

MTCARE Property Limited

Meavy View Retirement Home

Inspection report

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Rochdale
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Meavy View Retirement Home is a residential care home providing personal and nursing care to up to 32 people. At the time of our inspection there were 29 people using the service.

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

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 did not always support this practice. We could not be assured the provider was meeting the requirements of the MCA. The manager, the nominated individual and staff were not able to tell us initially which people who lived at the home had DoLS in place or which people had conditions placed on DoLS authorisations.

Improvements had been made to the building, furnishings and decorations. Some areas of the home were still in need of improvement or updating. The provider had developed an improvement plan, but this was not sufficiently detailed and needed to be shared with people who lived at the home and staff. Most of the required health and safety checks were being undertaken, but checks had not identified shortfalls in relation to some fire safety checks. Staff did not have the training required to ensure they could carry out their roles effectively. Care records identified people's interests and hobbies, but people were generally not supported to follow interests or take part in individual or group activities. Further improvement was needed to systems for auditing, assessing, monitoring and improving the quality and safety of the service

New improved care records were in place. They were sufficiently detailed to guide staff on how to support people and manage risk. They were detailed, person centred and included information about people's likes, dislikes and important routines. Safe systems of staff recruitment were now in place. During the inspection we observed sufficient staff to meet people's needs in a timely manner, but we received mixed feedback from staff and service users. Medicines were managed safely. There were systems in place to protect people from abuse. People told us they felt safe living at the home. The home was clean. The risks associated with COVID-19 were well managed.

Staff told us they felt supported and had started to receive supervisions recently. People had their needs assessed before they started to live at the home. Detailed person-centred care records had been developed. These included information about people's health conditions. People's nutritional needs were met. People were generally positive about the food.

Staff knew people well. Kind and caring interactions were observed throughout the inspection. People spoke positively about the staff and the care and support they provided. People's individuality was respected, and cultural and religious needs were referenced in care records. Staff spoke respectfully to people and gained consent before providing support.

Since our last inspection the manager had introduced a range of new systems for auditing, quality monitoring and oversight and evidence was seen of improvement in some areas. Everyone told us the

manager was approachable. People who lived at the home told us they could raise any concerns and were listened to. CQC had requested a PIR, this had not been submitted before the deadline in May 2022. We found the nominated individual and manager responded immediately to any issues found and were open and transparent throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 September 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements but found the provider remained in breach of regulations.

At our last inspection we recommended that the provider established an effective reconciliation system for controlled drugs and, set out a programme of cosmetic improvements and share with people and staff the progression by way of an action plan. At this inspection we found improvements had been made to medicines management, but not enough improvement had been made in relation to the premise's improvement plan.

Why we inspected

The inspection was prompted in part due to concerns received about use of CCTV, bathing, food, cleanliness of the home, staffing and accessibility of information relating to costings for living at the home. A decision was made for us to inspect and examine those risks. This inspection was also carried out to follow up on action we told the provider to take at the last 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 .

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 take further action if needed.

We have identified breaches in relation to premises maintenance, consent, staff training, activities and governance. The nominated individual and manager acted immediately during and after the inspection to rectify issues found or put plans in place to improve.

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

Follow up

We will request an action and improvement 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Meavy View Retirement Home

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

The inspection was undertaken by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. 2 inspectors and an Expert by Experience visited the service on day one. 2 inspectors visited the service on day 2.

Service and service type

Meavy View Retirement Home 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. Meavy View Retirement Home 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 there was not a registered manager in post. There was a manager in post who was intending to apply to CQC to be the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider did not complete the required Provider Information Return (PIR) by the requested date. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well-Led section of the full inspection report for further details. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 observed how staff provided support for people, to help us better understand their experiences of the care they received. We spoke with 10 people living in the home and 4 relatives. We also spoke with 7 staff including; care and domestic staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building with the manager. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and 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 requires improvement. The rating for this key question has remained 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 our last inspection we recommended the provider set out a programme of cosmetic improvements and shared with people and staff the progression by way of an action plan.

