

Dorking Residential Care Homes Ltd

Nower House

Inspection report

Coldharbour Lane
Dorking
Surrey
RH4 3BL

Tel: 01306740076

Website: www.nowercare.co.uk

Date of inspection visit:
27 May 2021

Date of publication:
01 February 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nower House is a residential care home providing personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 50 people. Nower House accommodates people across two separate wings, each with their own adapted facilities.

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

People's risks were not always managed or recorded in a safe way. People did not always receive safe care and support with medicines.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People did not always receive person-centred care. Care plans lacked person-centred detail which meant staff lacked knowledge of people's individual needs.

Quality assurance processes had not always been effective in identifying issues we found at the inspection. There was no registered manager and a temporary manager was in post whilst recruitment continued. This had led to people feeling there was little management presence or visibility in the home.

People told us they enjoyed the food at Nower House and we saw evidence that staff were knowledgeable about modified diets. People said they were supported by kind staff that had received appropriate training to prepare them for their roles. Staff received regular training and were recruited safely.

The management team had a positive plan to improve the service, however, a lot of the planned improvements still needed to be implemented and embedded into the service. For this reason, we were unable to see whether these changes would be effective to drive the improvement required.

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 21 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 June 2019. Breaches of legal requirements were found in regards to safe care and treatment, consent, person centred care and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same of requires improvement. The provider continues to be in breach of regulations relating to safe care and treatment, consent, person centred care and good governance. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service 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 ●

Nower House

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 Care Act 2014.

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

This inspection was carried out by two inspectors who attended the home and one inspector who reviewed a range of documents remotely.

Service and service type

Nower House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that at this time only the provider is 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the temporary manager, duty manager, senior care workers, care workers and the activities co-ordinator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection in June 2019 we found systems were either not in place or robust enough to demonstrate risk was effectively managed and that the failure to manage medicines safely placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns in how risks to people's safety were recorded and medicines were managed. This meant the provider was still in breach of regulation 12.

- Risks relating to people's safety were not always assessed and recorded. This meant there was a risk staff would not know how to support people safely and ensure risks were minimised.
- Risk assessments and care plans were not in place for people with pressure ulcers. Health professionals had been involved in providing care although no record was maintained of how the wounds were progressing. Risk assessments in relation to people's skin integrity had not been completed. There were no specific care plans in place to guide staff on the care people required to minimise the risk of skin breakdown and to support healing.
- Safe medicines practices were not consistently followed throughout the service. Two items of one person's medicines were stored both in their original boxes and within their Monitored Dosage System (MDS). The boxed medicines had not been dated when they were opened, and no on-going stock check of the remaining medicines had been kept. This meant there was no way to check if the person had received additional doses of their prescribed medicines.
- One person's medicines had not been administered the morning prior to our inspection. No explanation for this had been recorded. Although staff had noted this error no action had been taken to find the reason why or to check on possible negative effects for the person of not having received their medicines.
- As and when required medicines (PRN) were not safely managed. There was no guidance for staff to follow regarding when and how PRN medicines should be administered. The manager told us they were in the process of completing PRN guidance and were awaiting these being signed by the GP.
- Stock checks of medicines were not completed. One medicines cupboard contained a large quantity of different medicines. No record of what medicines were stored was available. We requested to see one person's PRN medicines prescribed for anxiety. Staff were unable to find the person's medicines and were unaware if this was in stock.
- A Monitored Dosage System (MDS) was used for the storage and administration of the majority of people's medicines. These systems are commonly referred to as blister packs. The Royal Pharmaceutical Society (RPS) and NICE recommend that the MDS system should only be used in order to meet the specific needs of

an individual. The manager acknowledged the guidance but stated they had felt this was the safest system until further training had been provided to staff.

