

Medingate Limited

# Morningside Rest Home

## Inspection report

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Date of inspection visit:  
08 October 2018  
09 October 2018

Date of publication:  
12 February 2019

### 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?

Inadequate 

# Summary of findings

## Overall summary

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The inspection was unannounced and took place on the 8 and 9 October 2018. At the last inspection carried out in June 2018 we identified breaches of Regulations 9, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified issues relating to the culture within the service, compliance with the Mental Capacity Act 2005, the completion of risk assessments, the provision of adequate training and quality monitoring/ oversight within the service.

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.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to make the required improvements across each of the five key questions, to bring the service up to 'good'. An action plan was not forthcoming. At this inspection we identified that whilst some improvements had been made, there remained ongoing issues within the service.

Morningside Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service was registered to support 31 people, however at the time of the inspection there were 15 people living at the service.

There was no registered manager in post within the service. The previous registered manager had left in July 2018 after we cancelled their registration. A registered manager is a person who has registered with CQC 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. A new manager had started at the service five weeks prior to this inspection, however they had not yet started the registration process.

At this inspection we identified breaches of Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we spoke with the registered provider about their lack oversight of the service. The registered provider had repeatedly failed to address issues and make improvements which had resulted in ongoing breaches of the Regulations. Following this inspection, we spoke with the registered provider who had not read the report from the previous inspection and was not aware of what improvements needed to be made. This showed a continued lack of engagement.

Quality monitoring systems were in place however action was not always taken to make improvements. The registered provider had not responded to an audit that had been sent by the manager outlining areas of the service that needed improvement. This impacted on the required resources being made available to make improvements.

At the previous inspection we found that risks assessments were not being completed as required. There had been some improvements in relation to this, however risk assessments that were in place did not clearly outline to staff what processes should be followed to keep people safe. We also found that two unoccupied rooms which were being refurbished and containing trip hazards had been left open and were accessible to people. Action was taken to address these issues by the manager.

Following this inspection we received concerns regarding the heating system which had stopped working during one weekend. Staff had failed to use the 'on-call' system which resulted in people being placed at risk of discomfort for longer than necessary. The manager confirmed this issue was addressed immediately on their return to work.

Issues identified at the last inspection relating to the cleanliness of the service had been partly addressed, however some of the furniture needed replacing because this retained stains even after being cleaned. The registered provider had not made resources available to address this.

Care plans were in place for people however these did not always contain the relevant information staff needed to support people. We raised this with the manager in relation to one person and immediate action was taken to address this. We also highlighted other areas within documentation that needed improvement, such as information recorded on fluid balance charts which the manager told us would be addressed.

At the last inspection we identified that staff did not always have the relevant skills or knowledge needed to support people with managing behaviours that challenge. At this inspection we identified that whilst the

registered provider had not taken any action with regards to this, the manager had employed staff who had the necessary skills. The manager informed us that staff would be supported to share and learn from each other.

At the previous inspection we identified that mental capacity assessments had not been completed as required. At this inspection we found this remained an issue. We observed generalised mental capacity assessments and also identified areas where capacity assessments may be required, but had not been completed.

We previously identified significant issues with the culture within the service. Staff were previously very negative and had failed to maintain professional boundaries by involving people in their disputes with other staff members. At this inspection we found improvements had been made. Staff presented as much happier and family members we spoke with commented that they had noticed this. This change had been affected by the manager who had introduced new members of staff into the service.

Staffing levels were appropriate to meet people's needs. Throughout the inspection we saw there were enough staff in post and people did not have to wait long to be supported.

We reviewed recruitment records and found that staff had been subject to the necessary checks prior to employment. This helped ensure that people were protected from the risk of harm.

Staff had the skills necessary to carry out their role and support people where required. There was an induction process in place for new staff which included a period of shadowing experienced members of staff.

People commented positively on the food that was available. Alternative options were available where people did not like what was on offer and portions were generous. This helped ensure people had enough to eat and drink.

At the previous inspection there were no activities available for people. At this inspection action had been taken to rectify this. Activities were scheduled daily by an activities co-ordinator which helped prevent the risk of people becoming socially isolated.

## 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.

Risk assessments did not always contain appropriate information.

