

Malsis Hall Limited

Malsis Hall - Mental Health Rehabilitation Service

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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Malsis Hall Mental Health Rehabilitation Service is an independent mental health hospital and care home with nursing based in Glusburn, North Yorkshire.

This report refers to the care home element of the registration only. The independent mental health hospital is inspected and reported on separately, but falls under the same provider and location address.

The service supports up to a maximum of 19 younger adults with mental health needs; there are three named units across four separate buildings. Worth Suite has six en-suite bedrooms with a shared communal kitchen and one large self-contained apartment. Pullen Cottages is two attached buildings with four self-contained apartments in each building. Frost House has four individual self-contained apartments. At the time of the inspection there were 16 people living in the service.

People's experience of the service and what we found:

Risks to people's health and safety were not consistently assessed and mitigated and staff were not always clear about risk management plans. Whilst some improvements had been made to medicines management since the last inspection, the service was failing to ensure there were adequate and robust systems in place to ensure policies were followed and ensure detailed care records were in place for staff to support people with their medicines.

People were not always supported to have maximum choice and control of their lives and staff did not always support 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.

Safeguarding procedures were in place and were followed to help keep people safe. Incidents and accidents were recorded and analysed although post-incident debriefs did not always take place.

Staffing levels were sufficient within the service although there had been instances of staff not being appropriately deployed. Safe recruitment procedures were in place.

Staff received a range of training, supervision and appraisal. Staff said they felt well supported by the management team. People's nutritional needs were assessed although records of people's food intake were not consistently completed.

Staff were kind and caring, but restrictions to people were not always robustly documented to show their human rights had been upheld. In most cases, people were involved in decisions relating to their care.

Care plans did not always contain detailed and person-centred information about people's needs and the care they received. Reviews were not consistently completed. People had access to a range of activities.

although the monitoring of these needed improving.

Systems to assess, monitor and improve the service were not suitably robust. The provider needed to ensure systems were operated to ensure consistent compliance with our regulations. People, staff and other stakeholders were regularly consulted to their views on the service.

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 in April 2021. We found the provider was in breach of 6 regulations relating to Failure to Notify CQC of incidents, failure to provide safe Care and treatment, staffing, safeguarding, consent and good governance.

At this inspection some improvements had been made, but the provider remained in breach of regulations relating to safe care and treatment, consent and good governance.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, and staffing, but also to follow up on breaches of regulation identified at the last inspection in 2021. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to safe care and treatment, consent and good governance. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow Up

We will 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Malsis Hall - Mental Health Rehabilitation Service

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.

Inspection team

The inspection team consisted of one senior specialist, one inspector, and two medicines inspectors.

Service and service type.

Malsis Hall – Mental Health Rehabilitation Service 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. Malsis Hall – Mental Health Rehabilitation Service is a care home with 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 CQC 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. A manager had been recruited and they were in the process of applying to register with CQC.

Notice of inspection

The inspection was unannounced on both days of the inspection.

What we did before the inspection

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. This information helps support our inspections. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, service manager, quality manager, care home manager, clinical lead nurse, a nurse, the activities co-ordinator, and four recovery workers. 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 six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision. A variety of other records relating to the management of the service, including policies and procedures were also 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. At this inspection the rating 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

At our last inspection the provider had failed to assess and mitigate risks to people's health, safety and welfare. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service remained in breach of the regulation.

- The provider had not always assessed risks to help ensure people were safe. Staff did not always take action to mitigate identified risks. For example, appropriate care plans and monitoring were not in place to manage one person's health condition. Safe processes were not in place where a healthcare task was delegated to a recovery worker.
- Another person's care plan had not been appropriately updated following incidents. Their care plan noted a positive behaviour plan should have been developed, but it had not been.
- Debriefs with staff did not consistently take place to demonstrate incidents had been properly reflected on and staff supported and involved in plans to improve safety. Some staff were not aware of key elements of people's care plans designed to keep them safe, which increased the risk of incidents.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to address these issues and sent us an action plan and updated care and other plans showing how the risk was to be mitigated.