The failure to ensure risks to people's safety were robustly monitored and that safe medicines systems were followed was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found risks to people's safety were managed well. Risks associated with people's mobility had been assessed and action taken to keep them safe. Health professionals had been involved to review people's needs and staff were aware of the support people required.
- In one area of the home daily stock checks of people's medicines were completed and medicines were disposed of in a timely manner. One person's medicines had been changed on the day of our inspection. Staff had addressed this immediately to minimise the risk of errors occurring.
- Safety checks and the servicing of equipment was completed in line with requirements. This included checks on fire equipment, hoists, gas safety and electrical items.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Nower House. One person told us, "I have always felt safe. The staff keep us safe." A second person said, "It's always secure. I feel very safe."
- Staff had completed safeguarding training and were aware of their responsibilities to report any concerns or signs of potential abuse. One staff member told us, "I'd report it to my line manager. We'd record it and take photos of any bruises or marks. If nothing was done, I'd go straight to the top and go to the authorities."
- Safeguarding concerns were reported to the local authority in a timely manner. Where additional information was requested, investigations were completed promptly. However, this information was not always comprehensively shared with people and their loved ones.

Staffing and recruitment

- People told us they felt staff were available to them when they needed support. One person told us, "Sometimes they can seem a bit rushed, but they would never rush me."
- Staff told us there were sufficient staff available to support people although the high use of agency staff impacted on the time they could spend with people. One staff member told us, "They have put more staff on because a lot more people have two staff now. Having agency makes it more difficult because you're having to explain everything so you just end up doing everything."
- The manager told us they were trying to use the same agency and block booked the same agency staff. Adverts had been placed for permanent staff and recruitment was on-going.
- Staff were recruited safely. Staff were required to submit an application form and attend an interview. Disclosure and Barring Service (DBS) checks were carried out and references obtained to ensure those employed were suitable to work in the service.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to minimise the risk of them happening again. A review of accidents and incidents was completed which included the details of any emerging themes or patterns in relation to the individual or the service. Action taken was recorded in order to monitor the impact this had on people's safety.
- One person's records showed they had experienced a number of falls in their bedroom. Sensor mats had been placed in the person's room which meant staff were alerted when the person stood up so could provide support. This action had led to a reduction in the number of falls the person had.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

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

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

At our last inspection in June 2019 we found the provider had failed to complete decision specific capacity assessments. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns regarding how the principles of the MCA were applied. This meant the provider was still in breach of regulation 11.

- People's rights were not always protected as the principles of the MCA were not always followed. We spoke with the manager regarding the MCA process. They told us this was an area of work that still required review and for systems to be implemented. The manager spoke to us about a DoLS tracker that they wanted to implement to ensure effective management of applications and correct procedure was being followed.
- Capacity assessments had not been completed for restrictions such as people receiving 24 hours supervision at Nower House or the use of sensor mats to monitor their movements. There was no evidence to show how decisions had been reached in people's best interests and were the least restrictive options.
- Where capacity assessments had been completed these were not decision specific. Capacity assessments were in place which listed the decisions as 'To determine if a DoLS is needed'. There was no information regarding what specific decisions had been discussed with the person and no record of best interest decisions.
- People's care plans did not contain information about how people should be involved in decisions

regarding their care.

The failure to ensure people's rights were upheld in line with the MCA was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that staff offered them choices and gained their consent before supporting them with care.

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

- Oral health assessments were not regularly completed, and mouth care plans were not in place. Staff competence in providing people's oral care had not been assessed. This meant there was a risk that infections and related healthcare concerns may not be identified in a timely manner.
- The manager told us they had an oral healthcare template which they intended to implement. They also planned to register everyone with community dentists in the near future. This has been addressed in the responsive section of this report.
- People's care records contained information about their health care needs. Visits from a range of external health professionals had taken place. These included the GP and community nursing team.
- Regular exercise groups were held to promote people's movement and flexibility. People told us they enjoyed these sessions which were held at the beginning of the day.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff had the skills they required. One person told us, "The staff are good and know what they're doing in their day to day business." A second person said, "They are very knowledgeable in what needs to be done."
- Staff did not receive regular supervision or feedback on their performance. One staff member told us, "I can't say that I had had supervision recently. I would say that I maybe had an appraisal a year ago. Nothing since the new management has come in."
- We asked the manager about how staff were supervised. They told us, "Supervision is not currently consistent. Some group supervisions have been completed with senior staff. However, care staff workers have not had supervisions for an extended period of time. We are aware of this and have plans to introduce more regular supervision for all staff." This has been addressed in the well-led section of this report.
- Records showed staff completed training relevant to their roles. This included moving and handling, safeguarding, first aid and health and safety.
- Staff confirmed training was regularly updated. One staff member told us, "We have all the training we need. I did it all online this year. It's very helpful. So much changes over the years so you're always learning."

