Mrs B J Dachtler

Rosamar

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on the 27 and 29 April 2016. This was an unannounced inspection. At our last inspection in January 2015 we identified concerns relating to people who use services were not protected from the risk of infection because appropriate guidance had not been followed. There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. There were no effective systems in place to assess and monitor the quality of the service. During this inspection we found some improvements had been made although areas within the building required work and the correct procedure for laundering of soiled and contaminated clothes was not being followed.

Rosamar is a care home which provides accommodation and personal care for up to ten people with a learning disability who may also have additional complex needs. At the time of the inspection there were nine people living at the home. The home is a terraced house situated in a residential area of the town. It has two lounges, a dining area, kitchen, two laundry rooms, office, and bedrooms. There is a drive way and back garden. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.

People could be at risk due to staff not following correct procedures for washing soiled and contaminated laundry. Some areas of the home required improvement where one bathroom had water damage and a bedroom where there wall was damp from the guttering outside. People felt safe in the home and incidents and accidents were recorded with actions taken although actions were not always recorded. People received their medicines safely and when required by staff who had received training. Most people had detailed risk assessments and guidelines in place for staff to follow although one person's risk assessment had not been updated following some falls.

People were supported by staff who had appropriate checks in place prior to commencing their employment. People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff demonstrated they knew people well and felt supported and were able to raise any concerns with the registered manager. People undertook activities that were important to them and had opportunities to voice what days trips they wanted. People had choice about when they ate and choose their menus weekly although people only had a choice of one type of biscuit and this was placed directly onto the table.

People were involved in their care planning along with professionals who were identifying outcomes for people's future. Changes to people's needs were identified with referrals to the appropriate health professionals when required. Where people were unable to consent to care and treatment records were not always accurate and best interest decisions paperwork did not always record the involvement of professionals and significant others. People's care plans were not always written in an enabling, person

centred way and some environmental risk assessments were old and required reviewing.

People were able to receive visitors whenever they wished and relatives were able to visit as often as they liked. People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People, relatives, staff and external stakeholder's views were sought so that improvements could be identified although there was not always a clear action plan confirming actions taken. People felt happy to raise a complaint with the registered manager and there was an easy read policy in place. Quality assurance systems were in place but were not always effective at identifying areas for improvement. There was no recorded action or outcome so that improvements could be monitored in their process.

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.

People could be at risk of cross infection due to staff not following infection control procedures for managing soiled and contaminated laundry. Improvements had been made to some areas of the building although a bathroom and bedroom required work.

People, relatives and staff felt the service was safe. Staff had received training and knew who to contact should they have any concerns.

People's medicines were being safely managed and staff had received trained to ensure they were competent in administering people's medicines.

People had detailed care plans and risk assessments which gave staff clear guidelines to follow in relation to people's care and safety.

Recruitment procedures ensured people were supported by staff that had adequate checks prior to commencing their employment.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported by staff to make decisions about their care although mental capacity assessments and best interest decisions were not always being recorded accurately.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were involved with their meal planning and were chosen weekly, but snacks such as biscuits were limited and were placed straight onto a table.

Is the service caring?

Good

The service was caring.

People received personal care that reflected their individual wishes and people were supported by staff who were kind and caring.

People were supported to maintain relationships with friends and family.

People were supported by staff who promoted people's independence and their individual needs.

Is the service responsive?

Good

The service was responsive.

People felt able to make a complaint to the registered manager should they need to do so. There was a compliments and complaints slip in the main hall way so visitors, staff and relatives could raise anything in an anonymous way.

People were supported to attend day centres, jobs and activities. Care plans confirmed what people liked to do with their time and staff knew people well.

People were involved in their care planning and new reviews were being undertaken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance systems did not always have record what action had been taken or the completed outcome so there was a clear audit trail.

People were supported by staff who felt happy and supported.

There was a system in place to ensure people, relatives and professionals were sent an annual survey. Actions were taken but there was no formal action plan in place that identified actions required and recorded the outcome.

Rosamar

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on the 27 and 29 April 2016. It was carried out by one inspector and a specialist advisor on the first day and the second day by the inspector. The specialist advisor's expertise was in mental health and learning disability services.

We spoke with six people living at Rosamar and two relatives about the quality of the care and support provided. We spoke with the registered manager and four staff. We also spoke with three health care professionals to gain views of the service.

We looked at five people's care records and documentation in relation to the management of the home. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Requires Improvement

Is the service safe?

Our findings

People were not always receiving safe care.