- In other cases, detailed and person-centred risk management plans were in place. A resident of the day initiative had recently been introduced, which had overall resulted in higher quality and more up-to-date care and risk management plans. The management team were ensuring quality of plans continually improved. Safety checks took place on people as per their care plans.
- The premises was safely managed with appropriate checks taking place. A maintenance log was in place to ensure issues were identified and rectified.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this

inspection the provider had made some improvements and was no longer in breach of this part of Regulation 12. However, the provider was in breach of Regulation 17, because systems to manage medicines including records were not sufficiently robust.

- Staff were not following the provider's medicine policy when people left the service to access community activities and overnight leave. This meant their medicines were not always supplied to them in a safe manner. We also found another section of the provider's policy did not reflect the system and process for the disposal of controlled drugs. Therefore, we were not assured they were being disposed of in a safe manner.
- People did not always have detailed care plans in place to support staff to safely manage their medicines and medical conditions.
- When people were prescribed 'when required' medicines, information to support staff to know when to give the medicine was not always available. Where the information was available, it was not always person-centred so there was a risk people might not have got their medicines when they needed them.
- Audits completed by the supplying pharmacy showed a decline in performance since the previous audit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

At our last inspection the provider had failed to ensure people were safeguarded from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements and was no longer in breach of Regulation 13.

- People were safeguarded from abuse and avoidable harm. People told us staff treated them well and staff were clear about their responsibilities and how to report and escalate incidents.
- Safeguarding incidents had been reported to management and onto the local authority and CQC. The management team took concerns seriously and acted when they become aware of them.
- Staff told us physical restraint was used as a last resort and care planning and incident records showed this to be the case. However, care plans did not robustly demonstrate restrictive practices were subject to regular review with the aim of reducing restrictions over time. Whilst organisational level restrictive practices were monitored, this was not always the case at an individual level. The management team agreed to address this through a person-centred approach.

We recommend the provider ensures restrictive practices relevant to each person are reviewed regularly as part of their ongoing reviews.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff within the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements and was no longer in breach of Regulation 18.

- The provider ensured there were sufficient numbers of suitable staff. However, there were sometimes inconsistencies in how these staff were deployed. People, staff and management told us the service had improved staffing levels in recent months and rotas showed appropriate level were now maintained. Staff respond to people's needs appropriately and most people spoke positively about staff availability, competence and the skill set of staff.

- However, there had been a small number of occasions when staff had not been available, for example to assist with 1:1 care provision and this was reflected in some comments made by people and staff. We were told by the management team this was due to lack of effective deployment of staff on the suites and meeting minutes showed addressing this was a high priority.
- In most cases safe recruitment processes had been followed to ensure staff were of suitable character to work with vulnerable people. In one case, we identified the required process had not been followed, we raised this with the provider to ensure it was immediately investigated.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices. People told us that staff cleaned or supported them to clean the building.
- The home was clean and this was regularly checked and monitored by the staff and management team. The service ensured appropriate infection prevention and control practices were in place. These measures helped to prevent the spread of disease, and outbreak contingency plans were in place.

Visiting in care homes

At the time of inspection there were no restrictions for visitors. The provider had an open visiting policy.

Learning lessons when things go wrong

- Overall, the provider learned lessons when things had gone wrong. For example, there was a focus on reporting and analysing significant safeguarding incidents and ensuring learning from these incidents. Incident trackers and weekly management reports ensured management monitored events within the service and where failings were identified, new processes were put in place and communicated to staff.
- We spoke with staff and the management team about a number of incidents in which they demonstrated learning and actions to prevent a re-occurrence, however there were inconsistencies with not all staff being aware of all incidents and debriefs not always taking place.

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 Requires Improvement. At this inspection the rating has remained 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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.

At our last inspection the provider had failed to ensure it worked in line with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service was still in breach of the regulation.

- There were some restrictions which impacted on people's human rights. The provider had not followed the correct legal processes and consent had not been gained where required. For example, restricting access to areas of the home, kitchen utensils, cigarettes or alcohol had not always been subject to consent or agreed following the MCA. Where restrictions were in place these were not always subject to clear and regular review.
- One person had signed to say they consented to aspects of their care, but the care worker had written on the form they were uncomfortable with the person signing this as they did not seem to understand it. A subsequent capacity assessment had not been carried out in line with the requirements of the MCA.
- Where mental capacity assessments had taken place and concluded people lacked capacity, this was not always supported by best interest decisions to show the appropriate course of action was in people's best interests.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider's audits had identified similar issues and a plan was in place to address these shortfalls over the coming weeks.

