

Whitworth House

# Whitworth House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Whitworth House is a residential care home providing accommodation and personal care. The home accommodates up to nine people in one house. At the time of our inspection five older people, some of whom were living with dementia, were living at Whitworth House.

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

At our last inspection we found breaches relating to staff recruitment, safe care and treatment, consent, staff support, good governance and notifications. We served the provider warning notices in relation to safe care and treatment and good governance. At this inspection we found the provider had improved sufficiently and was no longer in breach of the regulation relating to staff support. However, the provider remained in breach of all other regulations and was also in breach of the regulation relating to displaying their CQC rating. We are taking enforcement action against the provider and will report on this as soon as our processes are complete.

A registered manager had been in post for over 20 years and was also the owner. The registered manager had not taken sufficient action to make the improvements that were needed. Their oversight of the service was inadequate. During our inspection the registered manager was unable to show us many key records including care plans, risk assessments, staff records and some health and safety records. This was because the registered manager did not have access to these key records. The registered manager did not provide us with the documents we requested in a timely manner after the inspection so we used our powers under section 64 of the Health and Social Care Act 2008 to require the provider give these to us. However, the registered manager did not provide us with all the requested documents by the given date.

The registered manager had a poor understanding of their responsibilities and had not submitted notifications relating to deprivation of liberty applications and their outcomes to CQC. The registered manager also had not ensured the most recent CQC rating was displayed in the service, as required by law, to ensure people were openly informed about quality and safety at the service.

The provider did not always assess risk to people's care to ensure they were doing everything possible to reduce the risks. The provider did not always ensure recruitment was robust so only suitable staff were employed. The provider had not carried out robust checks of the premises and equipment to ensure risks were identified and reduced. The service was sufficiently clean although some food hygiene practices required improvement. There were enough staff to support people safely. People received medicines safely.

The provider did not ensure staff training records were always in place and stored securely. Staff received supervision to support them sufficiently in their roles. The provider did not always follow the Mental Capacity Act (MCA) in ensuring best interests' meetings were held to make decisions in people's best interests when they were assessed to lack capacity. Most people enjoyed the food although one person would like more choice. People's day to day healthcare needs were met.

A care plan was not in place for one person. For the other people care plans did not contain sufficient guidance for staff relating to oral health but were otherwise sufficient. People were cared for by staff who were kind and knew them well. Staff treated people with dignity and respect. People were provided with enough activities to occupy themselves. The provider had a suitable process in place to respond to any concerns or complaints.

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

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (inspected May 2019, report published July 2019) and there were multiple breaches of regulation. The provider did not complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been made and the provider remained in breach of regulations.

#### Why we inspected

This was a planned inspection to follow up on the actions we told the provider to take at our last inspection.

#### Enforcement

We have identified breaches in relation to staff recruitment, safe care and treatment, consent, good governance, displaying their rating and notifications at this inspection. We are mindful of the impact of 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.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We met with the provider to discuss how they will make changes to ensure they improve their rating to at least good. 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. We will work with the local authority to monitor progress.

## 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 well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Whitworth 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.

#### Inspection team

Our inspection was completed by one inspector 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

Whitworth House is a residential care home that provides accommodation and personal care for older people. 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 had a manager registered with the Care Quality Commission. This means that the provider and the registered manager 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

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). 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.

During the inspection

We spoke with four people using the service. Some were unable to share their views due to their level of dementia. We therefore spoke with three relatives to gather their feedback. We carried out observations of interactions between staff and people using the service. 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 also spoke with the registered manager, the deputy manager and two care workers. During the inspection the registered manager was unable to provide us with any care plans or risk assessments for people using the service, staff files or various records relating to the management of the service we requested. We received some records we requested after the inspection, although these were not all received by the deadline we gave the provider. During the inspection we reviewed the premises, medicines records and some records relating to health and safety and the management of the service. After the inspection we spoke with a representative from the local authority.

# 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 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

At our last inspection we found several concerns relating to safe care and treatment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for the provider to be compliant by 3 September 2019.

