

Rosenmanor Limited

# Rosenmanor 1

## 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

Rosenmanor 1 is a residential care home providing accommodation and personal care for up to a maximum of 9 people in one adapted building. The service provides support to women with mental health care needs. At the time of our inspection 9 women aged 50 and over were living at the care home.

People's experience of using this service

People were not suitably protected from harm because the risks they might face were not always properly assessed and managed. This meant staff did not always have access to enough sufficiently detailed guidance to help them keep people they support safe.

The provider had established governance and monitoring systems in place however, these were not always operated effectively. This meant the provider had failed to always identify and take appropriate action to prevent people living in the care home being placed at risk of harm. This included staff working excessively long hours without taking sufficient time off to rest and recuperate, staff not always wearing personal protective equipment (PPE), and not always respecting the privacy of people living in the care home.

In addition, records the provider is meant to keep and make available to the CQC on request were not always made immediately accessible on request.

Furthermore, staff were not always adequately supported and supervised by their line managers. This was because staff did not have sufficient opportunities to routinely reflect on their working practices and professional development.

People were kept safe from abuse. The provider ensured there were always sufficient numbers of suitably trained staff to support people and keep them safe. People received personal care and support from staff whose fitness to work in adult social care had been checked. People received their medicines as they were prescribed.

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 supported this practice.

People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay emotionally and physically healthy and well, and to access relevant community mental health and social care services as and when they needed to.

People were treated equally and had their diversity respected, including their cultural and spiritual needs and wishes. People typically described staff as "kind". People were encouraged and supported to maintain their independent living skills and to do as much for themselves as they were willing and capable of doing safely.

People's care plans were person-centred, which helped staff provide them with the individualised care and support they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at the care home and staff respected their informed choices. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

The registered manager promoted an open culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was good (published 26 August 2021).

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing, building maintenance, food and social activities. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

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 3 breaches at this inspection in relation to how the provider assessed and managed risk, operated their oversight and scrutiny systems and ensured records they were expected to keep were always easily accessible, and supported and supervised staff.

We have also made some recommendations in relation to how the provider manages 'as required' medicines and arranges meaningful social activities for people to participate in.

In addition, we discussed issues we found in relation to the way the provider managed the premises and dealt with outstanding maintenance issues.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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** ●

# Rosenmanor 1

## 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 was carried out by one inspector.

#### Service and service type

Rosenmanor 1 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This 2 day inspection was unannounced on the first day.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 this information to plan our inspection.

During the inspection

We spoke in-person with 5 people who lived at the care home about their experiences of using this service, the registered manager and 4 care workers. We also received telephone and/or email feedback from 2 relatives and 2 care workers about their experiences of either using or working for this service.

In addition, we looked at a range of records including 5 people's electronic care plans, staff files in relation to their recruitment, training and supervision, and multiple medicines records. A variety of other records relating to the overall management of the service, including policies and procedures were also examined.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were now 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

- We were not assured people were always suitably protected against the risk of avoidable harm.
- Most care plans contained explanations of the control measures for staff to follow to keep people safe.
- However, we found not everyone's care needs and risks they might face had been properly assessed and appropriate risk management plans put in place to help staff keep them safe from avoidable harm. For example, there were no risk assessments or management plans in place for staff to follow and safely support people living with dementia or who were visually impaired. In addition, there were no personal emergency evacuation plans (PEEP's) to help guide staff relating to the care home's two most recent admissions. This meant staff did not always have access to essential guidance they needed to keep people safe.

We found no evidence that people had been harmed as a result of these risk assessments and management plans not always being available for staff to follow, however this failure placed people at risk of harm. This represents a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection to address the issue with PEEPs not being in place for some people. We saw PEEPs had been completed for everyone who lived at the care home by the second day of this inspection.

- The management team had implemented an electronic risk assessment process to ensure all that could be done to reduce the risk of harm was in place. For example; assessment of falls and hydration.

### Staffing and recruitment

- The provider had failed to ensure staff were afforded enough time off to rest between shifts they had worked. For example, we found 1 member of staff had worked a prolonged 24-hour period without a break. A member of staff confirmed, "Sometimes staff have been told to work 24-hour shifts."

We found no evidence that people had been harmed however, the providers governance systems had failed to identify this staffing issue and understand the risks posed to the health, safety and welfare of people living in the care home. This placed people at risk of harm and represents a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed staff were no longer permitted to work 24hour shifts without sufficient time off.