- Staff understood the significance of DoLS and applications had been made where the service suspected it was depriving people of their liberty. These applications were subject to regular review, monitoring and audit.
- Where people were subject to restrictions under the Mental Health Act, these were regularly monitored and reviewed.

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

- Care planning took place, but it did not always demonstrate how people should be supported to achieve effective outcomes. A recovery model of care was in place where people entered into the service from hospital and were helped to recover through the three different suite environments with the aim of increasing independence and reducing restrictions before moving into supported living or their own home. We saw some examples of this approach being effective to rehabilitate people.
- However, care plans did not always show people's progress was subject to regular and meaningful review to support recovery. Where reviews took place, these did not sufficiently focus on reducing individual restrictions, promoting independence and incorporating people's views in their recovery journey. In some cases, the 'Recovery Star model' was used to document progress, but this was inconsistently used.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of Regulation 18.

- Staff had the skills, knowledge and experience to deliver effective care and support. People told us staff were appropriately skilled and in most cases, staff demonstrated a good understanding of the topics we asked them about. There was a program of training for new and existing staff. Most staff were up-to-date with training and plans were in place to address shortfalls. Champions had been introduced in some areas to drive improvements in staff knowledge and practice.
- Staff received regular supervision, appraisal and most staff felt supported by the new management team.

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

- Overall, people were supported to eat and drink enough to maintain a balanced diet. However, record keeping and review of dietary intake needed improving.
- People's nutritional needs were assessed and plans put in place to appropriately support them. Staff worked with professionals to support people to achieve healthier weights. Most people told us staff supported them with eating and drinking and this took place in individual or group kitchens where people could be involved in the process.
- Some people's food and drink intake was monitored. However, records of this were inconsistently completed and were not subject to robust review. We saw a plan was in place to address this.

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

- The service worked effectively within and across organisations to deliver effective care, support and treatment. Staff worked with a range of professionals to coordinate one to one support hours and meet people's healthcare needs. We saw examples of reports from professionals including psychologists, which

had been used to help assist staff to develop plans of care. Medical support and appointments were supported and this was clearly documented.

- The service recognised they needed to improve relationships with some external agencies and demonstrated they had been working hard to improve the way staff communicated externally.
- Staff understood how to help people to live healthy lives and the importance of encouraging exercise and good diet. People were encouraged to be active both in the community and within the service's grounds.

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

- People's individual needs were met by the adaption, design and decoration of the premises. The service was generally well maintained and had been adapted to meet people's individual needs. This included self-contained apartments with kitchen facilities to help promote people's independence.

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 inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- Whilst people were treated well by staff, their equality and human rights were not fully protected, because restrictions were not always fully recognised, justified within care records, or subject to regular and meaningful review. The provider put a plan in place to address this and made improvements to some documentation by the 2nd day of our inspection.
- Staff were kind and caring. One person said, "Staff are nice and help me out when needed."
- Staff showed good caring values and gave examples of where they had challenged situations where they felt people were not getting the support they needed. They demonstrated they wanted to ensure people received the best care and support. Staff interacted positively with people through their verbal and non-verbal body language, remaining calm and patient when people became distressed.

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

- Overall people were supported to express their views and make decisions about their care although this was not consistently the case.
- People told us staff listened to them. One person said, "Staff are good at listening and helping me out." Staff asked people how they were and what they wanted to do. Care records showed some evidence staff engaged with people and involved them in care planning and reviews. Although record keeping did not always fully demonstrate people were involved in all decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to uphold people's privacy and dignity as panels on bedroom doors allowing staff to look in and CCTV was in place without protocols or consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach or regulation.

- People's privacy, dignity and independence were respected and promoted. People told us staff treated them well and respected their privacy. Procedures were in place and consent was sought where monitoring may impact people's privacy. Vistamatic screens (panels in bedroom doors) were not in use and staff did not have access to the keys to operate them.
- Staff recognised the importance of privacy and confidentiality. For example, they sought permission before entering into people's private living spaces.

- The layout of the building and model of care promoted people's independence and life skills. Whilst care planning did focus on increasing independence, this was not always subject to regular review and checks on progress.