At our previous inspection on the 28 and 30 January 2015 we found people were at risk of cross infection as there was poor infection control due to the Department of Health's Code of Practice not being followed. Due to worktops in the kitchen being worn, a kitchen cupboard door had the covering peeling off and tiles were cracked. The sink in the downstairs toilet had moved away from the wall all these areas meant that robust cleaning could not be effectively undertaken. We also found hand towels being used and not disposable paper towels. This increased the risk of poor infection control and cross infection.

During this inspection we found the provider had taken some steps to respond to our concerns. For example improvements had been made with bathrooms and toilets having disposable hand towels in place. The kitchen work top and cupboards had been replaced with new ones and tiles had been changed. There was also a new guidance in place for staff to follow to ensure they followed the department of health's code of practice relating to the use of personal protective clothing. However we found people could be at risk of cross infection due to incorrect handling and washing of soiled and contaminated laundry. Staff were unable demonstrate they used the correct approach when washing soiled laundry. For example the correct use of bags. One member of staff told us, "I use the yellow bags to bring down the clothes. Then open it and push the clothes in" and another told us "I use the black bin bags". The department of health code of conduct confirms that soiled and contaminated laundry needs to be washed in disposable soluble bags, indicated by being a specific colour. This was not current practice at the time of the inspection and placed people at risk of cross infection if their clothes required washing in this way. The registered manager confirmed there had been problems with the washing machine blocking which was why they were not using disposable bags. Invoices confirmed there had been problems with the machine blocking. We raised our concerns with the registered manager. They immediately purchased new disposable bags and implemented correct procedures for washing soiled and contaminated laundry following our inspection.

At our previous inspection we found staff had not been trained in what to do if there was an infection control outbreak. During this inspection we found three staff had received the infection control outbreak training and were now the responsible staff should there be any infection control outbreak. Most staff had received infection control training. One member of staff we spoke with confirmed they had not received any infection control training but had shadowed existing staff. This was also confirmed by the training records. The registered manager confirmed they had an infection control training date set up for May 2016 this member of staff was booked to attend.

During our inspection we found areas throughout the home that required maintenance. For example, in one shower room we found water had leaked onto the lino and surrounding areas. The floor was soft and spongy where the water had soaked underneath the lino in the corner of the room. The skirting board was also spongy and the water had also leaked behind this. The registered manager had identified this on the health and safety audit undertaken in Feb 2016 but there was no record of any action taken. We discussed this with the registered manager who confirmed they had liaised with the maintenance person and were

waiting for them to fix it. In one person's bedroom we found their wall had damp that was coming through the paintwork from the external wall. This had been identified on the March 2016 health and safety audit although no actions had been recorded. The registered manager confirmed they thought it was the guttering outside and they had contacted the local builder but during the inspection were still awaiting them to visit. Following the inspection the registered manager confirmed action had been taken and the wall had been sealed and re-painted.

We also found a person's bedroom window on the first floor had no restrictor on it and the window opened fully out. Windows that are above the ground floor that are large enough for people to fall out of should be restricted sufficiently to prevent such falls as required by the buildings Health and Safety Executive. The registered manager took immediate action and the next day a window restrictor was fitted.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines safely. All staff who dispensed medicines had received appropriate training prior to administering medicines. People had printed medicines administration records (MARs) from the local pharmacy. The person's medicines folder had a photograph and details including their date of birth, but we found no record in the part that confirmed if the person had an allergy or not. This is important as some people did have allergies and by not filling this in could place them as risk of receiving something they might react to. We raised this with the registered manager who confirmed that although this was recorded in the persons' care plan they would action this in their medicines folder. Systems were in place to order and store medicines. We found some medicines that were creams did not have an opening date. This is important as it ensures the medicine is disposed of when required. The provider confirmed they would action this.

People were supported by adequate staffing numbers to meet people's needs. The registered manager confirmed the staffing arrangements for people. They confirmed there were no rotas but that there were always two staff on in the morning and two at night. Some people attended a day centre five days a week. One person was supported by an external agency that visited four times throughout the week. During the day of our inspection all people were supported by adequate numbers of staff to enable them to have their individual support and care. The registered manager also confirmed they are often flexible to be able to provide additional support and care to people.

People were supported by staff who all had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regard to criminal records, proof of identification and references. The registered manager undertook new criminal records checks for staff periodically to ensure they were still suitable to work with vulnerable people.

People's care plans included detailed and informative risk assessments although some had not been changed since 2009. These were individualised to the person and provided staff with a clear description of any identified risk and specific guidelines on how people should be supported in relation to their identified risk. One person's risk assessment had not been updated following a few falls where they had fallen whilst out in the community. We discussed this with the registered manager, who took immediate action and updated this record following our inspection. All staff and the provider were able to demonstrate they knew people well and confirmed how they supported people inside the home and whilst in the community. Care Plans confirmed these arrangements.