Action had not been taken in one instance to protect people from the risk of harm.

Parts of the environment were not safe.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Mental capacity assessments had not been completed in line with the Mental Capacity Act 2005.

Adaptations had not been made to the environment to meet the needs of people living with dementia.

Staff received the training they needed to carry out their roles.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

In one example staff had failed to take appropriate action to protect people from the risk of discomfort.

Positive relationships had developed between people and staff.

People's confidentiality was protected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's care records did not always contain all the information that was required.

There were activities in place for people to engage in.

There was a complaints process in place for people and their relatives to use.

**Is the service well-led?**

The service was not well-led.

The registered provider did not have sufficient oversight of the service and was unaware of those areas that needed improving following the last inspection.

Quality monitoring systems were in place; however these were not always effective.

Policies and procedures were not up-to-date.

**Inadequate** 

# Morningside Rest Home

## **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.

The inspection was unannounced and took place on the 8 and 9 October 2018. The inspection was completed by two adult social care inspectors.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

Prior to and during the inspection we spoke with the local authority to see if they had any concerns regarding the service. We also reviewed information that was available on our system which came from concerns raised by the public and notifications sent to us by the provider.

During the inspection we spoke with four people who used the service and two people's relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four members of staff, the manager and registered provider.

We looked at the recruitment records for three members of staff and four people's care records. We made observations on the interior and exterior of the premises. We also looked at records pertaining to the day-to-day running of the service, such as audits and maintenance records.

# Is the service safe?

## Our findings

At the last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because accidents and incidents were not being monitored in a timely manner, risk assessments had not been completed where required, the environment was not always clean and people were not always supported in a manner that was safe. During this inspection whilst we identified that some improvements had been made, there remained areas that required further work.

At the last inspection, risk assessments had not been put in place to help manage risks to people. During this inspection we identified that whilst risk assessment were in place, these did not provide clear procedures to staff around how they should keep people safe. For example, one person's falls risk assessment had given them a score of '15', however there was no description of what this score meant or what procedures staff should follow to manage this. We raised this with the manager who started reviewing risk assessments straight away.

Two unoccupied rooms were in the process of being refurbished and had been left unlocked. These contained clutter that posed a trip hazard to people who were walking around the premises. Action was taken to lock these rooms immediately after we raised this.

At the last inspection we identified issues with the cleanliness of the premises. During this inspection we observed a majority of those rooms that had previously contained a strong odour were now free from unpleasant smells. There remained one room that retained an odour, however this was due to be refurbished immediately following the inspection. Chairs in the dining room remained stained, however the manager confirmed these had been cleaned but needed replacing. The fan in the conservatory still had a heavy coat of dust. We raised these issues with the manager and registered provider.

During the inspection we noted that some parts of the service, including people's bedrooms were cold. We raised this with the manager who asked the handyperson to look into this. Following the inspection we received concerns that people's bedrooms had been cold over the course of a weekend and had caused people discomfort. We raised this with the manager who stated action had been taken on their return to work on the Monday. The manager also stated that staff had failed to use the on-call system appropriately to address this issue, and action had been taken to move one person into another bedroom. However, concerns had also been raised that showed action had not been consistently taken to protect people from discomfort.

These areas are an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training in safeguarding vulnerable adults and had access to policies and procedures regarding this. The manager had been in monthly contact with the local authority regarding any incidents as per the local authority's own safeguarding policy and procedure. Once in post, the manager identified two safeguarding concerns and appropriately raised these with the local authority. Action had been taken by the



manager to address these issues.

We looked at the recruitment records for three members of staff and found that the necessary checks had taken place. This included obtaining two references, one of which was from staff members most recent employer. Records showed that the manager had identified issues recruitment processes on starting work at the service and had taken immediate action to address these issues. This showed a proactive stance that helped ensure people were protected from harm.

A dependency tool was in place to calculate the number of staff needed to meet people's needed but this was not up-to-date. However, staffing levels had been altered appropriately to ensure there were enough staff were in post. We looked at rotas which showed staffing levels were consistent. During the inspection we did not observe any issues that would show there were not enough staff on duty.