- People and relatives felt safe at the service. At our last inspection we found the provider did not carry out comprehensive and robust assessments of risks relating to people's needs. At this inspection we found the provider had not improved and the risk assessment process remained insufficient.
- We observed the provider was managing some risks to people, such as pressure relieving equipment to a person at risk of pressure ulcers and providing soft food to a person at risk of choking. Details of how staff should reduce risks to people were described in people's care plans. However, due to the lack of a robust system to identify and assess risks, the provider could not be sure they were doing all they could to support people safely.
- The provider did not routinely consider or assess risks relating to health conditions, pressure ulcers, falls, medicines management, choking, malnutrition, incontinence or social isolation even though some people were at risk from some of these factors. Assessments relating to people's individual fire safety risks were in place (called PEEPs, personal emergency evacuation plans). A record which identified three risks for one person was also shown to us after the inspection which was insufficient. However, no other risk assessments relating to people using the service were shown to us before or after the inspection, despite us requesting these.
- We found the provider had made some improvements to the safety of the premises, although some concerns from our previous inspection remained. At this inspection the provider had replaced the carpet across the service and had repaired the fire system. The provider checked hot water temperatures in communal baths but did not always check sinks, including those in people's rooms, to ensure people were not at risk of scalding.
- At our last inspection we found people would be able to leave the premises through a first-floor fire escape without staff being alerted and may come to harm. At this inspection we found the same risk remained. After this inspection the provider told us they had purchased a system to alert staff if this door was opened.
- At our last inspection we found the provider had not carried out an assessment to reduce the risk of Legionella, a bacterium in water systems which can cause illness. At this inspection records showed a contractor found no evidence of Legionella. We again requested a Legionella risk assessment and after the inspection the provider sent us guidance notes on how to carry out such an assessment. This meant the provider had not carried out adequate assessment of this risk to make sure it was mitigated.

- The provider lacked effective systems to check that the calls bell system, 'aid-call', was working. We found the aid-call was not working in the bathroom and staff were unaware of this. In addition, the aid-call pull-chord did not reach to the ground. This meant a person may be unable to use the aid-call if they fell to the ground and had difficulty moving.

These issues were a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

At our last inspection we found the provider had not always carried out robust checks on staff. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not improved the way they recruited staff. We received recruitment records for six staff, two recruited since our last inspection. For two staff there was no application form with no work history, for three staff the provider had not explored gaps in their work history, for one staff recruited since our last inspection there were no interview notes. Two staff members had no work references and two others had only one reference. One staff had no identification on file. For one person the provider had not ensured a recent criminal records check (DBS) was carried out before they started work. Their DBS check by their previous employer was carried out nearly two years before their start date.

These issues were a continued breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found staffing numbers were sufficient to care for people safely. At this inspection our findings were the same.
- People, relatives and staff told us there were enough staff. We observed there were enough staff on shift during our inspection and staff responded to people's needs and any requests they made promptly.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives felt safe with staff. We were unaware of any allegations of abuse since our last inspection and no recent allegations were raised during our inspection.
- Staff received training in safeguarding and understood their responsibilities in relation to this.
- The provider told us there had been no accidents or incidents since our inspection and told us they would review any accidents or incidents should they occur to reduce the risk of reoccurrence.

#### Using medicines safely

- At our last inspection we found the provider managed people's medicines safely and at this inspection our findings remained the same. One staff member told us the pharmacy assessed their competence to administer medicines as part of the training.
- People told us they received their medicines on time and did not raise any concerns regarding medicines management. Our checks of medicines stocks against records showed people received their medicines safely and records of medicines administration were made appropriately. Medicines were received, stored, administered and disposed of safely. Staff received training in medicines administration.

#### Preventing and controlling infection

At our last inspection we found systems were not always in place to reduce risks relating to food safety. These issues formed part of the repeat breach of Regulation 17 (Good Governance) of the Health and Social



Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found these concerns remained as food was not always stored appropriately. For example, we found an opened block of cheese loosely wrapped in its original wrapper and opened items of food were not labelled with a date to identify when it should be consumed by.

These issues form part of the repeat breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The local authority re-inspected food standards at the service after our last inspection and found all their previous concerns met. They improved their rating to '4', reflecting good standards.
- The service was sufficiently clean and free from malodours and staff followed a cleaning schedule to ensure this.

# 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 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.

At our last inspection we found the provider had not trained staff to understand their responsibilities in relation to the MCA and had not always assessed people's capacity when necessary. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection there was insufficient evidence the provider had trained staff in relation to the MCA. Our discussions with staff showed they understood their responsibilities, although they told us they had received training with a different provider.
- The provider had carried out MCA assessments where they suspected people may lack capacity. However, they had not held best interest meetings to make decisions for people when they lacked capacity, including when people had fluctuating capacity.

This was 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Several people were being deprived of their liberty at the time of our inspection and the provider had applied for appropriate authorisations for them.

- Staff understood their responsibilities in relation to DoLS and could tell us which people were being deprived of their liberty.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not receive regular formal supervision and appraisal to review their work and development needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives had confidence in the staff although one relative told us, "They could do with more training in dementia care."
- People were supported by staff who received some training to understand people's needs, although we were unable to verify the training staff received. The provider was unable to show us any training records during our inspection. Afterwards the provider sent us a matrix showing staff received a wide range of regular training. However, the provider did not send us training certificates to verify the training for all staff.

