

# Shaw Healthcare Limited

# Mill River Lodge

## Inspection report

Dukes Square  
Denne Road  
Horsham  
West Sussex  
RH12 1JF

Tel: 01403227070  
Website: [www.shaw.co.uk](http://www.shaw.co.uk)

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Mill River Lodge is situated in Horsham, West Sussex. It is one of a group of services owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' providing care for up to 70 people who may be living with dementia, physical disabilities, older age or frailty as well as up to 20 people who may require nursing care. At the time of inspection there were 60 people living at the service.

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

Risks to people had not always been mitigated to help ensure their safety. We found concerns in relation to infection prevention and control practice. The registered manager and provider had not ensured staff were provided with correct and current guidance on infection prevention and control (IPC) practices or the appropriate use of personal protective equipment (PPE). They had failed to identify that staff were working in a way that increased the risk of exposure and spread of infection for people and themselves. When our concerns in relation to IPC practices were immediately fed back to the registered manager and provider, they did not respond in a timely way to help ensure risks to staff and people were minimised. This further increased the risk of harm to both people and staff.

Two people had not always received care that met their assessed needs and preferences in relation to personal and oral hygiene and following health professional's guidance. Shortfalls in infection control identified during the inspection had not been identified by the provider's quality assurance processes. This raised concerns about their effectiveness.

Improvements had been made regarding the quality and oversight of most people's healthcare. Staff's competence had been assessed to provide assurances their practices were safe when supporting people to move and position or when administering medicines. Risk in relation to people's hydration, nutrition, falls and specific healthcare needs were well-managed and people had received effective care.

People were complimentary about the care they received. They told us staff made them feel safe and they were happy living at the service. Staff told us they felt well-supported and valued by the registered manager and the leadership of the service had improved.

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 (Report published 7 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection improvements of the oversight of people's care had been made. The provider had not met all of their action plan that was sent to us after the last inspection. They had not ensured that the quality assurance systems they had introduced were always effective in identifying the shortfalls found in relation to

oral and personal hygiene and the implementation of health professional's guidance.

#### Why we inspected

We undertook this targeted inspection to check whether the Requirement Action we previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to see if the concerns found at the last inspection had improved. We also looked at the care people had received in response to concerns that had been raised to us since the last inspection. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on enforcement action or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

#### Enforcement

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 monitor the service and 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 safe care and treatment and leadership and management at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added after any representations and appeals have been conducted.

#### Follow up

Immediately after the inspection, we worked with the local authority and clinical commissioning group to seek assurances about the provider's infection prevention and control practices. This helped ensure improvements were made to reduce the risk of the transmission and spread of infection for people and staff.

We will continue to monitor information we receive about the service and 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service effective?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Mill River Lodge

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirement action that was served at the last inspection in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to concerns about the provider's governance and quality assurances processes in relation to the management of risks, meeting people's assessed needs and providing person-centred care as well as ensuring staff had the skills to deliver effective care and support. We also looked at the care people had received in response to concerns about the quality of care that had been raised to us since the last inspection.

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 undertaken by three inspectors.

#### Service and service type

Mill River Lodge 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 home had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home 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 sought feedback from the provider, local authority and other professionals who work with the service as part of our ongoing

monitoring of the provider's services within the West Sussex area. 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 the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to three people about their experiences of the care provided. We also spoke to eight staff, the deputy manager and the registered manager. We reviewed aspects of care eight people had received which included care plans, risk assessments and medicine administration records. We looked at staff training and competence and a variety of records relating to the management of the service, which included policies and procedures and quality assurance processes.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We immediately raised our concerns in relation to infection prevention and control to the local authority and clinical commissioning group. We sought assurances from the registered manager and provider about the changes they had made to infection prevention and control processes to help minimise the risk of the transmission and spread of infection to people and staff. We viewed information about accidents and incidents that had occurred as well as the provider's audits.

# 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. There were concerns that two people who required texture-modified diets and those at risk of malnutrition, had not been supported safely. We found improvements had already been made to address the concerns, yet needed to be further embedded in practice and sustained over time.

