

Durnsford Lodge Limited

Durnsford Lodge Residential Home

Inspection report

90 Somerset Place
Stoke
Plymouth
Devon
PL3 4BG

Tel: 01752562872

Website: www.durnsfordlodge.co.uk

Date of inspection visit:

26 April 2023

27 April 2023

12 May 2023

Date of publication:

30 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Durnsford Lodge is a 'care home' that provides care and support for a maximum of 28 older people, some of whom may be living with a dementia and/or physical frailty. At the time of the inspection 24 people were living at the service.

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

People told us they were happy; they felt safe and the staff were kind and caring. However, we received mixed feedback from relatives about the care provided.

We found whilst the provider and new registered manager had made a number of positive changes since the last inspection, more work was needed to ensure the service was operating in accordance with the regulations and best practice guidance.

People were not always protected from the risk of harm associated with their complex care needs or the environment. We asked the provider to take immediate action to address those concerns. Following the inspection the provider confirmed they had taken action to address concerns identified in relation to people's living environment and fire safety.

People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

People's medicines were administered and disposed of safely. However, medicines needing extra security were not being stored safely or securely.

Staff were recruited and employed in sufficient numbers to meet people's needs. However, we have made recommendations about the use of agency, students, and the deployment of staff.

Poor judgements and decision making did not always demonstrate a culture where people were valued and respected consistently.

Governance systems were either not embedded into practice or not undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements.

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 17 March 2022). 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 the provider remained in breach of regulations.

Why we inspected

This inspection was 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.

We have found evidence that the provider needs to make improvements. Please see the Safe Effective and Well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Durnsford Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, need for consent, dignity and respect, premises and equipment and good governance at this inspection. We have also made recommendations in relation to recruitment and the deployment of staff at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Durnsford Lodge Residential 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 team was made up of one inspector and two Experts by Experience who had consent to phone and /or speak to gain feedback on the care provided by the service from people's and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Durnsford Lodge 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.

Durnsford Lodge 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority and 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 this information to plan the inspection and took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with and spoke with 16 people living at the service, 9 relatives, 3 members of staff, and the registered manager. To help us assess and understand how people's care needs were being met we reviewed 5 people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. After the inspection we continued to seek clarification from the provider to validate evidence found



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, 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

At our last inspection we found the provider was failing to effectively manage and mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

- People were not protected from the risk of harm associated with their complex care needs or the environment.
- People were at risk of avoidable harm as staff did not always have all of the information needed to meet people's needs safely. For example, one person's care records identified they could become verbally and physically abusive to others when they experienced periods of emotional distress. There was no information about what these triggers might be, or guidance for staff on how to support the person to manage periods of emotional distress and reduce any associated risks.
- Windows throughout the service had not been fitted with a suitably robust tamper proof restrictor to ensure compliance with health and safety legislation. This had led to one window restrictor being partially removed in one person's room. This meant people had been placed at an increased risk of harm as they potentially had access to a window opening large enough to fall through.
- We also noted that window restrictors had not been fitted correctly as they did not restrict the window opening to 100mm or less.
- Fire safety systems were serviced and audited regularly. However, we found during a tour of the building, a keypad lock had been fitted to a fire exit door located on the second floor (stairwell). This stairwell exit was not free from obstructions, which could further impede emergency evacuation of the building in a safe manner. The registered manager was unable to demonstrate the risks surrounding the decision to fit a keypad lock to a fire exit door, had been appropriately assessed.
- Two people's bedrooms were connected by an internal door. There was a notice on both sides of the connecting door which stated, 'Please do not block this fire exit, keep clear at all times.' We noted that both sides of the connecting door were obstructed by personal belongings and/or furniture. When asked, neither the registered nor deputy managers knew if this fire exit formed part of the services fire safety arrangements.
- Where risks had been identified, the provider had failed to take sufficient action to mitigate those risks and keep people safe. For example, some of the people living at the service had poor mobility and used walking aids to move about independently. During a tour of the service we saw the dining room floor was in need of

repair as there was a hole in the flooring just inside the entrance. The providers failure to take action to mitigate the risks associated with the damaged flooring, placed people at an increased risk of avoidable harm.

- We also noted the electrical cupboard located on the ground floor could be accessed by people living at the service as it had been left unlocked and posed a significant risk of electrocution. We brought this to the attention of the registered manager who took immediate action.

The failure to effectively manage and mitigate risks, placed people and staff at an increased risk of avoidable harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider confirmed they had taken action to address concerns identified in relation to fire safety, window restriction and had carried out repairs to the dining room floor. In addition the provider confirmed that the connecting door between room X and room Y did not form part of the services fire safety arrangements and they had removed the signage.

Using medicines safely

At our last inspection we found the provider failed to store and manage people's medicines safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst improvements had been made, the provider was still in breach of regulation 12.

- People's medicines were not stored safely.
- On the first day of the inspection we found people's medicines requiring extra security were not being stored safely and securely in accordance with the regulations.

