements had been made to the identification and mitigation of individual risk and to the safe management of people's medicines, further improvement was ongoing to ensure people's safety.

Although there were improvements to how people were supported to make decisions and choices, people were still not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Although improvements had been made to the recording of peoples' assessed needs, care plans were still a work in progress to capture people's needs, and were not always reviewed and updated to reflect changes.

The provider's governance systems were still a work in progress. Monitoring systems introduced since the last inspection were not always kept up to date to make sure people received safe and good quality care.

People were now kept safer by staff who knew their responsibilities to safeguard them and who felt more confident to raise concerns. Staffing levels had improved, and safer staff recruitment practices were now in place. The levels of agency staff had reduced and the agency staff supporting people now were regular agency staff who were treated as part of the team. The management of fire safety had improved, people's evacuation plans were kept up to date and staff had completed fire evacuation drills.

Staff uptake of training updates had improved, and they felt better supported. People received better care with their health needs and the advice of healthcare staff was now followed. People were happy with the food provided and their meals and told us they could choose other options if they wished.

Staff said the culture had changed and they felt positive that there would be further improvements, Staff said they felt listened to and were more able to speak up if they needed to. Staff had only positive things to say about the manager and were happy with the changes being made. The provider had engaged with people, relatives and staff.

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 inadequate (published 16 December 2022) and there were breaches of regulation. We took urgent enforcement action against the provider. The provider also completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of some regulations, however improvements had been made.

This service has been in Special Measures since 8 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 further improvements. Please see the safe, effective and well-led sections of this full report.

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

#### Enforcement

We have identified breaches in relation to the assessment of risk and medicines management, mental capacity, record keeping and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rogers House

## 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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to people's relatives to gain their feedback. 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

Rogers House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rogers House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a new manager was in post who had made an application to register with CQC. Their application was successful, and they were registered soon after the inspection. The new manager was present for the inspection and is referred to as 'the manager' though this report.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

## During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We observed the care provided within the communal areas. We spoke with 10 members of staff including the manager, the nominated individual, the interim deputy manager, senior care workers, care workers including agency staff, and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, the registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although there were improvements, enough improvement had not been made and the provider was still in breach of this regulation.

- Although there had been an improvement to the assessment and management of people's individual risk factors, this was still in the process of further improvement.
- Individual risk assessments were in place for people who had a history of epileptic seizures, however, these required further detail to provide specific guidance to staff. For example, individual signs, triggers and how to recognise a person's seizure, the risks of being left alone while bathing and the specific monitoring required at night.
- One person had a catheter in place. Although a risk assessment was in place, it stated the person looked after this themselves. There was no guidance for staff on how to monitor and ensure the person continued to be able to do this and what to do in the case of any self-neglect.
- Risks in relation to some people's health conditions had not been assessed to consider the level of risk. These included osteoporosis and anaemia. Some people were at risk of refusing personal care, including oral care. Although this was mentioned in people's care plans, a risk assessment was not in place to identify the risks and provide preventative guidance to staff.
- Incident records were better recorded by staff and staff knew people well as there was a more consistent staff team. However, learning lessons from incidents needed to be improved further. Accidents and incidents were not always used as an opportunity to review and update people's care plans and individual risk assessments to prevent further occurrences.

The provider continued to fail to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire risks were better managed, helping to keep people safe by preventing fire and managing risk during an evacuation. The fire grab bag now had the information needed, including an up-to-date list of people, and people's personal evacuation plans. Fire prevention equipment was regularly checked, and staff took

part in regular fire evacuation drills.

### Using medicines safely

At the last inspection, the provider and registered manager failed to assess the risks to people or do all that was reasonably practicable to mitigate risks in relation to people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although medicines management had improved, not enough improvement had been made and the provider was still in breach of this regulation.

- Although there was an improvement to the management of people's medicines, there were still areas that needed to improve further.
- Where handwritten changes had been made to the medicines administration records (MAR) by staff, these had not been signed and witnessed by a second member of staff. A person's pain relief had been reduced by the pharmacist and their prescription to take the medicine as and when necessary (PRN) had been changed. The PRN guidance for staff in relation to the person's painkiller had not been reviewed and updated as a result of this important change.
- Guidance for staff was not always in place where people were prescribed medicines that had specific instructions about how to take their medicines to avoid reactions and side effects that could affect their health. Some people did not have individual risk assessments for medicines that could increase the risks of bleeding and bruising.
- We did a random count of medicines and found that one medicine that was in stock did not tally with the amounts taken according to the MAR. This had not been picked up by the management team.

The provider continued to fail to manage people's medicines safely. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely and securely. There were no gaps in the MAR records, people received their medicines on time, and medicines fridge and room temperatures were recorded, with action taken if there were concerns. This meant the efficacy of people's medicines were preserved.
- The provider had ensured staff trained to administer people's medicines were now always on shift – including night shifts. This meant people were given their medicines as prescribed and without delay.