At this inspection, the rating of this key question has not been changed, as we have only looked at part of the key question we had specific concerns about. The purpose of this inspection was to explore the specific concerns we had about Mill River Lodge. We will assess all the key questions at the next comprehensive inspection of the service.

### Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic we are conducting thematic reviews of infection control and prevention measures in care homes. The provider and registered manager had not always ensured staff were following safe infection prevention and control measures or Public Health England guidance in respect of COVID-19. They were not doing all they could to ensure staff and people were safe from the risks posed by COVID-19.
- Some people were isolated in their rooms and were displaying symptoms of COVID-19. Although staff wore appropriate personal protective equipment (PPE) when entering their rooms to provide care, they did not always demonstrate safe practice when supporting other people residing on the same unit. For example, one member of staff provided care to one person who was symptomatic. Upon leaving the person's room the member of staff touched their face mask and without washing their hands began to support another person.
- Staff had not been provided with the correct advice or guidance by the registered manager or provider on the correct PPE they should use when supporting people. For example, staff did not always wear single-use disposable aprons and gloves when providing close contact and support with moving and positioning or assisting people to have food and drink. This placed both people and staff at increased risk of infection.
- Some people were supported by staff to safely change position by using a hoist and a wheelchair. Staff did not consider potential cross contamination risks when using this equipment. They used the same piece of equipment on different people without sanitising the high-touch areas of the equipment in-between each use. One person was observed licking their fingers and touched the handles of the wheelchair staff were using to support another person. Staff then used the wheelchair for the other person as well as one other and as the high-touch areas of the equipment had not been sanitised, this increased the risk that people might be exposed to the spread of infection.
- Staff wore fluid repellent face masks to minimise the risk of infection to people as well as themselves, but were observed not always using these in a safe way. Some staff were observed touching their face masks without sanitising or washing their hands before providing direct contact support to people. One member of staff was observed with their face mask underneath their chin when having a drink and snack. Another member of staff was observed touching their face mask and rubbing their eyes without washing or sanitising

their hands before or after. This increased the risk that staff and people were exposed to potential infection.

- People were not encouraged or supported to socially distance from each other to minimise the risk of transmission. People, some of whom were living with dementia and relied on staff to assist them with their moving and positioning or daily support needs, were not always supported to maintain a safe distance from one another. For example, people were sitting near each other when eating their meals at dining tables and some were sitting alongside each other in armchairs or wheelchairs in the main lounge.
- Staff were not always sanitising or washing their hands in-between supporting different people with their moving and positioning needs or when assisting people to have food and drink. This increased the risk of cross contamination and increased the risk of potential infection spreading.

Immediately following the inspection, we were informed of a significant COVID-19 outbreak at the service. We shared our observations and concerns with the local authority and clinical commissioning group. Following the inspection, the provider received further feedback and advice from the COVID-19 Care Home Quality and Infection Prevention Control work stream on ways to improve the infection prevention and control measures within the service.

Care and treatment was not provided in a safe way for all service users. The provider and registered manager had not ensured staff were doing all that was practicable to mitigate risk by assessing, preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we raised our concerns with the registered manager and provider, they were not responsive to the feedback as they did not share our concerns about the infection control practices demonstrated by staff. We did not have the immediate assurances needed that action had been taken to bring practices in line with the correct infection prevention and control guidance. Following further feedback to the registered manager and the provider's senior staff, assurances were eventually obtained that the appropriate PPE guidance was now being followed when providing direct contact and support to people in communal areas.

- Staff had undertaken infection control training and were provided with enough PPE. They were advised about the importance of hand washing and social distancing. Some staff demonstrated good practice by washing or sanitising their hands in-between supporting different people.
- The provider had implemented screening processes to help minimise the risk and transmission of infection. This included regular COVID-19 testing for staff and people along with regular temperature checks to monitor for any changes in health. Visiting procedures had also been adapted to minimise risk to people and their relatives whilst enabling people to still maintain contact with their loved ones.