Is the service responsive?

Our findings

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

At our last inspection 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.

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

- People's needs were assessed and some care records contained a good level of person-centred detail, particularly where they had been subject to recent review. However not all care plans were subject to appropriate review to respond to people's changing situations. For example, one person was not supported with activities in line with their care plan and staff gave different reasons why. Their care plan and daily activities needed review to set out a meaningful plan of care.
- People provided mixed feedback about activities. Some people said staff did not always have time and they were cancelled. We saw a small number of instances of this in records, but overall, the consistency of activities was improving and staff confirmed this. Whilst most people had a range of activities recorded, there was not always meaningful review of whether activities were taking place in line with plans of care.

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 meeting the Accessible Information Standard.

- People's communication needs were assessed and plans of care put in place to support staff to communicate with them appropriately. People using the service could communicate verbally, but we saw other methods were available should they be needed. For example, documents were available in easy read formats to promote understanding, including a care plan summary.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. Complaints were logged, investigated and responded to in a timely manner. The provider took complaints seriously and there was good governance of complaints and the response to them. Most people said staff and management listened to them and responded to any issues they had.

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. At this inspection the rating 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; Continuous learning and improving care

At our last inspection the provider had failed to establish and operate effective systems and processes to monitor and improve the safety of the service and keep complete, accurate and contemporaneous records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service remained in breach of the regulation.

- Systems and processes to identify and respond to shortfalls within the service were not always effective. At the last inspection we identified six breaches of regulation, at this inspection whilst this had reduced to three, it showed systems to ensure compliance with our regulations were not suitably robust.
- Whilst improvements had been made in recent months, these were not sufficiently widespread. For example, in ensuring risks to people's health and safety were robustly assessed and mitigated, medicines were safely managed and ensuring compliance with the requirements of the MCA.
- Records relating to people's care and support were not sufficiently robust. For example, records of food and fluid input and daily support were not always fully completed to evidence whether food or support had been offered. There was a lack of robust review of these records to ensure care was meeting individual needs or record keeping was consistent.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded positively to the issues we raised and sent evidence of improvements they had made after the inspection including a detailed action plan. This gave us assurance these issues would continue to be addressed.

- There was a real commitment by the provider to monitor and improve the service, but these systems needed to be fully embedded. A new service manager and care home manager started at the service 12 weeks ago, and they had a clear vision for improving quality within the service as well as clear direction from the provider on the priority areas to address.
- A range of audits and checks took place and these were effective in identifying issues. Many of the issues we

identified on inspection were known by the provider, but they had not yet all been addressed. Positive initiatives such as "resident of the day" had led to improvements in some care records and staff told us positive steps had been taken to address staffing shortfalls.

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

- Whilst there were shortfalls in the quality of the service, staff and management were open and honest about these and what was being done to address them. People and staff felt able to raise issues and management were keen to improve people's care experiences and staff wellbeing.

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

At our last inspection the provider had failed to report all incidents to us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection the provider had made enough improvements and the service was no longer in breach or regulation.

- Notifications were reported appropriately to CQC. The provider understood their responsibilities under the duty of candour. The provider had been open and transparent following incidents, reporting them to the relevant authorities and providing clear information to those involved and other stakeholders.

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

- People and staff were involved in the running of the service. There were mechanisms for people to be involved in meetings, surveys and informal contact with the management team. People had helped shape things like décor and furniture in the home as well as the programme of activities. We saw evidence of adjustments made to people's care plans based on their individual characteristics.

Working in partnership with others

- The provider worked in partnership with others. Staff regularly communicated with a range of organisations both over people's care and support and in terms of best practice guidance.
- The service took steps to improve and develop working relationships with partners. Surveys of stakeholders took place and actions put in place to improve relationships and address any shortfalls.

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
Treatment of disease, disorder or injury	(1) The provider was not working within the legal framework of the Mental Capacity Act and/or consistently seeking consent.

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	(1) The provider was not assessing, monitoring and mitigating risks to people's health, safety and welfare.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	(1) The provider was not operating systems to ensure compliance and our regulations and robustly assessing, monitoring and improving the service.

The enforcement action we took:

We issued a warning notice requesting the provider to be compliant by 31 January 2024.