

Rockley Dene Care Home Ltd

Rockley Dene Residential

Inspection report

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Barnsley
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rockley Dene Residential is a residential care home providing accommodation and personal care for up to 35 people, some of whom are living with dementia. At the time of the inspection there were 27 people living at Rockley Dene Residential.

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

Effective governance and quality assurance systems were not in place. These would have picked up on the issues we found at this inspection with regard to medicine stock checks, conflicting information in people's care records, and incomplete recruitment histories. The design, decoration and upkeep of the premises did not safely meet people's needs. The premises required significant redecoration and refurbishment. We have made a recommendation regarding improving the frequency and variety of activities available to people.

People told us they felt safe living at Rockley Dene. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by managers. There were enough staff employed to meet people's care and support needs in a timely manner. Safe procedures were in place to make sure people received their medicines as prescribed.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs. Staff understood the requirements of the Mental Capacity Act 2005. 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 told us they enjoyed the food served at Rockley Dene, which we saw took into account their dietary needs and preferences. People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed. Positive, caring and supportive relationships had been developed between people and staff. People were treated with dignity and respect.

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 13 January 2020). The provider completed an action plan after this inspection to show what they do and by when to improve.

This service was inspected again on 3 September 2020. This was a targeted inspection to check whether the service remained in breach of regulations and because of concerns CQC had about risk assessments, staffing levels, staff training and consent. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection.

At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. Prior to this the service was rated inadequate for two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the provider's nursing home on the same site. A decision was made for us to inspect and examine those risks.

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.

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

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 breaches in relation to governance and the premises.

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

Follow up

We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rockley Dene Residential

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 of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rockley Dene Residential 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. Rockley Dene is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and Healthwatch, Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who lived at Rockley Dene and three of their relatives about their experience of the care provided. We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with seven members of staff and one visiting health professional.

We observed daily life in the service. We looked around the building to check environmental safety and cleanliness. We looked at written records, which included four people's care records and four staff files. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing the provider's audits.

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 comprehensive inspection, we rated this key question good. At this inspection the rating has changed to 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.

Staffing and recruitment

At our previous inspection, which was a targeted inspection we recommended the service considers a full recruitment process when re-deploying staff to new roles within the home. At this inspection we found some improvements had been made.

- There were safe processes in place to recruit staff. Staff personnel files contained enough information to help ensure people employed were of good character. However, two of the four staff recruitment files we looked at did not contain a complete employment history. An effective file audit would have addressed this.
- There were enough staff employed to meet people's care and support needs in a timely manner. People told us, "There's quite a lot of staff, I think there is" and "I don't seem to be waiting if they are a bit short of staff, I still get on alright with them [staff]."
- The registered manager used a dependency tool to calculate staffing levels. Staffing levels had recently increased by one care worker in the morning. Staff told us this was needed, and they would prefer the additional care worker to remain for the entire day shift. The registered manager told us this recent increase was being kept under review.
- We saw there were enough staff, however two were agency staff, one of whom had not worked at the service before. They needed a lot of support from permanent members of staff and this took time away from people living at Rockley Dene. A member of staff told us, "The shift works really well when it is all regular staff."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Rockley Dene. Relatives said, "Absolutely, yes. There's been a really big improvement [in relative's physical and psychological wellbeing] they are much less anxious. When we take our relative out, they are happy to come back" and "Yes definitely they are safe. I feel [relative] gets looked after well here and I'm satisfied. I think they [staff] do a fantastic job."
- The provider had systems in place to reduce the risk of abuse. Staff received regular training in safeguarding vulnerable adults. There were policies and procedures in place regarding safeguarding and whistleblowing.
- Staff knew the signs of potential abuse. Staff told us they were confident any concerns they reported to management would be taken seriously and acted on appropriately. Staff were aware of the provider's whistleblowing procedures if they felt any wrongdoings were not being dealt with.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed. Staff knew people well. People had the equipment they needed to help keep them safe.
- There were systems in place to record and track any complaints and safeguarding concerns. These were reviewed every month by the registered manager.
- The registered manager told us they were working with staff to ensure accidents and incidents were consistently recorded in the same way on people's care records. This meant they were not currently able to analyse accidents and incidents each month and therefore unable to share any lessons learnt.

Using medicines safely

- People received their medicines as prescribed. The senior care worker on each shift was responsible for medicines management. These staff had received training in medicines management. Staff told us their competency in this area was checked. However, records of these checks taking place were incomplete.
- Each person had an electronic medication administration record (EMAR). EMARs should be signed and dated every time a person was supported to take their medicines. The electronic system automatically flagged up any missed/late medicines. There had been no unexplained missed/late administration of medicines in the last month.
- Medicines were stored within safe temperature ranges to ensure effectiveness. Unused and out of date medicines were disposed of safely. Controlled drugs (CDs) were stored and administered safely.
- Medicines stock checks were undertaken regularly; however we found the stock count for one CD did not tally with the amount remaining in the bottle. We brought this to the attention of the registered manager who immediately investigated and resolved this issue.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The premises were in need of redecoration and refurbishment. For example, chipped and peeling paintwork made it difficult to effectively clean and disinfect high touch areas
- We were somewhat assured that the provider's infection prevention and control (IPC) policy was up to date. The provider's IPC audits had not found the issues the local authority IPC team and we had identified.
- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Visiting was taking place in accordance with the current government guidance.