#### Assessing risk, safety monitoring and management

- Risks associated to people's healthcare needs were well-managed. Risks in relation to people's risk of dehydration and malnutrition had been assessed and mitigated. Staff were provided with guidance advising them of the amount of fluids people should be supported to consume. People's fluid intakes were monitored to ensure they were being supported to consume sufficient amounts. When people were at risk of malnutrition, they were monitored more frequently and food had been fortified to increase people's calorie intake, enabling them to maintain or increase their weight.
- Some people had been assessed by a Speech and Language Therapist (SALT) and required texture-modified food and fluids. Staff demonstrated a good awareness and people were supported safely and in accordance with their assessed needs.
- Risks relating to people's skin integrity were assessed and well-managed. Staff were provided with guidance about the support people required. When people had wounds, these were monitored and treated



effectively.

- Staff were kind, caring and attentive and people told us this made them feel safe. One person told us, "Yes I feel safe, staff are nice girls, I'm happy here". Another person told us, "I feel very safe, one girl here, she's really good. I tell her things and she tells the warden".
- Staff took time to reassure people when assisting them to move and change position. They recognised the anxieties this might cause people and explained their actions throughout the support to provide comfort and reassurance. People responded well to this support and were visibly calmed by staff's approach.

# 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. People had not always been supported with their personal or oral hygiene according to their assessed needs and preferences. Agency staff had not always had their competence assessed before being deployed. At this inspection, the rating of this key question has not been changed, as we have only looked at part of the key question we had specific concerns about at the last inspection. The purpose of this inspection was to explore the specific concerns we had about Mill River Lodge. We will assess all the key questions at the next comprehensive inspection of the service.

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

- People's health, social and emotional needs were assessed and staff were provided with guidance advising them of how to support people. Not all people had received support to meet their needs or preferences. One person had been assessed by a Speech and Language Therapist (SALT) who had asked staff to support the person with oral mouth care following each meal to reduce food and fluid residues. Records to document the care the person received, as well as confirmation by staff, showed the person had not been offered the opportunity to be supported in this way.
- One person who was living with dementia, relied on staff's support to meet their personal and oral hygiene needs. Staff had assessed that the person lacked capacity to understand the need to maintain personal and oral hygiene and guidance advised staff on how to support the person. The person had not been supported according to their assessed needs. Staff told us they had tried different ways of offering support such as consideration of the environment, offering cups of tea and alternative staff, but these had not been successful. Records to document the care the person had received showed they were frequently declining staff support. In October 2020, the person had only been supported with their oral hygiene on three occasions and once in nine days in November 2020.

When this was fed back to the registered manager they took immediate action to address the concerns. They contacted the SALT to seek clarification on the support the person required following their meals. They purchased a smaller toothbrush and a different flavoured toothpaste to encourage the person to be more accepting of support with their oral health. They contacted the dentist for advice and the person was provided with a mouth spray to enable staff to support them to maintain the person's oral hygiene in a way more suited to the person's needs.

Staff support: induction, training, skills and experience

- Staff's competence had been assessed prior to undertaking specific tasks such as administering medicines or supporting people to move and position safely. Staff demonstrated a good awareness of the support people required to change position.

# 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 Requires Improvement. One person had not been supported in a person-centred way or in accordance with their emotional needs. Information had not always been adapted to meet people's differing communication needs or levels of understanding. At this inspection, the rating of this key question has not been changed, as we have only looked at part of the key question we had specific concerns about. The purpose of this inspection was to explore the specific concerns we had about Mill River Lodge. We will assess all the key questions at the next comprehensive inspection of the service.

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

- People were asked their preferences about the gender of staff that supported them with their personal needs. Prior to their condition deteriorating, one person who was living with dementia, had advised staff they preferred female staff. Records of the care provided showed the person had regularly declined assistance with their personal hygiene. On some occasions when the person had been supported, records showed this was provided by a male member of staff. This did not demonstrate respect for the person's preferences or assessed needs.