Not enough improvement had been made at this inspection and the provider was in breach of regulation 15 Premises.

- Most of the required health and safety checks were being undertaken. During our walk round the building we found a bathing seat that did not have safety belts. We discussed this with the manager, they told us they would seek advice from an appropriate professional about safety belts.
- Personal Emergency Evacuation Plans (PEEPS) were in place and other fire checks and fire system and equipment maintenance had been undertaken. The provider was unable to produce a current fire risk assessment. They told us this was because of issues with internet access during our inspection. Fire safety checks had failed to identify that 2 fire doors did not close due to having new flooring fitted and a fire extinguisher was out of sight in a cupboard. There were no records of mock fire evacuations.
- Improvements had been made to the building, furnishings and decorations, these were ongoing and some areas of the home were still in need of improvement or updating. The provider had developed an improvement plan, but this was not sufficiently detailed and needed to be shared with people who lived at the home and staff, as recommended at the last inspection.

We found no evidence that people had been harmed, however premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a breach of Regulation 15 (1), (2) (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most staff lacked fire safety training and there were no trained fire marshals. We have addressed this in the effective section of this report. On the first day of inspection the provider contacted the fire service to seek advice on fire safety training and arranged for an external contractor to adjust the fire doors. We also contacted the fire service to raise our concerns.
- The provider said they would develop the home improvement plan further.

At our last inspection the provider had failed to appropriately assess the risks to people's health, safety and welfare. This was a continuing breach of Regulation 12 (Safe care and treatment) 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 12.

- Risks to individuals, staff and within the environment were identified and managed.
- New care records were in place. They were sufficiently detailed to guide staff on how to support people and manage risk. A new handover process was in place to pass information about important events between staff on different shifts.
- Records were kept of accidents and incidents that occurred to people who used the service and staff. There was analysis of any falls that occurred. This identified any themes or patterns, such as time of day or location of the person when they fell. This was used to help reduce any future risks to people.

Staffing and recruitment

At our last inspection we found insufficient checks around previous employment, right to work and incomplete medical checks, these were a breach of Regulation 19 (Fit and proper persons employed) 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 19.

- Safe systems of staff recruitment were now in place. All the required checks were undertaken prior to people starting to work at the home.
- The manager had discussed with staff where they had health conditions that may require additional support or reasonable adjustments, but the action needed or taken to support staff was not always documented. The manager confirmed they would document any support needed.
- During inspection we observed sufficient staff to meet people's needs in a timely manner, but we received mixed feedback from staff and service users. One staff member said, "Sometimes we can be short staffed, it is hard I will admit it. I just go and crack on, you can't slack, because people still need looking after. I don't know how we do it, but we do it." People said, "They [staff] try their best and come in and check on me sometimes but they can be very busy", "The staff are very busy, and I would say they are more reactive than proactive" and "I use the buzzer if I need any help and I don't have to wait too long." We discussed this with the nominated individual and manager who told us they were going to start to use a dependency tool to help them assess the staff required on duty

Using medicines safely

At our last inspection we recommended the provider established an effective reconciliation system for controlled drugs consistent with best practice and current guidance. The provider had made sufficient improvements.

- Medicines were managed safely. Systems for the management of medicines had improved.
- New audit systems for medicines had been introduced. Stock levels of medicines we checked, including controlled drugs, were correct and matched medicines records accurately.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse. People we spoke with told us they felt safe

living at the home. People said, "I'm definitely happy here. I feel safe without a shadow of a doubt. The staff will go through hoops to help me" and "I've always felt safe here. There is always help available if you need it." A relative said, "I have no concerns for my [person's] safety here."

- Staff were confident any concerns they raised with managers would be dealt with appropriately.
- Not all staff had received training in safeguarding people from abuse and staff's knowledge of safeguarding, including signs of abuse was limited. We have addressed this in the effective section of this report.

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.
- The home was clean and clutter free throughout.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with government guidance. We observed visitors talking with people in the home during the inspection.

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 rating of this key question we rated this key question good. 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

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.

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, 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.