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

At the last inspection, the registered person failed to protect people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- Staff now had a good understanding of how to keep people safe from abuse and what their own responsibilities were. People and their relatives told us they felt safe, and they would feel confident raising concerns if they had them. One person said, "Everywhere has their ups and downs but it's as good as it could be", and a relative said, "She gets very good care, she is very safe there."
- The provider and manager had worked closely with the local authority safeguarding team following the



last inspection to help to keep people safe. Safeguarding concerns had been raised appropriately with the local authority and CQC had been notified.

- Staff told us they now felt able to raise concerns and were confident they would be acted upon. Incidents had been reported, including unexplained bruising and falls. Staff knew people well and were aware when people showed signs of distress and how to provide support to ease their anxiety. Staff told us they felt more able to raise concerns now and said they knew they would be listened to, and their concerns would be acted upon. However, they also knew they could raise concerns outside of the service if they needed to.

## Staffing and recruitment

At the last inspection, the registered person failed to provide enough suitably qualified staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- Staffing had improved since the last inspection. The provider had recruited some new staff. Agency staff continued to be used to cover gaps in the staff rota. However, the agency staff used were regular, some had been working at Rogers House for many months, and knew people well. Permanent staff told us agency staff were considered part of the team and were given responsibilities.
- People were no longer waiting for long periods of time when they needed help. We did not observe anyone calling out or asking for help and having to wait. People had a call bell near them or on a pendant around their neck to call for help if they needed it. People told us staff were responsive. One person said, "Staff come when I call – not always straight away as they are very busy, but they do come."
- Staff told us they thought there were enough staff to meet people's needs and that this had improved since the last inspection. However, they were also aware that the provider had not admitted any new people since the last inspection so the numbers of people they were providing care to were significantly reduced. Staff said they felt confident the manager would not admit any new people until they had the correct numbers of staff in post, to maintain the improvements made and the quality of care being provided.
- The provider was now following safe recruitment practices. Gaps in employment had been explored and references had been received before new staff were employed. New staff's right to work in the UK had been checked.
- Disclosure and Barring Service (DBS) checks were carried out. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to have visitors when they wished. People and their relatives confirmed this.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection, the provider and registered manager failed to put in to practice the requirements of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had not been made and the provider continued to be in breach of this regulation.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care staff were able to describe the basic elements of people's rights within the MCA. However, people's rights were not always upheld and maintained in line with the MCA.
- Conditions attached to DoLS authorisations were not always clearly set out in people's care plans. Although the manager was aware of the conditions, care plans did not always set out a clear plan to ensure they were, and continued to be, met.
- Some mental capacity assessments had not been reviewed and updated since the last inspection and did not provide the appropriate information.
- Mental capacity assessments in place were not always decision specific. A person had a capacity assessment to assess their capacity to make 'daily decisions'. Another person had a DoLS authorisation in place but did not have any capacity assessments to determine their capacity to consent to care and treatment and other relevant care decisions.

The provider continued to fail to put into practice the requirements of the MCA. This is a continued breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

At the last inspection, the registered person failed to ensure care and treatment was appropriate, met people's needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider was no longer in breach of regulation 9, however, the further improvements needed around record keeping, constituted a breach of regulation 17.

- As developing people's care plans continued to be a work in progress, there continued to be areas that needed more development and detail to ensure people received the care they needed. As there continued to be a reliance on agency staff, this was crucial to ensure consistency in the quality of care.
- Some people's records did not provide consistent information, such as the level of continence they had and why they used incontinence products. People may not always receive the care they needed, or support to maintain independence without the necessary detail and guidance for staff to follow.
- Not all care plans had been reviewed so changes in some people's situation and care needs had not been captured in their care plan. For example, how the stroke that 1 person had suffered had affected them personally. Another person was diabetic and although information was available in their care plan about the signs of hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar), this was generic and not specific and individual to the person.

The provider failed to ensure accurate records were kept in relation to people's care needs. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People's needs were assessed using recognised tools including skin integrity and nutritional needs, these were now kept up to date and used to inform care planning when people's needs changed.

Staff support: induction, training, skills and experience

At the last inspection, the registered person failed to provide appropriate support, training and professional development. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, the provider had made enough improvement and were no longer in breach of this regulation.

- Improvements had been made to staff training and support. Staff told us they felt better supported and were listened to. Staff had now started to receive regular supervision sessions and the manager had planned annual appraisals.
- People's relatives told us their loved one was supported well, and they thought staff were well trained. One relative said, "I am very confident, they seem to understand my mum and she has vascular dementia and has mood swings, and they know how to cope with that."
- Staff compliance with updating their training when it was required was better than at the last inspection and staff had completed training.
- Agency staff were better supported and monitored. The agency staff supporting people's care at Rogers

House were regular and had been working at the service for some time. Agency staff we spoke to told us they felt supported and were given information and access to support as regular members of the team.