When this was fed back to the registered manager they told us they would look into this to assure themselves the person was comfortable receiving support from male members of staff on occasions where female staff were not available.

- At the last inspection, one person and their spouse, who were both living with dementia, lived at the home on different floors of the building. It was not evident consideration had been made about both people's emotional needs and they had not been supported to spend time with one another if this is what they preferred. At this inspection, some improvements had been made. The person's needs had been assessed and staff had identified that the person's emotional needs should be supported by maintaining contact with their spouse. Staff had been advised to encourage both people to spend time with one another. Records showed this had taken place three times in three months, this included once when the person's family had visited and supported both people to spend time together and once on the day of inspection. When a member of staff was asked how regularly the person was supported, they advised both people were living with dementia and did not remember one another. This did not demonstrate respect for each person's emotional needs.

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.

- One person used English as a second language. Staff had interpreted aspects of the person's care into their first language so the person could read and understand the care that had been proposed. When people were living with dementia and might need support to help understand information provided to them, plates of food were served and shown to people to help them understand the choices available. People responded well to this approach and understood what was available so they could make an informed choice.
- The registered manager had adapted other information so that should people with further differing communication needs move into the home, other sources of information could be provided that might aid their understanding. For example, the complaints and whistleblowing policies as well as the survey sent to people for their feedback, had been adapted to British Sign Language (BSL) and recorded on video should any person who had a hearing impairment use this method to communicate. Information provided in written format had been printed on coloured paper to support those who might be living with Dyslexia. Signage around the building had been provided in braille should any person with a visual impairment communicate in this way.

# 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. The provider was in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns with regards to the oversight of people's care. Quality assurance processes had not always identified the shortfalls that were found as part of the inspection.

At this inspection, the rating of this key question has not been changed, as we have only looked at part of the key question we had specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we served in relation to the oversight and quality assurance processes used. We explored the specific concerns we had found at the last inspection of Mill River Lodge. We will assess all the key questions at the next comprehensive inspection of the service.

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

- Following the last inspection, the registered manager and provider sent us an action plan to tell us what they would do to address concerns around the quality assurance processes. At this inspection, not all of the actions had been met and the systems relied upon to identify shortfalls had not always been effective. The registered manager and provider were first made aware of the concerns from the inspection through our immediate feedback and had not identified these themselves. For example, serious concerns about the infection prevention and control practices, including the PPE staff had been advised to use when supporting people, had not been identified by the provider's specific infection control audits.
- The provider operated a 'resident of the day' system to help ensure guidance relating to people's assessed needs was current and being implemented. This had improved people's involvement in their care. Improvements had been made to the provider's audit systems which focused on outcomes for people to help assure themselves people were receiving care that met their needs. However, both quality assurance systems had failed to identify the shortfalls identified at this inspection in relation to the care people had received. For example, it had not been identified that one person had not been supported in accordance with SALT guidance. It had not been identified that one person had received support with their personal hygiene that was not in accordance with their personal preferences. Neither had it identified that one person had gone without oral hygiene support for an extended period of time.
- A Service Improvement Plan (SIP) incorporated the concerns found at the last CQC inspection and findings and actions from the registered manager's and provider's own audits. This enabled the registered manager to identify where improvements were required and act to ensure these were addressed in a timely way. As the auditing systems had failed to identify the concerns we identified at this inspection, these were not captured within the SIP to enable required improvements to be known and made.
- The provider had a dedicated quality improvement team that undertook visits and audits in services, the provider had advised us the frequency of these were based on the service's CQC rating. Due to the COVID-19 pandemic, these visits had not taken place and there had been no provider audits conducted by the quality

team since the last inspection. Instead, regular virtual contact had been maintained to provide oversight during this period. A regional operations manager regularly visited the home to oversee the progress being made and provide additional support to the management team. As the audits had not identified the concerns we had identified, the oversight maintained was not sufficient to effectively address any shortfalls and drive improvement.