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

- People's needs were assessed prior to them moving into the service. Assessments covered areas including mobility, nutrition, health needs and communication. As people's needs were reviewed, assessments were updated to provide an up to date picture of people's needs.
- The manager and staff told us changes had been made to the way people were cared for in line with best practice. For example, people had been receiving their care in bed and being repositioned without the use of equipment. A hoist and relevant equipment had been purchased and staff trained in its use. This had enabled people to be supported in a safer manner and to have a greater choice in where they spent their time.

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

- People told us they enjoyed their food and always had a good choice of options. One person told us,

"Food is very good here, it's not too fancy. It tastes good and its quite varied."

- Despite these comments we found people who required assistance with their meals were not always supported in an effective manner. We observed staff walking between two people to support them to eat and standing above them as they offered assistance rather than sitting next to them to be at the same level and get eye contact. A second staff member then repeated this.
- People were supported to make choices regarding what they wanted to eat and drink. People were showed the options available to support them. Where one person was unable to make a decision, both options were served for them. Staff were aware of people's individual nutritional needs including those who required their food to be of a modified consistency such as pureed.
- People's weight was regularly monitored. Health care professionals were informed when significant variations were noted. For example, the Speech And Language Therapist (SALT) team had been involved following a change noted by staff.

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

- Adaptations had been made to ensure people could access all areas of the building. Adapted bath and shower rooms were available to support people's mobility needs.
- Handrails were painted a contrasting colour and flooring was plain to support people living with dementia.
- There were small lounges available to people who wanted a quieter environment away from the main lounges.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection in June 2019 we found the provider had failed to design care with a view to achieving service users' preferences and to include end of life care planning. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns regarding how people's care was planned. This meant the provider was still in breach of regulation 9.

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

- People and their relatives told us they felt the service was responsive to their wishes. One person told us, "I've got a room that has a terrace, so staff will bring me tea so I can enjoy it on my terrace, if that's what I want to do." One relative told us, "He always prided himself on his appearance and they always have him freshly shaved with a clean, ironed shirt on which I know makes (my relative) happy, even if he can't tell me that."
- Despite these positive comments we found people's care was not always person centred. People's care records did not always contain information regarding people's life histories. Staff were not aware of details such as people's past occupations, hobbies and interests and how these influenced their care and support.
- Care plans were not comprehensively completed. This meant there was a risk that staff, especially agency staff, would not be aware of people's needs and preferences. The service had implemented an electronic care planning system which staff could access through handheld devices. However, not all care plans had been completed at the time of our inspection.
- People did not have oral care plans to ensure any previous conditions had been identified and were being monitored. The manager had plans to implement these, however, none had been implemented at the time of the inspection. There was no documentation to confirm how many people, if any, were registered with the dentist or how frequently they had been monitored.
- People's end of life care choices were not always clearly documented and some did not have any details related to their individual end of life choices. For example, information was basic and did not include details such as who they wanted present, the environment or personal touches.
- The manager told us they were aware this was an area which required further development. They planned to introduce further training both in care planning and end of life care to develop staff confidence in this area.

The failure to ensure person-centred care was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the social aspects of the service. One person told us, "I do lots of things, I chat to staff, I do activities, I help where I can." A second person said, "I'm happy with my books and reading."
- For people living with dementia activities were more limited. Staff were unable to give examples of how activities were personalised to take into account people's past interests. Whilst staff checked people were comfortable throughout the day, we found a number of people spent time sleeping with little stimulation.
- People had been supported to maintain contact with their loved ones throughout the COVID-19 pandemic. Both telephone and video calls were supported by staff. Government guidance on visiting had been followed promptly. One person told us, "The home have been great and as soon as restrictions are starting to lift they're sending updates and getting visits booked in."