Visiting in care homes

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 comprehensive 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.

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

- The design, decoration and upkeep of the premises did not meet people's needs. For example, there was little signage to help orientate people to their environment. There was a menu board in the dining area, however the meal options were written in faint and small handwriting which made it difficult to read.
- The premises required significant redecoration and refurbishment. For example, the carpet downstairs was heavily stained and in a poor state of repair. Bathroom fixtures and fittings were cracked or poorly sealed.

As the premises had not been properly maintained by the provider this placed people at risk of harm. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment.

Staff support: induction, training, skills and experience

At our previous inspection, which was a targeted inspection we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure robust management oversight that people were supported by appropriately trained staff.

Enough improvement had been made at this inspection.

- Staff received an induction and regular training to support them in their jobs. Staff told us all training was now face to face classroom style training rather than online and they much preferred this. Staff undertook mandatory training in key areas, such as mental capacity and fire safety. In addition, staff told us about additional training they had received which they had found particularly helpful in supporting people living with dementia.
- Staff received regular supervision and felt supported in their roles. Staff told us, "I get regular supervision since [Name of registered manager] started. Nice to get support now as for a lot of years we didn't" and "If I have any issues I can go to at [Names of registered manager and deputy manager] any time."

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

- People told us they enjoyed the food served at Rockley Dene. Comments included, "It's alright [food], I like the Yorkshire pudding and roast dinners. I'm not losing weight though [implying there is enough food]",

"There's plenty of coffee and biscuits" and "There is always chips, a sausage or an egg if you don't want what is on the menu, or a meat sandwich."

- We observed the lunchtime experience. Where people needed support from staff, we saw this was done in a sensitive and caring way. However, the environment was not as relaxed as it could have been. The TV was on loudly and tables had not been set in advance with condiments, cutlery or serviettes. We saw little encouragement was given to people to eat more and there were some people who would have benefitted from this.
- Where people had specific dietary needs for health or cultural reasons, we saw these needs were catered for. People's care records contained information about their dietary preferences and needs.

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

- The care records we looked at confirmed people were supported to access a range of health and social care professionals. Their contact details were included in people's care records.
- A visiting health professional told us communication between staff was improving following their visits. Previously their advice and instructions had not always been shared with all staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. All staff received training in this area. Staff were able to tell us how they gave people choices on a day to day basis. For example, staff told us they would show people the food on offer and ask them to pick out what they would like to eat.
- People's care records contained consent to care documents. In most cases it was clear where people did not have capacity and would require support with making some decisions. We saw some records of best interest meetings taking place when significant decisions needed to be made. However, one person's care record indicated they needed bed rails and there was no associated mental capacity care plan.
- The registered manager understood their responsibilities regarding DoLS. They kept an overview of all applications and worked with Barnsley local authority to ensure they applied for any renewals within the required timescales.
- It was clear on people's care records if they were subject to a DoLS authorisation.

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 comprehensive inspection, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring. Comments included, "I think so, oh yes, they're [staff] kind", "Staff do respect me. They [staff] seem to be alright with most people" and "I have found staff to be alright so far. Some [staff] come and have a giggle with me."
- Relatives told us they found staff to be kind and caring whenever they came to visit. Comments included, "I've never felt they [staff] were anything other than caring. They [staff] call people by their names, they know about them" and "When I've been there staff have obviously been caring." The relative went on to tell us about a situation where staff were 'very gentle and caring' in diffusing a disagreement between two people.
- Permanent staff clearly knew the people they supported very well. It was clear from our conversations with them and our observations of staff interactions they knew people well and were committed to providing quality person-centred care.
- Staff told us they enjoyed working at Rockley Dene and this was evident from their interactions with people and their visitors. A member of staff told us, "This is their home and we [staff] are here to look after them. It makes my job worthwhile to see people happy."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender.

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

- Some people told us they were involved in reviews of their care and support needs. One person told us, "If they set up a new care plan, they do involve me."
- The registered manager told us they were in the process of reviewing every person's care record with them. We saw evidence of these reviews taking place on some of the care records we looked at.
- There was information displayed in the reception area for people who wished to have additional support whilst making decisions about their care. This included information on how to access a local advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person told us staff always treated them with dignity and knocked on their door before entering. "I've no complaints with staff. I get on very well with them, I don't have any qualms with them." A relative confirmed staff treated people with dignity and respect, "Oh yes and they [staff] treat me just the same."
- We saw positive interactions between staff and the people they supported. For example, we observed a caring interaction where a member of staff was patiently encouraging a person to drink and explaining why

it was important they did.

- People's personal information was respected. We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw electronic care records were password protected.

Is the service responsive?