- The provider regularly conducted infection control support visits to observe the infection prevention and control practices of staff. These had not identified that they or staff were not following current Government guidance on the safe use of PPE and infection control practices during the COVID-19 pandemic. The provider and registered manager were first made aware of this through the immediate feedback at inspection and we tried to seek assurances as to what actions the provider was taking to address the shortfalls and ensure people and staff's safety. Appropriate assurances were not provided nor was the provider responsive to following the correct government guidance regarding the appropriate usage of PPE when providing direct contact support to people. This raised concerns about the provider's willingness to act on feedback from relevant professionals for the purposes of continually improving their services.
- After the inspection, another infection control and support visit was conducted by the provider as part of their planned, six-weekly audit. This still did not identify shortfalls in infection prevention and control practices or the usage of PPE despite the provider still not following the correct government guidance.
- Most records to document the care people had received had improved since the last inspection. People had a number of records to document the care provided and this had led to inconsistency in some records. For example, records for one person who required a modified diet, had not been updated to reflect their current needs. Staff demonstrated a good understanding about the person's assessed need. The inconsistency in records increased the risk that new staff or agency staff, may not be provided with accurate information. Records for another person who had been assessed as being at high risk of malnutrition, did not document the high-protein and high-calorie snacks the registered manager told us had been provided.
- Systems to provide oversight of people's weight were not always accurate or consistent. For example, one person's weight had been recorded on two different documents, each recording a different weight. Therefore the system relied upon to provide oversight of the person's care was not accurate.

Progress had been made since the last inspection to help improve aspects of people's care and provide improved oversight, but systems and processes were not always operated effectively to ensure compliance. Quality assurance processes to help assess, monitor and improve the quality and safety of the service were not always effective. The registered manager and provider did not accept or act on feedback and had not used this to improve the services provided and ensure safe care. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has now been in breach of Regulation 17 at the last six consecutive inspections.

When our findings about the oversight of people's health and social care needs were fed back to the registered manager they acted immediately and provided assurances that these oversights would be corrected. This demonstrated that the registered manager welcomed feedback to enable them to further develop and improve the care people received.

Subsequent to the inspection, the provider advised us of their infection prevention control procedures and told us they felt they were managing an outbreak in an effective and responsive way. Following the inspection, they received further feedback and advice from the COVID-19 Care Home Quality and Infection Prevention Control work stream on ways to improve the infection prevention and control measures within the service.

- Since the last inspection, the health and social care sector has faced unprecedented challenges caused by

the COVID-19 pandemic. This had impacted on the provider's, registered manager's and staff's work whilst they responded to the daily challenges the pandemic posed. During this time, improvements had continued to be made to help implement the provider's policies and procedures to ensure people's healthcare needs were met. People's hydration and nutrition had improved. Risks in relation to falls and moving and positioning had reduced. Staff had responded more promptly when there were concerns about people's specific health conditions.

- Audits of medicines that were required to be given at specific times were completed. These enabled the registered manager to assure themselves people were receiving their medicines according to prescribing guidance.
- Staff and people told us the home was well-led. Staff spoke about feeling supported, valued and empowered. When speaking about the registered manager, one member of staff told us, "She is very helpful and accommodating. Under her there have been definite improvements. It's a lot easier and a lot clearer now, there is less agency. We have some really good staff now and I feel valued. You get approval because you know how things are run". Another member of staff told us, "I like her, we are happy and she is supportive, she is very approachable and will always help".

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
Treatment of disease, disorder or injury	Regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.  The registered person had not ensured that care and treatment was provided in a safe way for service users. They were not preventing, detecting or controlling the spread of infection.

### The enforcement action we took:

We have imposed conditions of registration on the provider's registration of Mill River Lodge in relation to the oversight and management of risks relating to infection, prevention and control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.  The registered person had not ensured that systems and processes were established and operated effectively to:  Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).  Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.  Act on feedback from relevant persons and other



persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

**The enforcement action we took:**

We have imposed conditions of registration on the provider's registration of Mill River Lodge in relation to the oversight and management of people's care and treatment.