- Staff were visibly present throughout this two-day inspection and we saw there were enough staff on duty to meet people's needs and to keep them safe. For example, we observed staff respond quickly to people's requests for assistance or to answer their questions. One person told us, "There's always lots of staff working in the home." The registered manager confirmed the service did not currently have any staff vacancies.
- Pre-employment checks on all new staff were completed to ensure their suitability for their role; however, these records were not always easy to access on request. For example, on the first day of this inspection the provider was not able to access all the pre-employment checks for new staff we requested including, previous employment references, their right to work in the UK and their Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider responded immediately during the inspection to address the issue regarding the accessibility of staffs pre-employment checks. By the second day of this inspection the provider made all the staffs pre-employment checks available to us on request.

#### Preventing and controlling infection

- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. Not all staff wore face masks while they were supporting people, contrary to the provider's PPE and COVID-19 policy and procedures. A member of staff told us, "Not all the staff wear face masks when attending to the residents."

We found no evidence that people had been harmed however, the providers governance systems had failed to identify this PPE issue and the risks it posed to the health, safety and welfare of people using the service. This placed people at risk of harm. This represents a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed staff would be reminded to always wear PPE when providing personal care to people living in the care home in accordance with recognised best infection prevention and control (IPC) practices and the providers own PPE and COVID-19 policies and procedures.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People could visit the care home in line with current government IPC and COVID-19 guidance. A relative told us, "We are able to visit anytime."

#### Using medicines safely

- People received their medicines as they were prescribed.
- The provider had 'as required' medicines protocols in place however, these protocols were not sufficiently



detailed. This meant staff might not always understand when and how to administer 'as required' medicines.

We recommend the provider consider current guidance on protocols for administering 'as required' medicine's and take action to update their medicines handling practice accordingly.

- People told us they received their prescribed medicines as and when they should.
- People's medicines records were kept up to date with no recording errors or omissions found.
- Care plans included detailed guidance for staff about people's prescribed medicines and how they needed and preferred them to be administered.
- Medicines were routinely audited by managers and senior support staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe. One person said, "I do feel it's safe here. The staff are lovely." A relative added, "My [family member] is more than satisfied with the service. They are safe at the home".
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it.
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and take appropriate action to minimise the risk of similar incidents reoccurring.
- The service has experienced a higher than expected spike in safeguarding alerts in recent months. At the time of this inspection the care home had a number of safeguarding incidents under investigation by the local authority.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question 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.

Staff support: induction, training, skills and experience

- Staff were not always adequately supported by their managers. This was because staff did not have sufficient opportunities to routinely reflect on their working practices and professional development. For example, most staff had not had an individual or group supervision meeting with their line manager for over six months and not all who should have had their overall work performance formally appraised annually, contrary to the provider's own staff supervision and appraisal policy. Furthermore, we received mixed feedback from staff about how supported they felt by their managers. Some staff told us they did not feel the management at the care home always provided them with enough support, especially when the care home was short staffed.

We found no evidence that people had been harmed however, the providers failure to ensure staff were always appropriately supervised and supported had placed people at unnecessary risk of being harmed. This represents a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received all the relevant training they needed to effectively carry out their working roles and responsibilities. This was because it was mandatory for all staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. All staff had completed up to date training in mental health care awareness.

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

- People lived in a suitably adapted care home that met their needs.
- However, the care home's physical environment and interior décor was not always being appropriately maintained. For example, we found a sheet being inappropriately used to cover an attic window in one person's bedroom where a proper fitted blind should be, a large floor tile missing in a bedroom en-suite shower/toilet and numerous knobs and handles missing from various items of furniture in people's bedrooms.

We discussed these maintenance issues with the provider at the time of our inspection who agreed to ensure all the care homes outstanding repair matters would be resolved by the end of 2022. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's electronic care plans were based on their pre-admission assessments. These were carried out prior to people using the service to ascertain their dependency and care needs. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health needs.

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 Act 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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff understood who lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were happy with the overall quality and choice of meals they were offered. One person told us, "The food is alright. We sometimes have meetings to talk about what we would like to eat," while another person said, "The meals are nice. You can choose what you eat here".
- We observed the quality and portion sizes of the meals served at lunchtime on both days of this inspection were sufficient. A relative added, "The portion sizes of the meals are good enough and the staff are aware of what my [family member] does and does not like to eat."
- People's care plans included assessments of their dietary needs and preferences.