The failure to store people's medicines safely was a continued breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Medicines were administered and disposed of safely.
- Staff who administered medicines were trained and checked as competent before giving medicines to people.
- Systems were in place to audit medicine practice and we saw action had been taken where issues had been identified. However, we noted audits had not identified concerns with the medicine storage arrangements within the service [see well-led section of this report].

Preventing and controlling infection

At our last inspection we found the provider was failing to effectively manage risks relating to infection control and the transmission of COVID-19. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12. However, some improvements were still needed.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises [see effective section of this report].
- We were assured that the provider was responding effectively to risks and signs of 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 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The service supported people to have visitors in line with government guidance.

Staffing and recruitment

At our last inspection we found the provider had failed to establish and operate safe and effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 19. However, some improvements were still needed.

- The registered manager was not able to provide assurance that staff were deployed in sufficient numbers to meet people's needs in a timely way. For example, we noted after 8pm there was no one trained within the service to administer people's medicines. We discussed what we found with the registered manager who said, should a person need medicine after 8pm. Staff would call the deputy or registered manager who would come back to the service to support. This potentially placed people in a situation where they might experience unnecessary pain or discomfort while they waited for staff to arrive.

We recommend the provider takes advice from a reputable source and reviews the current staffing arrangements and skill mix at night.

- We looked at the recruitment information for three staff members. Records confirmed a range of checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we noted when the service used agency staff or students from a local college, they only held basic information and were not able to demonstrate these staff had the experience, skills or competence to meet people's needs safely; were of good character and suitable to be working in the service.

We recommend the provider takes advice from a reputable source and reviews their current arrangements for employing agency staff and students. To assure themselves that appropriate checks have been carried out and that they are suitable to work within the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider was failing to ensure people were protected from the risk of abuse and/or improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at Durnsford Lodge. One person said, "I love it here, the staff are kind, caring and I feel safe." Another said, "I like everything about living here, the staff are kind. I would say if I

wasn't happy with anything but have never had to." However, we received mixed feedback from relatives about people's safety. Two relatives we spoke with did not feel that their relations were safe and had raised concerns either directly with the home or with the local authority. Other relatives were very happy with the care and support provided to people. One relative said, "I could not have chosen a better place, [person's name] is very safe."

- There were systems in place to protect people from abuse, including policies, procedures and training for all staff.
- Staff understood how to protect people from any form of discrimination and were aware of their responsibilities to report concerns about people's safety. A staff member said, "I'd report any allegations to [provider's name] or Plymouth City Council."

Learning lessons when things go wrong

At the last inspection we found systems to assess and improve the quality and safety of the service were ineffective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst we found improvement had been made, some improvements were still required. [Please see well-led section of this report].

- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence. This information was also shared with the provider for further review and follow up as part of the services audit process.

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 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.

At our last inspection we found the failure to gain consent and involve relevant health or social care professionals in best interest decisions was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 11.

- Through discussion we identified that some members of the management team did not always have a good understanding of the Mental Capacity Act and DoLS process. This lack of understanding had led to one person having restrictions placed upon them without the service determining whether the person had capacity or why the restriction was deemed to be in their best interests.
- We reviewed people's capacity assessments and best interests' decisions. We found some assessments lacked detail and did not contain sufficient information about what information had been discussed; how people were being supported to understand, retain, weigh up information or communicate their decision.
- MCAs were not decision specific. For example, one person's capacity assessment stated the decision to be assessed. 'Care provision, nutrition, medication, bedrails.'
- We discussed what we found with the registered manager, who acknowledged there was still some learning that needed to take place in relation to MCA.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Durnsford lodge is set over two floors across three adjoining properties. We toured the service with the registered manager and found some areas of the service needed significant attention. For example, a bathroom on the top floor and a toilet on the ground floor were out of action and awaiting maintenance.
- Some bedroom and hallway carpets were heavily stained and needed to be replaced. Walls were marked

and in need of painting, and some furniture was in need of repair.

- Some bedrooms did not look homely and the bedding looked old and worn.
- One person's bedroom was in need a complete refurbishment as the internal walls needed plastering and there was a weed growing through the windowsill.
- We also found the dining room floor was in need of repair as it posed a trip hazard [see safe section of this report].
- We noted the service had not replaced the maintenance person when they had left. We discussed what we found with the registered manager who agreed that parts of the service needed some attention and not having a maintenance person on the staff team had impacted on people's living environment.

The failure to ensure the premises were clean; suitable for the purpose for which they are used and properly maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people's bedrooms were personalised with ornaments, pictures and other memorabilia to make them feel more at home and reflect their personalities.

Staff support: induction, training, skills and experience

- People were mostly supported by staff who had the skills and experience to meet their needs safely [see safe section of this report]. We have made a recommendation about reviewing the skill mix of staff.
- The provider monitored staff training using a training matrix which identified staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medicines administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs.
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported, valued and appreciated by the service's management team.
- Staff told us the management team worked well together and were approachable.

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

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practice. Information from these assessments were mostly used (see safe section of this report) to develop individualised care plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.