- We could not be assured the provider was meeting the requirements of the MCA.
- Care records included capacity assessments and best interests' decisions. However, systems for the monitoring of DoLS applications and authorisations were not up to date.
- The manager, the nominated individual and staff were not able to tell us which people who lived at the home had DoLS in place or which people had conditions placed on DoLS authorisations. Records did not show how conditions placed on DoLS were being monitored.

We found no evidence that people had been harmed, however the provider could not evidence that people's care and treatment had been provided with the relevant person's consent. This was a breach of regulation 11 (1) (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded immediately and contacted the supervising authority. Following the inspection, they confirmed to us that, where required, DoLS had either been authorised or applied for. The manager informed us they had updated their system and had identified who had conditions in place.

Staff support: induction, training, skills and experience

- Staff did not have the training required to ensure they could carry out their roles effectively.
- The provider's training matrix showed that no staff had completed all the training the provider had

identified as mandatory and for each topic most staff had not completed the required training. This included, MCA, safeguarding and whistleblowing, DoLS, dementia awareness, equality and diversity, falls and nutrition. Most staff had not had training in fire safety, there were no trained Fire Marshalls. There was equipment in place to facilitate evacuation downstairs, but staff had not been trained in its use.

- Staff we spoke with did not have good knowledge or understanding of MCA, DoLS or safeguarding.

We found no evidence that people had been harmed, however the provider had failed to ensure staff had received the training necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supervision had not been taking place frequently, but recent records showed the manager had started to undertake more supervisions. Records showed 10 staff had received a supervision in September 2022. Staff told us they felt supported and could talk with the manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their needs assessed before they started to live at the home.
- Since our last inspection detailed person-centred care records had been developed. These included information about people's health conditions.
- Care records included oral health assessments. These identified support people needed to maintain good oral hygiene and also promoted independence by identifying what people could do for themselves.
- Records showed that people were supported to access a range of health care professionals.

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

- People's nutritional needs were met. People were generally positive about the food. One person said, "The food seems very good actually."
- There was no accessible menu or system for ensuring people could choose meals other than being told by staff what was available. We discussed this with the manager who told us improvements were planned.
- During our walk round on the first day we saw that people who were staying in their bedrooms, did not have access to drinks without asking staff. We discussed this with the manager and nominated individual who immediately took action. We noted that records were kept of how much fluid people had taken during each day, these did not indicate to staff what target levels were, or when they should raise any concerns regarding fluid intake. The manager said they would seek advice on improving the records.

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

- Improvements had been made to the building, furnishings and decorations since our last inspection, but this work was still ongoing and further improvements were needed. We have addressed this in the safe domain of this report.
- There was no signage around the home to aid people's orientation, the manager told us they were looking to improve signage throughout.

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 our last rating of this key question we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people well. Kind and caring interactions were observed throughout the inspection. People's individuality was respected, and cultural and religious needs were referenced in care records.
- People spoke positively about the staff and the care and support they provided. They said, "The staff are brilliant, friendly and approachable. Especially these three behind me [person pointed to 3 staff] ", "The staff are okay and if I need help with a wash or getting dressed, they are willing to do it" and "Some of the staff are very amenable. Some of the staff are superb and I would say angels for what they do."
- Most people told us they enjoyed living at the home. One person said, "I like it because it feels like a home. The staff are good, and they are looking after me quite well." Staff told us they enjoyed working at the home. One staff member said, "I wouldn't be here if I didn't like it. My job is to make sure they're alright, if they're happy then I'm happy."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care records showed people, and where appropriate their representatives, had been involved in decisions about their care.
- People told us staff always sought their consent before providing support. One person said, "They will not pursue an answer they will wait for my consent and approval about any problem that may occur."
- We observed staff spoke respectfully to people and gained consent before providing support.
- Care records detailed things people could do for themselves and people told us staff encouraged their independence. One person said, "I manage to do most things for myself. They are about if I want anything or need help with something."
- One person told us, "I please myself when I get up and go to bed or whether I stay in my room or go in the lounge. It's up to me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last rating of this key question we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always 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

- Care records identified people's interests and hobbies, but people were generally not supported to follow interests or take part in individual or group activities. One person who lived at the home said, "There isn't much to do." A relative said, "There's nothing to do down [in the lounge] apart from sit."
- There was a lack of activities for those who remained in their bedrooms during the day. Activities are important to promote people's social interaction, movement and wellbeing and prevent social isolation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred Care. The provider had not ensured care was designed to meet service users' needs.