These issues form part of the repeat breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Most people were positive about the food although one person told us they did receive enough choice. The provider told us people were given choice of meal earlier in the day before we arrived for inspection. People were encouraged to drink regularly throughout our inspection. The service could accommodate cultural or religious needs or preferences if required.
- If staff were concerned about people's weight or risk of choking they referred them to specialists such as speech and language therapists or dietitians through their GP.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care; assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us the provider met people's healthcare needs, supporting them to see healthcare professionals when necessary. The provider's assessment process remained the same and we did not have concerns about this. The provider assessed people's needs prior to admission by speaking with them and their families and reviewing professional reports. The provider created care plans based on these assessments which they reviewed each year.
- People were supported to see the healthcare professionals they needed to maintain their health such as GPs and hospital specialists and staff followed their advice. Staff supported people to see medical professionals if they became unwell.
- Information about people's health conditions were recorded in their care plans for staff to refer to.

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

- The service used some dementia-friendly adaptations such as pictorial signage and photos of people on their doors to help them recognise their rooms. The provider had recently replaced the carpet across the service considering the needs of people with dementia. The new carpet was a single colour and un-patterned to help people with dementia navigate the home with less confusion.
- The provider had carried out some work to make the garden safe since we raised concerns at our last inspection, such as filling in holes. The provider was also rebuilding and securing the two sheds in the garden.
- The provider told us they would repaint communal areas and bedrooms in the new year and would consult with people on their preferred colour schemes.

# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; equality and diversity

- People and relatives were positive about the staff besides one. A relative told us, "Their caring doesn't waver and they are lovely to [my family member]". One person told us some staff were very caring but others could improve the amount of time they spent interacting with people.
- As at our last inspection, we observed staff treated people with kindness through the inspection, spending much time sitting and talking and interacting with them. Dolls and soft toys were used to soothe some people who enjoyed the feeling they were caring for them. During lunch we observed staff supported one person to eat. Although the staff member was encouraging and attentive, they stood over the person for the whole meal instead of sitting at their level which is standard practice for putting people at ease.
- People and relatives told us staff understood people's needs and preferences and people received consistency of care from small numbers of staff. One relative told us, "It is like a family because the numbers are small." We observed staff knew people well, such their preferred drinks and their daily routines. Staff got to know people well through working with them, including any religious or cultural needs.

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

- People were involved in decisions about their care such as when and how they received personal care and their choice of clothing.
- Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff gave some people more time to communicate and adapted their language to help people understand.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to maintain their dignity through their appearance. As at our last inspection we observed people were well dressed in clean, matching clothes appropriate for the season.
- We observed staff treated people with respect, speaking pleasantly to people and using their preferred names.
- Staff maintained people's dignity when providing personal care, ensuring people remained covered as far as possible and that doors and curtains were closed.
- We observed the provider welcomed visitors to the service. Staff kept family members up to date with people's progress which also helped people maintain important relationships.

# 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 good. At this inspection this key question deteriorated to requires improvement. This meant people's needs were not always met.

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

- People and relatives told us they did not know what was in people's care plans. We could not be sure staff had unrestricted access to people's care plans to enable them to meet their needs and preferences. This was because during our inspection the registered manager was unable to provide us with any care plans. The registered manager told us recent renovations meant records could not be located. However, care plans were stored electronically and only the deputy manager had access to these, and they were not present during the inspection.

- The deputy manager sent us care plans for four people after the inspection. We requested the care plan for the fifth person repeatedly but did not receive this. We could not be sure the provider had a suitable care plan in place for this person.

- The four care plans we received were personalised, setting out the best ways for staff to care for people in line with their needs and preferences. The provider kept care plans under review so information in them remained reliable for staff to follow. However, detailed oral health plans in line with national guidance were lacking.

These issues form part of the repeat breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- As at our last inspection we found the provider understood the Accessible Communication Standard and noted people's communication needs and preferences in their care plans and how staff should meet them.

Supporting people to develop and maintain relationships to avoid social isolation; support people to follow interests and to take part in activities that are socially and culturally relevant to them

- All people and relatives besides one told us there were enough activities to occupy people. As at our last inspection we observed several people attended a social group at a local church. People could participate in this social group twice a week and staff supported them to attend. Other activities in the service included seated exercises which a person told us were "very good", bingo, singing and arts and crafts. Other people and relatives found there were enough activities although one wanted a more provided for people. The provider took people on day trips during the summer.