People felt safe. When we asked people if they felt safe they told us, "Yes I feel safe", "Yes" and "Yes". One

relatives told us, "I feel [Name] is safe". Staff were able to demonstrate their understanding of abuse and what they would do should they have any concerns. They told us, "I would go to [Name] if I had concerns, or to the local authority or yourselves" and "I would raise them with the manager and then to the local authority if need be". The provider confirmed who they would report any concerns to and any notifications they would make if a safeguarding situation arose.

There were certificates relating to gas and appliance testing in place. People had their own personal evacuation plans in place for emergency situations and there was an easy read version in the entrance hall. Staff knew people's needs well and plans confirmed what support the person would need from staff. There was also a detailed fire risk assessment that identified the location of fire extinguishers and smoke alarms as well as where the emergency cut off points were for gas and electric.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective.

At our previous inspection on the 28 and 30 January 2015 we found some areas where the principles of the mental capacity act (MCA) were not being followed and the registered manager had not made referrals when people could be considered as having their liberty restricted. The 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. During this inspection we found improvement had been made although records did not always accurately reflect decisions made.

For example one person had ticked on their capacity assessment they did not have capacity relating to their finances. The registered manager confirmed this was an administration error and the record should have confirmed the person had capacity relating to finances. We reviewed another person's mental capacity assessment and who had been involved in their best interest decision. The provider confirmed the person was being visited by a range of health professionals who were all part of making a best interest decision for this person. Visits had been made over a number of weeks. We found no best interest decision or confirmation of these visits had been recorded to provide documentary confirmation of who was involved in making any best interest decisions for this person.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The correct guidance had been followed for all people apart from one person. We spoke with the registered manager around the restrictive practice in place for one person when they posed a high risk to themselves. Following our inspection they confirmed an application had been submitted to ensure this restriction was lawful and in the person's best interests. This meant the registered manager was following the principles of the mental capacity act but records were not always completed or accurate.

People were supported by staff who felt well supported and who received regular supervision and appraisals. Staff told us, "There is an open door policy. We get supervisions every month and I had an appraisal last year" and "I had supervision just after I started". When asked if there was enough supervision to ensure staff felt supported in their role, one member of staff confirmed, "Yes I feel I get enough supervision". Staff files contained a signed supervision agreement that clarified the role and responsibilities of each person so that they both knew what was expected of them.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. The registered manager confirmed all staff had been on a variety of training since the last inspection. Training included Health and Safety, dignity and respect, fire training, medication, safeguarding

and mental capacity act. Some of the training included working through work books that were sent away to be evaluated by an external company and returned with a certificate of achievement. All staff were happy with the training they received. They told us, "I have had training in medication, control of substances hazardous to health, moving and handling and food hygiene" and "Loads of training, dignity and respect, falls, first aid, safeguarding, mental capacity act, moving and handling and managing challenging behaviour". The registered manager confirmed refresher training was planned throughout the year. For example food safety, medication, nutrition and hydration, equality and diversity and mental capacity act training.

New staff confirmed they shadowed existing staff when they first started at the home. Their induction included reviewing care files, policies and procedures and getting to know people. One new member of staff required training on infection control. They undertook cleaning within the home but had yet to attend any training on infection control. They confirmed they had observed previous staffs' practice to become familiar with what they were required to do. The registered manager confirmed they were reviewing how to induct new staff and they were thinking of accessing another provider's training so that staff training could be quicker.

People had choice with their food and drink and their meals reflected what people liked to eat. The registered manager confirmed that people were asked what they wanted to eat in a meeting once a week. The minutes of the meeting confirmed people were given choice and options about meals they could have. There was a booklet of dinners and people were asked what they wanted. Minutes confirmed different meals were picked as well as regular ones that people enjoyed eating. Staff confirmed there were regular meals that people enjoyed. Staff told us, "People like fish finger sandwiches" and "Burgers and chips". People told us they liked the food, "It's alright" and "Yes it's nice". People had their breakfast at different times throughout the morning. We did however observe limited choice with the afternoon biscuits. People before they had an opportunity to respond had been given biscuits straight onto the dining room table. Some people had asked for a different biscuit option but had been told it was not available. There was only one type of biscuit being offered at this time. The registered manager confirmed there were normally other options available but shopping was needed. They also confirmed they would address biscuits being put straight onto the dining room table.