Meeting people's communication needs

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

- People told us that staff communicated well with them. One person said, "They take their time to make sure I have understood, or they have understood what I have said."
- There were details of communication needs in care plans. The manager explained that once all the new care plans had been implemented each person will have their individual communication care plans.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel comfortable in raising concerns. People told us they would speak with staff who they felt would listen and act on their concerns. One relative told us, "I would go to (manager). I feel a little bit more confident now they would deal with it properly."
- A complaints, concerns and compliments policy and procedure was in place. This detailed how complaints could be raised, timescales for a response and how actions would be communicated.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question 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; 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 told us the management of the service was not visible enough and they found the lack of consistency in the management team unsettling.
- There was no registered manager in post at the time of our inspection. The consultant employed to support the service had stepped into the manager's role temporarily. One person told us, "There's been too much change, I'm not sure who's in charge anymore." A second person said, "(Manager) never comes out to get to know us. Getting a new manager is taking an awful long time. It's so important and to have someone that really does interact with us."
- Quality audits were not effective in identifying concerns. Recent medicines audits had not identified the concerns regarding stock control and recording identified during our inspection. Care plan audits reflected care plans were completed in a person-centred way and that risks assessments in relation to skin integrity were in place. During our inspection we found this was not the case.
- Staff had not received any one to one supervision or recent appraisals. This meant that staff would not have this opportunity to raise any questions or concerns about their roles. The manager had plans to start scheduling supervisions, however, no dates had been confirmed for these to take place.
- Duty of candour concerns had not always been shared with people's representatives in line with the providers responsibilities. One relative told us they had been contacted regarding a safeguarding concern several weeks after the alleged incident had taken place and the investigation had been concluded. They had not received a written explanation regarding the concerns or an apology in relation to the incident or the lack of communication.

Continuous learning and improving care

- The provider had not ensured that concerns identified at our last inspection had been addressed promptly. Our last inspection in June 2019 had identified four breaches of regulation. At this inspection, we found continued breaches of the same regulations. Quality assurance systems had not been robustly implemented in a timely manner in order to ensure people received a safe, effective and responsive service.
- The manager shared plans of the improvements they intended to make throughout the inspection. Staff told us they recognised the need for change but at times felt overwhelmed with the task and additional responsibilities placed upon them. One staff member told us, "There's lot of new things to learn. Changes are for the better, but some staff are finding it too much. It's being backed up by the training. We're getting

to where we are supposed to be but it's not easy."

- Care plans lacked person-centred detail. This meant that staff did not always know individual details about people.

The failure to ensure consistent management oversight of the service, respond to shortfalls in a timely manner and have an accurate, up to date record for each person 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; Working in partnership with others

- People told us they had noted difficulties in communication due to the changes being made within the service. One person told us, "I'm not sure (about communication) as there seems to be a bit of a disconnect between the management and staff."
- Although people commented to us about a lack of management presence, they told us that they felt they could put forward ideas and suggestions to staff and felt listened to.
- There were some examples seen where people had been supported to access healthcare professionals in a timely way.
- We saw evidence of the management team working well with the local authority and the police in response to incidents within the home.

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

- We saw evidence where the management team had made staff aware of compliments from relatives and congratulated them on positive feedback.
- The manager told us how they had plans to have more regular resident meetings to seek as much feedback as possible.
- Relatives spoke positively of a recent relatives meeting that had been held virtually. One relative said, "The intention is to move forward with much greater access to be interlinked with overarching comments. We felt involved after the meeting. I guess we will have to wait and see if that comes good."

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 The failure to ensure person-centred care was a continued breach of regulation 9 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Conditions were added to the 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 failure to ensure people's rights were upheld in line with the MCA was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Conditions were added to the 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 The failure to ensure risks to people's safety were robustly monitored and that safe medicines systems were followed was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Conditions were added to the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to ensure consistent management

oversight of the service and respond to shortfalls in a timely manner was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Conditions were added to the provider's registration.