#### Improving care quality in response to complaints or concerns

- People and relatives did not raise any concerns about the complaints process with us and told us they felt listened to. One relative told us, "We have raised a few issues which have been dealt with."
- The registered manager told us no complaints had been raised since our last inspection. We found the complaints process had not changed since our last inspection and it remained suitable.

#### End of life care and support

- Some people had a funeral plan in place and the provider planned to support people to put 'advanced care plans' in place setting out how they would like to spend the end of their lives. The deputy manager had completed a training programme at the local hospice relating to this.
- Staff received training in end of life care to help them understand how to meet people's needs and wishes.

# 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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving 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

At our last inspection we found the provider lacked good oversight of the service as they had not identified and resolved the issues we found. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider a warning notice to be compliant by 3 September 2019. At this inspection we found the provider had not taken all the actions required in our warning notice which meant their oversight of the service was inadequate.

- The registered manager had poor oversight of the service as they did not have access to key records required for their role. During our inspection the registered manager was unable to provide us with many of the records we requested, including any care plans, risk assessments, staff recruitment, induction, supervision and training records and some records relating to health and safety.
- The provider did not send the records we required by the agreed date after the inspection. We then issued a request for the records under our powers as set out in Section 64 of the Health and Social Care Act 2008. The provider did not fully comply with the requirements of this letter. Poor record keeping indicated the provider had not ensured the records were in place and maintained securely.

These issues were a repeat breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the registered manager had not sent us a notification of a serious injury. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At this inspection we found the registered manager had not notified CQC of DoLS applications and their outcomes as required under their registration requirements. This meant the registered manager had a poor understanding of their requirements in relation to notifications.

This was a repeat breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- We found the provider had not displayed the rating awarded at their last CQC inspection at the service, but instead was displaying a better rating from their 2016 inspection. It is a legal requirement for the provider to display their current rating as it helps inform people openly about the quality and safety of the

service.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was also the owner of the service and had managed the service for over 20 years, alongside their family members. People, most relatives and staff had confidence in the registered manager and were satisfied with the service provided. Comments included, "It's basic but ok", "It's wonderful" and "[The registered manager] is caring but not necessarily very professional...the place needs updating and organising...it is at the minimum satisfactory level." Our inspection findings again showed the registered manager did not always understand regulatory requirements and the risks to people due to their lack of oversight of the service.
- Staff understood most of their role and responsibilities despite poor leadership and management. Both staff we spoke with were studying health and social care at college which contributed to their good knowledge.

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

- The provider had involved people in reviewing their care, along with their relatives and healthcare professionals. People's preferences, hopes and aspirations were reflected in their care plans. People and relatives were satisfied with the quality of service and communication.

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

- Staff received regular supervision and annual appraisal, which was an improvement since our last inspection. Staff felt supported by the registered manager. The provider held regular informal meetings with staff to keep them up to date, although these were not routinely recorded to ensure a clear record for staff to refer to.
- People and relatives found the staff and management engaged well with them.
- However, as we found at our last inspection, the provider lacked robust systems to gather feedback from people living in the home and their relatives to ensure it is used to improve the service.
- The provider worked with other health and social care professionals involved in people's care to maintain their wellbeing. The deputy manager also attended forums held by the local authority for managers of adult social care services to share learning.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not notify CQC about any requests to deprive people of their liberty, the dates and nature of the requests, whether the request was preceded by an urgent authorisation or the outcome of the request.</p> <p>Regulation 18(4)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always ensure they acted in accordance with the Mental Capacity Act (2005) if people were unable to give consent.</p> <p>Regulation 11(1)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The responsible person did not always ensure care and treatment was provided for people in a safe way by: assessing the risks to the health and safety of people of receiving care; doing all that is reasonably practicable to mitigate any such risks and ensuring that the premises and equipment were safe to use for their intended purpose and were used in a safe way.</p> <p>Regulation 12(1)(2)(a)(b)(d)(e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always ensure systems and processes were and operated effectively to ensure compliance with this regulation by assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); maintain securely an accurate, complete and contemporaneous record in respect of each person; maintain securely records as are necessary to be kept in relation to staff and the management of the service.</p> <p>Regulation 17(1)(2)(a)(c)(d)(i)(ii)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The responsible person had not established recruitment procedures which always ensured staff were of good character and had the skills and experience necessary. Information specified in Schedule 3 was not always kept by the registered person in relation to staff along with any other required information.</p> <p>Regulation 19(3)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered person did not ensure a sign showing the most recent rating by the Commission.</p> <p>Regulation 20A(1)(3)(5)</p>