- People's visitors were encouraged and welcomed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; Improving care quality in response to complaints or concerns

- Care records had improved since our last inspection. They were detailed, person centred and reflected what was important to and for the person. They included information about people's likes, dislikes and important routines. They gave sufficient information to guide staff on the support people needed and how support should be provided.
- People had been involved in decisions about their care and support. Care records were reviewed regularly and updated when people's needs changed.
- People's wishes for end of life care and support were identified and recorded if they wished.
- Records identified advance decisions about resuscitation.
- There was a system for managing complaints.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information standard.
- Care records included accessible capacity and consent assessments. They also gave information about people's preferred communication style and needs and identified where English wasn't a person's first

language.

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 requires improvement. The rating for this key question has remained 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

At our last inspection effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. 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.

Not enough improvement had been made at this inspection and this was a continued breach of Regulation 17.

- Since our last inspection the manager had introduced a range of new systems for auditing, quality monitoring and oversight and evidence was seen of improvement in some areas.
- However, we found further improvement was needed as systems had not identified issues found during the inspection regarding premises maintenance, DoLS, staff training and activities.
- There was regular contact and meetings between the manager and the nominated individual, but the nominated individual had limited formal audit or monitoring in place for their oversight of the service.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual and manager acted immediately during and after the inspection to rectify issues found or put plans in place to improve.
- At the time of the inspection there was a manager in place who was intending to apply to register with CQC to become the registered manager of the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the manager was approachable. Staff said, "Oh yeah, definitely. I mean, if I'm unsure of something I can go ask her" and "She's really nice, I can talk to her about anything and she's a good

listener."

- People who lived at the home told us they could raise any concerns and were listened to. Relatives said, "They let me know if anything is wrong" and "All in all the staff try their best in difficult circumstances."
- Staff told us they had opportunities to discuss the service and raise any concerns. One said, "We have team meetings and staff meetings, it's important to go to catch up on things. Sometimes we have a chat and we pass issues forward to the manager and the owner and they'll get back to us."
- There was a statement of purpose and service user guide to inform people about what they could expect from the service.

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;

- CQC had requested a PIR, this had not been submitted before the deadline in May 2022. Failure to submit a PIR as required is a limiter in Well-led. This means the rating for Well-Led cannot be higher than requires improvement.
- The CQC rating from the last inspection was not displayed appropriately in the home or on the provider's website. During the first day of inspection the provider took immediate action to ensure the rating was displayed as required.
- We discussed with the nominated individual concerns that had been raised with CQC about accessibility of financial costings for living at the home. The nominated individual developed a new clear financial policy which was put in place during the inspection. They said they would add the information to the service user guide.
- We found the nominated individual and manager responded immediately to any issues found and were open and transparent throughout the inspection.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. CQC had received notifications as required.

Continuous learning and improving care; Working in partnership with others

- System for ensuring the quality and safety of the service needed to be further improved but, we found the provider responded positively to making the necessary improvements when shortfalls were identified. The provider had a range of policies and procedures to guide staff on what was expected of them in their roles.
- On the first day of inspection all required policies and documents relating to CCTV use were not all in place. We signposted the provider to CQC guidance. The provider acted immediately and confirmed to inspectors on the second day that all required information was now in place.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured care was designed to meet service users' needs. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider could not evidence that care and treatment of service users had been provided with the consent of the relevant person. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment were not properly maintained for the purpose for which they were being used. Regulation 15 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had received the training necessary to enable them to carry out the duties they were employed to perform.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1), (2)</p>

The enforcement action we took:

Warning Notice