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

- People were supported to stay mentally and physically healthy and well.
- People's care plans detailed their health care needs and conditions.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community mental health and other health and social care professionals.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always respected by staff.
- We observed several instances of staff not knocking on people's bedroom doors or waiting to be invited in by the occupant. People confirmed this practice was common and most told us they had experienced staff entering their bedroom without knocking or seeking their permission to do so first. One person told us, "Staff just walk in my bedroom and never knock or ask my permission to come in", while a second person added, "Sometimes staff knock on my bedroom door and sometimes they don't. They [staff] never ask if they can come in my room, and if they did, they probably wouldn't wait for me to answer them".

We found no evidence that people had been harmed however, the providers governance systems had failed to identify and take appropriate action to ensure staff always respected people's privacy and dignity. This placed people at risk of harm. This represents a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Peoples independence was promoted by staff.
- People were actively encouraged and supported to maintain their independent living skills. For example, some people living in the care home travelled independently in the wider community to visit family and friends, managed some of their own finances and were responsible for cleaning their own bedroom.
- People said staff supported them to be as independent as they could and wanted to be. One person told us, "I sometimes go out food shopping with staff", while a second person added, "I sometimes go in the kitchen to help staff make drinks".
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves, and what tasks they needed additional staff support with.

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by kindness. Staff spoke about people living in the care home in a very respectful and positive manner.
- People typically described most of the staff as being "kind". One person told us, "Staff are all really nice. I'm happy living here", while a second person remarked, "The staff respect me and treat me well. Some of them [staff] are very kind". A relative added, "The staff are always friendly whenever I visit the home."

- Staff knew about people's cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. People's care plans contained information about their spiritual and cultural needs and wishes. Staff told us a priest from a local Roman Catholic church regularly visited the care home to see people who wanted to speak to him.

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

- People told us that they were able to express their choices and lived their lives how they wanted to. One person said, "I can get up, wear and eat and drink what I want here."
- People, and those important to them, took part in making decisions and planning of their care.

# 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.

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 were not always offered sufficient opportunities to choose to participate in meaningful leisure and recreational activities that reflected their social interests and needs.
- We received mixed feedback from people living at the care home about the lack of fulfilling in-house social activities they could choose to engage in. One person told us, "We don't do anything here", while a second person remarked, "Sometimes the staff organise gentle exercise classes, but most of the time there's not much happening in the house".
- We observed people sitting in the main communal area, their bedroom or the garden and did not see staff actively encourage or support anyone to engage in any meaningful social activities on the first day of our inspection.

We recommend the provider should find out more about how to plan meaningful leisure and recreational activities, based on current best practice, in relation to meeting the social needs, interests and wishes of people living at the care home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and preferences.
- People's electronic care plans were up to date, personalised and contained detailed information about their strengths, likes and dislikes, and how they preferred staff to meet their personal, emotional and health care needs.
- Input from people living in the care home, and where appropriate their relatives, was actively sought to help staff plan person-centred packages of care and support for people. Care plans were routinely reviewed and updated.
- People told us staff provided them with all the care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- People told us staff communicated clearly with them which enabled them to understand what they meant and were saying.
- People's communication needs were identified, recorded and highlighted in their e-care plan.
- Staff supported people to use various electronic communication devices, such as mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

#### End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The provider had an end of life policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to. People also had 'Do not resuscitate' information recorded in their care plans that staff were made aware of.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection 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.

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

- The provider did not always operate their governance systems effectively. This was because the provider had failed to identify and/or take appropriate action to address a number of issues we found during this inspection. This included in relation to how the provider assessed and managed risk, supported staff and coordinated their duty rosters and working hours, maintained the premises, ensured staff wore PPE, respected people's right to privacy and dignity, arranged in-house social activities for people to choose to participate in, and ensure records they were expected to keep were always easily accessible.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, the providers governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or



might do better. For example, this included regular one-to-one meetings with their designated keyworker, group house meetings with their fellow peers where they help staff plan the food menu and an annual satisfaction survey. A relative told us, "The managers and staff are easy to speak with and when I mentioned my (family member) needed some new furniture for her bedroom, the manager was quick to get this sorted."

#### Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies including, the Local Authority, GPs, community psychiatric nurses (CPNs) and social workers.
- The registered manager regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service did not always receive care in a safe way. This is because the provider failed to ensure risks to people's health and safety were always properly assessed and do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight systems were not always effectively managed and records they were expected to keep were not always appropriately maintained.</p> <p>Regulation 17(2)(a)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People who use the service had been placed at unnecessary risk of harm because the provider had failed to ensure persons they employed were always adequately supported and received the appropriate levels of supervision and appraisal they needed to carry out the duties they were employed to perform.</p> <p>18(2)(a)</p>