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

- People's support plans contained key information about their physical and mental health to inform staff and guide them on how best to support each person.
- People were supported to access a range of health care professionals to enable them to live healthier lives. This included access to GP's, dentists, and district nursing teams.
- Guidance from external professionals had been included in people's care plans. This helped to ensure staff had a good understanding of how people should be supported to manage any existing health condition or change in their needs.

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

- People told us they were happy with the food. Comments included, "Very good," "I like small portions of food, which they do for me." "The food is good, my favourite is a mild curry" and "The food is good in general, there is a fair choice."

- We observed the mealtime experience and saw the food looked good and tasty and people seemed to enjoy it. There was also a choice of desserts. We saw one person did not like what they had ordered for lunch and the staff changed the meal without any hesitation. However, we noted people's mealtime experience lacked any kind of atmosphere. For example, we did not hear staff laughing or having a joke with people and there was no music or radio playing in the background.
- People's dietary requirements were clearly recorded in their care records and staff we spoke with were aware of people's varying dietary needs and preferences.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

Is the service well-led?

Our findings

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

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

At our last inspection we found systems were either not in place or robust enough to demonstrate the service was being effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

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

- At our previous inspection we found the provider had made several positive changes to the services environment, improved facilities, and increased people's opportunities to get involved in activities. At this inspection we found those changes had not been sustained or improved on.
- Systems were either not embedded into practice or not undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements. This meant systems and quality checks operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the management of risk in relation to people's care needs and the environment, storage of medicines, recruitment, MCA and infection prevention and control.
- Whilst medicine audits were in place, these had failed to identify concerns relating to the storage of medicines.
- Governance systems had failed to identify that CCTV was not being used in accordance with best practice guidance.
- Poor oversight and decision making had led to people and staff being placed at an increased risk of harm, as insufficient timely action had been taken in relation to fire safety and the maintenance of the service.

Robust systems and processes were not in place to demonstrate the provider had effective oversight 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.

- There was a management structure in the service which provided clear lines of responsibility and accountability.
- Staff were clear about their roles and responsibilities.

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

- People told us they were happy living at the service and staff treated them with kindness and compassion. However, we observed some poor practice which did not always demonstrate a person-centred approach or treat people with dignity. For example, we saw one person had spilt some food on their top whilst having their breakfast. When we returned to see this person the same afternoon, we saw this person was still wearing the same clothes. We discussed what we found with the registered manager who provided assurance they would address these issues directly with staff through training, and supervision.
- Poor judgements and decision making by the provider did not always demonstrate a culture where people were valued and respected consistently. For example, whilst we saw the provider had invested in the service, they had not prioritised people's wellbeing and living environments.

The failure to treat people with dignity and respects was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we recommend the provider reviewed the systems in place to engage, seek and act on feedback. At this inspection, whilst we found improvements had been made, more work was needed to ensure relatives were fully aware of all the ways in which they could feedback.

- The provider and registered manager encouraged feedback from people, relatives and staff.
- The registered manager spoke to a sample of people, staff and relatives each month. People's individual responses were recorded as part of the providers quality audit process and discussed as part of their monthly management meetings. We reviewed a sample of this feedback and found this was mostly positive. However, most relatives we spoke with told us they had not been asked for feedback. We have passed this information onto the registered manager to follow up.
- Staff told us they had the opportunity to feedback on their employment and could contribute their ideas to the running of the service.
- The registered manager said that regular handover meetings between shifts helped to ensure essential information about people's care needs was shared within the staff team.

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 we recommended the provider reviewed the systems in place to encourage, support and develop a culture of openness and transparency at all levels. At this inspection we found improvements had been made.

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour requires that providers be open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Complaints received by the service were documented, investigated by the registered manager; reviewed and followed up by the provider.
- The registered manager and provider were open and honest about all aspects of the service that were not working as they should be and told us they were committed to learn from their mistakes and make the necessary improvements.

Continuous learning and improving care; Working in partnership with others

- The registered manager described how they regularly spoke with other managers and or attended local forums. This enabled them to share ideas; best practice and keep up to date with changes.
- The provider engaged the services of an external agency to provide an independent view of quality. Information from these audits were used to develop a service development plan which was aimed at driving continual improvement.
- The service worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.

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 10 HSCA RA Regulations 2014 Dignity and respect The environment, practices and culture did not always respect people or promote people's dignity and wellbeing. Regulation 10 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who lived at the service were not protected from risks of harm associated with their complex care needs. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were clean, properly maintained, and suitable for the purpose for which they were being used.

Regulation 15(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have an effective system in place to assess, monitor and improve the safety and quality of the service.

Regulation 17 (1)(2)(a)(b)(c)(d)

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks relating to the safety of people receiving care and treatment were appropriately assessed, mitigated, or effectively managed. In relation to window restriction. environmental safety, fire safety, and the storage of medicines</p> <p>Regulation 12, (1)(2)(a)(b)(d)(g)</p>

The enforcement action we took:

On 28th April 2023, the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 12, (1)(2)(a)(b)(d)(g), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to become compliant with Regulation 12, section (1)(2)(a)(b)(d)(g), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 09 May 2023.