Accidents and incidents were monitored by the manager and incident forms had been completed where required. An analysis of incidents had not been undertaken to identify trends and patterns, however the manager had already identified this as an issue and had developed a new form to include this.

The environment was monitored to ensure it was safe for people. Water temperatures were being monitored and were kept at appropriate levels. Firefighting equipment had been serviced, emergency lighting and fire alarms had also been tested. Fire drills had been completed with staff, however a night time drill had not been completed. The manager told us this would be carried out. At the last inspection the lift was not working. We found that this had been repaired and was in full working order. Hoists had also been serviced and checked.

Personal Emergency Evacuation Plans (PEEPs) were in place for each person and outlined the support they would require in the event of an emergency.

We checked a sample of people's medicines and found that these were being given as prescribed. Staff were signing Medication Administration Records (MARs) to show that these had been given. We checked the quantities of medicines being kept and found that these were correct.

## Is the service effective?

### Our findings

At the last inspection we identified breaches of Regulations 9, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate adaptations had not been to the environment to promote the well-being of people living with dementia. Staff had not received training in supporting people who presented with behaviours that challenge and behavioural support plans were not being followed. People's mental capacity had not always been appropriately assessed. At this inspection we found that some improvements had been made, however further improvements were required.

At the last inspection adaptations had not been made to the environment to help promote the well-being of people living with dementia. At this inspection, no action had been taken to address this. In one example signage on communal toilets caused one person to become confused. This was because signs showed that toilets were unisex and this person was unable to decide whether this meant it was appropriate for them to use. The use of lighting, colour schemes and signage throughout other areas of the premises remained an area where improvements could be made.

These issues are a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we asked the registered provider to make documentation available in alternative formats so that this was accessible to people who may have sensory needs, or be living with dementia. During this inspection we a copy of the registered provider's policy on making information accessible was given to us. This showed that a process was now in place to meet this need should it arise.

At the last inspection we found that the registered provider was not meeting the requirements of the Mental Capacity Act 2005. 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.

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.

Mental capacity assessments had not been completed appropriately. We looked at assessments which were not decision specific as required by the MCA. One person had been placed on a special diet however an MCA had not been completed to determine their capacity to consent to this. In another example a person had declined medical investigation for a health condition, however a capacity assessment and best interests meeting had not been completed. In this example health professionals had been consulted and the condition was being monitored. We asked the manager to review the capacity assessments within the service.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether DoLS were in place and found that they were.

At the last inspection we identified that staff had not received the training needed to support with managing behaviours that challenge. At this inspection training had still not been provided however, new staff who had the experience and the knowledge required had been recently recruited by the manager. This had impacted positively on the delivery of care within the service and meant that the previous breach of Regulation 18 had been met.

At the previous inspection we identified that one person's care plan did not provide sufficient information around how to manage behaviours that challenge. At this inspection we found that no action had been taken to address this. However, daily records reflected that this person had presented as much more settled. This change corresponded with a change in the staffing group employed at the service. New staff spoke knowledgeably about supporting people who present with behavioural needs and were using appropriate techniques during their engagement with this person to help maintain their wellbeing. Immediately following the inspection, the manager produced a comprehensive behavioural support plan.

Staff had received the training they needed to carry out their roles effectively. This included training in safeguarding, the Mental Capacity Act 2005, moving and handling and the safe administration of medicines. There was an induction process in place which included shadowing experienced members of staff. Staff were also required to complete the Care Certificate which outlines the national standards health and social care staff are expected to meet.

People commented that they enjoyed the food that was available. Their comments included, "That was very nice", "I enjoyed the cherry crumble" and "A very enjoyable meal". During meal times people were given support where required and were given a choice of meal options. We observed one person requesting an alternative meal and this was provided to them. Throughout the inspection people were offered drinks to help keep them hydrated.

People had been supported to access health and social care professionals where required, such as their GP. This helped to ensure that their health and wellbeing was maintained.

## Is the service caring?

### Our findings

At the last inspection we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of issues with the safe storage of private and confidential information. At this inspection, we saw that the breach of regulation had been met.