All people were able to verbally communicate. Staff spoke with people in a reassuring manner and were able to identify when someone might be upset or require extra reassurance. Staff demonstrated this by talking to the person about other topics and conversations which had a positive response.

Staff supported people to visit and attend a range of health care professionals. People saw their GP, epilepsy specialists, hospital consultants, speech and language and dental appointments when required. Care plans confirmed people were supported when required with their appointments. One person told us, "Staff have supported me to attend the dentist".

Good

Is the service caring?

Our findings

The service was caring.

All people were happy with the care and felt staff were kind and caring. They told us, "Yes staff are kind and caring" and "I am happy with the care. Staff are kind and caring". Relatives felt the care was, "The care is excellent" and "The care is good. I would know if it wasn't". One professional told us, "[Name] is happy. They always talk positively about the care".

Staff were able to explain how they provide respect and dignity to people. They confirmed how they supported people with their personal care and how they ensured people were dressed appropriately. For example they told us, "I always make sure that [Name] has their dressing gown on before they go to have a shower" and "[Name] dresses themselves and I wait outside. This gives them some privacy". Staff knocked before they entered people's rooms. People had blinds and curtains in their rooms which gave them privacy from the road.

People felt supported to make choices about their care but some options available to people were limited. For example, two people shared a room. We asked them if they liked sharing a room. One person told us, "I would prefer my own room" the other said "I am happy here". Both had shared a room since moving to Rosamar. People also only had an option of showering within the home. We asked people if they enjoyed showering. All people said they did enjoy showering however not having a bath meant that should people wish to have a bath this would not be available to them. People made choices about where they might visit and what they wished to do in their day. Some people had a structured week at a day service, one person had a job one day a week and others made daily choices about going out or spending time in their room or the home.

People were supported to maintain relationships with family. During our inspection one person was visited by their relative. They told us how pleased they were to have seen them. People received phone calls from relatives and felt able to contact the home and visit unannounced. One relative told us, "I am always welcome and can visit whenever I like" and "I visit four or five times a year".

People and relatives were involved in planning care that reflected people wishes. One person now had one to one support to access the community. This at their last review had been identified as important to them. They were now supported to access the local community and attend church, café's, clubs and places of interest. Their care plan and support worker confirmed this arrangement. Relatives confirmed they were always invited to the review even if they might not be able to attend. One relative told us, "Staff are very good at updating me if there are any changes to [Name] care needs".

People were supported by staff who promoted people to be as independent as possible. People chose their meals and were given choice about going with staff to get the shopping for the home. Staff encouraged people to be involved in the running of the home. For example, emptying the dish washer and making their own drinks. Staff encouraged people to attend social activities such as the yoga and the local gateway club

where people meet for a social get together. The registered manager confirmed people were encouraged to access these social events should they wish to.

Good

Is the service responsive?

Our findings

The service was responsive.

People had detailed care plans. Care plans contained information about people's likes and dislikes, how they chose to spend their day, risks and guidelines and information on the person's health needs. They also included details about people's communication needs, who was important to people and their life story book. Staff were able to demonstrate they knew people well and we observed them support people as confirmed in people's support plans.

The registered manager confirmed people were going through a review process which was looking at all aspects of their life. This was called the 'Life Star'. It was an outcome star for your life. The 'Life Star' identified what was working and any areas where improvements could be made. Outcomes included how people spent their time, safety, money and living skills and how people communicated. During the inspection people were being visited by their social workers who had started to undertake their reviews.

People felt able to raise any concerns with the registered manager or staff if they needed to. They told us, "I would speak to [Name]" and "Yes I am happy to raise any problems". One relative felt able to raise any concerns. There was an easy read complaints policy in place in the hall way for the home and there was a feedback form so compliments and complaints could be gained. The registered manager confirmed they had received two complaints in the last 12 months. They confirmed what action they had taken following these complaints. We found although these complaints had been logged there was no record of the actions taken and the outcome to identify trends and to help prevent a similar situation from occurring again. We raised this with the registered manager who confirmed they will review their recording outcomes.

People had access to the local community and were supported by staff to attend day centres, jobs and daily activities. Some people received one to one support and others were flexible with how they wanted to spend their day. For example during the inspection one person spent time with their relative, another person went to their day centre, another went out for a walk. Other people spent time listening to music or relaxing in the home or their room. People were able to make suggestions about day trips they wished to go on, the last one being to the local village to see the Windmill.