Our findings

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

At our last comprehensive 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

- Comments as to whether people were supported to take part in activities were mixed. One person told us, "I am not bored. There were two games of musical bingo this morning" and a relative told us, "There's always a game or karaoke, they're all up dancing [when I visit]." However, other people told us, "You do get bored; you can't read forever. I would like to go outside on sunny days. I would like more get togethers [small group activities]" and "I am bored all the time."
- We saw there were some opportunities for people to get involved in activities. The provider employed one activity coordinator, who worked every weekday and they organised a number of events. However, these did not cater to the needs of those cared for in bed or those who did not like group activities. The activity coordinator had some time on Friday mornings to see people in their rooms on a one to one basis. There were no trips out planned.

We recommend the provider consider good practice guidance on developing and improving the frequency and variety of activities on offer.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Overall, the care records we looked at were comprehensive and gave staff clear direction regarding the person's care and support needs. However, some care records contained conflicting information, which could be confusing for staff. For example, the personal hygiene section of one person's care record stated staff need to ensure the person is repositioned and checked every two hours. The same person's mobility care plan states they require staff to support pressure care four hourly.
- We saw people's electronic care notes were regularly completed by care staff. The system alerted staff if specific care needs had not been met, such as regular repositioning of those cared for in bed.
- Care records included a summary of the person's needs and important personal information, such as the person's food and drink preferences. There were sections covering all aspects of need, including people's preferences for how they wanted to be cared for at the end of their life.

Meeting people's communication needs

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

- The registered manager was aware of their responsibilities with regard to the Accessible Information Standard.
- Not every person living at Rockley Dene was able to communicate verbally. The registered manager told us information was made available to people in a format they could understand and readily access. For example, using age appropriate picture cards.

Improving care quality in response to complaints or concerns

- We saw the registered manager had a system in place to record any complaints, their response and the outcome.
- The registered manager told us there had not been any formal complaints since the last inspection. Our conversations with people and staff confirmed this was the case. A relative told us, "I think she's [Name of registered manager] done really, really well, a good job. You can talk to her. Yes, I really haven't got any complaints."
- The provider had a complaints procedure. This was displayed in the home.

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 comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At all four previous inspections the provider had failed to ensure appropriate management oversight was in place. This had been a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remains in breach of Regulation 17.

- Effective quality assurance systems were not in place. The registered manager had introduced some audits however, these did not cover all areas of service delivery. For example, there were no recent audits of care records or recruitment files. These would have picked up on the issues we identified at this inspection.
- Where audits had been undertaken, they had not always been completed comprehensively or accurately. For example, recent health and safety audits stated gas safety authorisation was in place and up to date. There was no reference to the two unresolved gas safety notices issued in November 2021.
- Provider audits were completed. However, these had also failed to pick up on some of the concerns we identified at this inspection. Where issues had been found there was no associated action plan with timescales for completion. There was no evidence of improved practice as a result of these audits.
- Management records were disorganised and difficult to follow. Handwritten notes were often written on top of records as 'evidence' of completion of an outstanding task. Records were often not fully dated, signed or clear as to who or what they referred to. For example, staff names were missing from some medicine competency checks, rendering them unusable.
- The premises did not meet people's safety needs. For example, two gas safety notices had been issued in November 2021 regarding the hot water system and the dining room boiler. Some people told us they felt cold, particularly in the mornings and a visiting professional told us there was not always hot water available.

We found no evidence people had been harmed, however as systems or processes had not been established and operated effectively this was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People living at Rockley Dene and their relatives told us they thought the service was well managed. Comments included, "Yes, I think the service is well-led. I've spoken to [Name of registered manager], she's always happy to speak with me. I feel they [all the staff] enjoy their work", "Yes, I do think it's [the service] well led. It's clean, it doesn't smell. Generally, things are in good order here" and "If you asked management, they would do their best to help you."
- Staff told us they enjoyed working at Rockley Dene. They said they felt valued and supported in their jobs. Comments included, "I would be happy for a loved one to live here. There is a really good bunch of people, both staff and residents. I love my job" and "[Names of registered manager and deputy manager] are by far the best management team I have worked under. They care about the residents, and they help and support staff."
- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises.
- The registered manager told us they were aware the governance and quality assurance systems needed to improve. They had been in post for 18 months at the time of this inspection and told us this was their next priority to action. The nominated individual told us they were in the process of recruiting additional support for the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were some systems in place to ask people living at Rockley Dene and the staff for their views of the service. We saw evidence of regular staff meetings taking place.
- We saw a small amount of survey responses from staff from the previous 12 months. These had not been analysed. The registered manager confirmed surveys were not currently undertaken with people living at Rockley Dene or their relatives. We did see people were asked for their views at 'Resident Meetings'.
- The registered manager told us they were working in partnership with Barnsley Metropolitan Borough Council commissioners to improve the service. They were working closely with the IPC team at the time of this inspection.
- Staff were developing positive working relationships with visiting health and social care professionals.

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 15 HSCA RA Regulations 2014 Premises and equipment 15(1e) The premises had not been properly maintained by the provider.

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 17(1) Governance systems or processes had not been established and operated effectively.

The enforcement action we took:

Warning notice to be issued.