Staff morale and the professionalism of staff had previously been identified as a significant issue within Morningside. This had impacted negatively upon people using the service. The manager had been proactive and had addressed this issue during the five weeks they had been in post; action which the registered provider had failed to take over a period of 12 months. However, whilst improvements had been noted we identified other issues which have impacted upon the rating of this domain.

Following the inspection we received a concern that some people had been affected by inadequate heating during one weekend at the service. We followed up on this concern and learned that staff had failed to take appropriate action in a timely manner to this. This had placed people at risk of discomfort. We raised this with the manager who implemented appropriate processes to ensure this did not happen again.

At the last inspection we identified a negative atmosphere in the service. Staff became frustrated whilst carrying out tasks and people had insight into internal disputes amongst staff members. In contrast, during this inspection staff commented they were happy working at the service and felt well supported by their colleagues. The registered manager had introduced new members of staff which had helped to break up the culture that had been prevalent within the service. One person told us, "The staff are more helpful than they used to be" whilst a family member commented, "[My relative] seems to be more settled and content."

People commented positively on staff. Their comments included "Staff are very kind and caring" and "I'm really happy here". We observed positive interactions between people and staff. In one instance we overheard a member of staff speaking kindly to a person who they were supporting. The member of staff gave the person choice, asking if they would like tea or coffee and ascertaining what they would like for breakfast.

People's privacy and dignity was maintained. Staff ensured that toilet and bedroom doors were closed whilst personal care was being provided to people. People looked clean and well presented during both days of the inspection.

Positive relationships had developed between people and staff. We observed people and staff laughing and joking together in a friendly manner and overheard staff speaking fondly about one person who liked to joke with the staff. Improvements in the relationships between people and staff were also reflected in people's care records which showed people's behaviours were more settled.

We spoke with people's relatives who commented that they were made to feel welcome when they visited the service. They confirmed that staff were friendly and personable and offered them refreshments during the time they spent visiting their relatives.

At the last inspection we identified that people's confidentiality was not always well protected. During this inspection improvements had been made. People's personal information was stored safely in an office that was locked when left unattended. Where information was stored electronically this was password protected to prevent unauthorised access.

At the time of the inspection there was no one in the service using an advocate. However, the manager was aware of those situations where an advocate would be required. An advocate offers people independent support where decisions need to be made about the care and support they receive.

## Is the service responsive?

### Our findings

During previous inspections we identified ongoing issues with the accuracy of information contained within people's care records. At this inspection we found that improvements had not been made. We looked at one care record which outlined how staff should support a person with managing behaviours that challenge. This was vague and lacked any effective detail to support staff, despite us having raised this as an issue at the last inspection. A member of staff had also identified this person needed support with managing self-harming behaviours, however this was not identified in care records. We raised this with the manager who immediately developed and implemented new care plans. Whilst these examples show that the care planning process was not robust, staff were using their knowledge and skills effectively, to support this person. This had impacted positively upon their wellbeing.

Daily monitoring charts were in place which outlined the support people received. However, fluid monitoring charts did not include information regarding people's target fluid intake or any fluid restrictions that were in place. In one example a person's GP had put a 1500ml fluid restriction in place, however records showed that this restriction was exceeded on three occasions over a one week period. We raised this with the manager who stated they would alter these charts to include all the relevant information.

Information in people's care records was not being regularly reviewed which impacted upon the reliability and the accuracy of the information available. This was due to changes in management and senior members of staff within the service.

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

Other aspects of people's care records contained relevant information that supported staff to provide the support that was needed. They included information about people's life histories, likes, dislikes and preferred daily routines. This helped staff get to know the people they were supporting.

At the last inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because information was not available to people in alternative formats, for example the use of pictorial care plans for people who had lost the ability to read. A policy was now in place around this which showed the required processes were in place and could be implemented where required.

At the last inspection we found there were no activities for people using the service. At this inspection the manager had employed an activities co-ordinator and we observed activities taking place. Activities records showed that people had participated in singing, colouring and bingo. There had also been a singer who had visited the service to put on a show. This showed improvements had been made within the service.

There was a complaints process in place for people and their family members to follow should they have any concerns. There was no alternative format available for people with sensory requirements. At the time of

the inspection there had been no complaints recorded. We spoke to people's family members who told us they knew how to raise any concerns they may have.