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

- People told us they were happy with the food provided and were able to ask for a meal off the menu if they did not want the choices on offer. A person told us they preferred to have their meals in their room and often did. However, staff did encourage them to go to the dining room for their main meal and they understood staff had their best interests at heart, to support them to socialise more.
- Plenty drinks were on offer and people were regularly encouraged to drink by staff. A person told us, "They are always asking me to drink more – saying you need more. I said I seem to be always drinking and they say, well that's not what our paperwork says. I know I need to, and I'm pleased they encourage me."
- People had been referred to the appropriate health care agencies when staff were concerned about people's weight or where they had difficulty swallowing.

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

- People's healthcare needs were being met. People were referred to healthcare professionals when needed and the advice they gave had been followed up more consistently than at the last inspection.
- Records had been kept of appointments and visits with healthcare professionals including GPs, district nurses, dietetics, physiotherapists, dentists and opticians. Advice given was detailed in the records and passed to staff when handover between shifts was given.

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

- The communal spaces within the service were now better utilised, and we saw people going between areas to join in activities or to sit quietly.
- Many people spent time in their rooms. Bedrooms were personalised and included family photographs, personal ornaments, and pictures on their walls.
- People knew where they were going, and no one was looking lost or confused when walking around.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the registered person failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had not been made and the provider was still in breach of this regulation.

- Although the provider had introduced a range of audits since the last inspection to enable closer monitoring of quality and safety, these were not always completed consistently. The process was not yet robust enough to provide a consistent approach to quality and safety.
- There were gaps in the monitoring process. Daily infection control checks had not been completed daily and weekly pressure damage audits had not always been completed weekly.
- Although action plans were in place following some audits, this was not consistent, and many did not have a plan to make sure improvements were carried out. A health and safety audit was completed monthly. Although issues were noted, staff had not completed an action plan to identify who was responsible for the improvements needed or a deadline date for each of these actions. A manager's monthly safety walkabout had taken place, however no action plan was in place to address the issues identified.
- A monthly random check of individual people's medicines was completed by a member of staff. However, the numbers of medicines counted against those in stock did not always add up. The manager confirmed a member of the management team did not complete a check of the audit so was unaware of the discrepancies in the records. The manager told us they would revise the system for auditing medicines.
- The provider was now undertaking care plan audits. These were carried out by the nominated individual, the provider's representative, selecting a random care plan each month during their visits. The audits were thorough and identified action that needed to be taken to make improvements. Improvements had been made to the care plans audited as a result of the actions identified by the nominated individual. However, the management team had not started their own auditing of care plans yet. They did have a plan showing which care plans were considered up to date and which weren't, however, the quality and detail was not being checked regularly.
- It was not clear what action had been taken following accident and incident monitoring or how the information was analysed to learn lessons. For example, the times of the day for each incident was recorded

but not what this meant, or if an investigation had been carried out to assess if any preventative measures could be put in place.

The provider continued to fail to operate a robust quality assurance process to understand and have oversight of the quality of the service and ensure any shortfalls were addressed. This is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

At the last inspection, the registered person failed to maintain accurate and complete records in relation to the service and people's care. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- At the last inspection, we found there was a closed culture which was not always person centred. A closed culture means a poor culture that can lead to harm, which can include human rights breaches such as abuse. At this inspection, we found significant improvements in staff culture.
- Staff told us they now enjoyed coming to work and felt positive about the improvements made. They felt they were now listened to and valued. The comments staff made included, "There have been many changes in management since the last inspection which has been very difficult, but I now feel we are in a good position and moving forward. Much better support and morale is much better" and, "If we raise things now something is done – it wasn't before ever so we didn't raise things."
- People told us they were happy and felt listened to. One person said, "Staff listen, if I say I don't like things doing in a certain way they listen." Relatives were mainly positive about the service and improvements in progress. They felt their loved ones were well looked after and that staff knew them well and treated them with respect. Relatives spoke of the manager having an open door and they felt able to speak to the manager or staff if they had any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had been given the opportunity to share their views of the service through meetings and a survey. Relatives had also been kept up to date through relative's meetings as well as invited to take part in a satisfaction survey. The manager had analysed the results and communicated back to people and relatives through a 'you said, we did' document, sharing the action taken to comments raised.
- Staff had the opportunity to attend staff meetings where they received updates and were able to share their views. Regular 1:1 supervision sessions were also used to provide feedback and listen to concerns.
- The provider had made better use of local networks, including the local authority and skills for care. Learning from different organisations is an area that could be improved further to support and sustain continuous improvement.
- People were referred to health care professionals and the service had a close working relationship with the GP. We had better feedback from health and social care professionals about their advice being followed and being kept informed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the provider had been open and honest, and understood their responsibility to comply with the duty of candour.
- When incidents occurred, relatives were informed. The relatives we spoke with confirmed this.



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 11 HSCA RA Regulations 2014 Need for consent  The provider continued to fail to put into practice the requirements of the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider continued to fail to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks.  The provider continued to fail to manage people's medicines safely.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure accurate records were kept in relation to people's care needs.  The provider continued to fail to operate a robust quality assurance process to understand and have oversight of the quality of the service and ensure any shortfalls were addressed.