The service was responsive to people changing needs. The registered manager confirmed how involved they were at monitoring people health needs. For example during the inspection they showed a number of appointments and letters that had been sent by health professionals for one person who had epilepsy. The letters confirmed their attendance with staff support to appointments and changes made to their medicine. One health care professional confirmed how good the service was at keeping them up to date with any changes to people's medication. They told us, "They are fantastic. They are always on the ball with hospital appointments and very good at keeping us up to date with things. They always know what is going on".

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led.

At our previous inspection on the 28 and 30 January 2015 there were no systems in place to identify where staff training updates were required. During this inspection we found the registered manager monitored staff training and had set out a plan for training throughout the year. There was also a training matrix in place that confirmed what training staff had attended. Some areas of concern identified through audits did not always have an up to date record of what actions had been taken or when actions had been completed.

The registered manager undertook a variety of quality assurance processes within the home. There was an overview of all audits undertaken and their frequency. Audits consisted of incidents and accidents, medicines, staff training, supervision and appraisals and care plans. However the audits were not as effective as they should be for driving improvements. For example the monthly buildings audit had failed to identify the correct procedure for laundering soiled and contaminated clothes. Although the registered manager confirmed they were aware of the problem we found no action plan to address the shortfall. The registered manager had invoices and receipts of work undertaken to unblock the washing machine following the use of disposable bags but the only action taken was not to use the disposable bags. Where audits had identified other areas of concern relating to one person's bedroom and the communal shower room there was no written confirmation of what action had been taken or when or if it had been resolved. The registered manager was able to confirm following this inspection that the person's wall had been sealed and re-painted and that the bathroom was in the process of being resolved. They also confirmed they would keep a log of their actions so there was a clear audit trail that included dates and actions taken.

Audits had also not identified shortfalls in record keeping. Records were not always accurate and up to date. During the inspection we found one inaccurate mental capacity assessment that confirmed the person had capacity when they did not. Another person had no recorded best interest meetings that recorded who had attended, what was discussed and any decisions made. One person's care plan and risk assessments had not been updated following a number of falls. Two other environmental risks had not been reviewed or updated since 2009 and 2010. One person's support plan had been written to prevent the person handling the communal remote control. It recorded 'NOT TO TOUCH THE TV OR RADIOS' controls. This support plan had been written in 2009 and was restricting the person from using the remote control. We found no guidelines for staff to follow or how the person could be support to use the remote, just that they 'Don't touch remote'. We also found complaints had no record of actions taken or if the outcome identified any trends to prevent similar situations from occurring. We discussed our findings with the registered manager who confirmed they would address the identified shortfalls.

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

Rosamar was managed by the provider who was also the registered manager. They were supported by a team of support workers and an administrator. All staff felt well supported. They told us, "I can go to the

manager at any time. I have their number and would have no problems contacting them should I need to" and "I can talk to [Name] yes" and "I can ask for advice and anything". One external visitor to the home told us, "I can always go to [Name]. One relative told us, "I can always go to [Name]. They keep me well informed".

People, staff, relatives and external stakeholders were sent annual questionnaires. The registered manager confirmed that this year's questionnaires had just been sent. The result was not available at the time of the inspection but the results would be collated by an external company. The previous year's questionnaire confirmed most people were satisfied with the care at Rosamar. Where comments had been made the registered manager confirmed that action had been taken. Some actions included a new newsletter updating people about changes and information, one person had a review of their activities and now attended yoga and other activities. There was no formal documented action plan following any comments made from questionnaires or a record of what the registered manager had done to address these although they were able to confirm during the inspection the action they had taken.

The registered manager and staff confirmed the vision and value for the service was to ensure people felt this was their own home. They told us, "People will remain here as long as possible. This is people's own home. The external agencies work with us" and "To make this a friendly environment this is people's own home. Their home, we are here to help". When we asked staff about the culture of the home, one member of staff told us, "It is a happy atmosphere. Really nice and calm. It is a nice team to work in. It is very enjoyable". This was confirmed by the provider's statement of purpose to provide a safe enabling environment for people.

People had links with the local community. People were encouraged to be part of their local community and access shops, cafes and the local library and social clubs. Staff we spoke with felt this was important to people and provided support and assistance as required. Care plans confirmed how important this was to people and what people liked to do. The registered manager told us, "We encourage people to access social clubs and local exercise classes, but sometimes people don't want to".

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 12 HSCA RA Regulations 2014 Safe care and treatment The premises were not always safely maintained one bathroom floor was damaged, a bedroom had damp appearing and a window required a window restrictor to be fitted.

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 The systems in place to monitor the quality of service people received were not effective. Records were not accurate and up to date relating to people's care and treatment.

The enforcement action we took:

served a warning notice