## Is the service well-led?

### Our findings

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of ongoing quality monitoring and oversight issues within the service. At this inspection there had been some improvements made by the manager, however the registered provider's oversight remained poor.

Following the previous inspection we had asked the registered provider to outline how they were going to address the negative culture within the service, however a robust plan was not forthcoming. The changes that had been made were solely due to the action taken by the manager and not the registered provider who had poor engagement with the service.

Following the inspection we spoke with the registered provider regarding our concerns over their lack of oversight and engagement. During the discussion they told us they could "Not remember" if they had read the report from our last inspection. They were unable to outline any of the issues that had been identified within the report. This showed that the registered provider had no knowledge or insight into those areas that needed improvement within the service.

At the last inspection we identified ongoing issues regarding quality monitoring systems. The manager showed us that they had carried out an audit of the service and outlined to the registered provider those areas that needed improvement. They had notified the registered provider of these issues on the 30 September 2018, however no response had been forthcoming by the time of the inspection. This showed poor engagement by the registered provider which impacted on sufficient resources being made available to make improvements.

Upon commencing their employment at the service the manager immediately identified issues relating to the management of people's personal funds. They put in place processes to prevent further issues occurring and notified the local authority safeguarding team of these issues. Following the previous inspection, we had been made aware of issues with regards to the management of finances within the service. The registered provider told us a thorough investigation had been completed which showed that this had not impacted upon people. The issues identified by the manager showed a thorough investigation had not been completed by the registered provider because these issues would have been identified and addressed sooner. This showed the registered provider's oversight was poor and ineffective.

Despite being new to post the manager did not receive any support from the registered provider during the inspection. The manager told us they had not been made aware of the current position of the service and potential action being taken by the CQC to address ongoing issues within the home. This showed poor communication and a lack of transparency by the registered provider.

Throughout the inspection we identified issues that had been raised repeatedly in previous inspections. These included issues relating to effective risk assessing, meeting the requirements of the MCA, care planning and quality monitoring systems. This showed that the registered provider had failed to take



effective and sustained action to make the improvements that were required.

At the last inspection we identified that the registered provider's policies had not been kept up-to-date. Following that inspection, we were informed that these were in the process of being updated. However, at this inspection we identified that action had not been taken to bring these up-to-date. In addition, the service user guide was out of date and made reference to the previous manager. We raised this with the manager to be addressed.

The registered provider had a condition on their registration to employ the services of a pharmacist to ensure medication was being safely administered to people. During this inspection it became apparent that this condition was not being met. The CQC are in the process of considering what action to take in response to this.

These are continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had come into post approximately five weeks prior to the inspection. We spoke to staff who spoke very positively about them. During the short space of time that they had been in post the manager had addressed issues relating to the negative culture within the service. Staff told us things were "Much better" and that they felt well supported by the manager. People's family members also made positive comments, which included, "The manager is a breath of fresh air", "The home seems better overall" and "Staff seem happier and more content with a new manager in place." The registered provider had employed a consultant who provided support to the manager during their induction period.

Since coming into post within the service the manager had carried out an analysis of accidents and incidents and had reported any low-level concerns to the local authority. These audits were up-to-date and enabled the manager to have oversight of the service and implement effective measures where patterns and trends became apparent.

Meetings had been held with staff and people's family members to communicate important information about developments within the service, such as changes in staff and management. This helped ensure people's families and staff were kept up-to-date.

The registered provider is required by law to notify the CQC of specific events that occur within the service. They are also required to display the ratings from the most recent inspection within the service. Both of these were being done.

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 9 HSCA RA Regulations 2014 Person-centred care  Adaptations had not been made to the environment to meet the needs of people living with dementia.

### The enforcement action we took:

We issued a notice of decision to cancel the registered provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider was not meeting the requirements of the MCA 2005.

### The enforcement action we took:

We issued a notice of decision to cancel the registered provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's wellbeing were not always being managed appropriately.  Risk assessments were not robust.

### The enforcement action we took:

We issued a notice of decision to cancel the registered provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have proper oversight of the service.

### The enforcement action we took:

We issued a notice of decision to cancel the registered provider's registration.