Care First Class (UK) Limited

Bretby House

Inspection report

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West Midlands
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bretby House is a residential care home providing personal care to up to 24 people in one adapted building. The service provides support to older people. At the time of our inspection there were 23 people using the service.

People's experience of using this service and what we found
Systems did not ensure consistently safe practice and oversight in relation to health and safety, recruitment and learning from incidents as far as possible.

We received mixed feedback as to whether there were always enough staff. Staffing arrangements and agency use were under review at the time of the inspection to ensure there were always enough staff, suitably deployed to meet people's needs.

Staff told us they felt supported although we saw staff training gaps across a number of core areas.

Improvements were required to ensure some people had the additional support they needed to manage their food and fluid intake safely.

Building work was planned to address poor storage arrangements, which compromised the safety of the home and infection control standards.

People were not supported to have maximum choice and control of their lives although staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support good practice in line with the requirements of the Mental Capacity Act (2005).

Improvements were required and underway to engage people further through meaningful activities and further involvement in decisions about their care. Concerns that compromised people's dignity and respect were not robustly addressed by the provider.

Improvements were needed and underway to ensure people's needs and preferences around activities, communication and end of life care planning could be met.

Audits were not effective and were not always completed as planned to drive improvements. This had compromised the quality and safety of the service. Systems and processes were not robust to support continuous improvements at the home.

People told us they felt safe and safeguarding concerns had been appropriately referred to the local authority. People's risks were understood by staff members. People's medicines were stored and managed appropriately.

People were mostly positive about the food offered. People were supported to access healthcare services when needed.

People's care needs had been gathered with input from their relatives. People's needs were assessed and relevant guidance was included in their care plans.

People were supported by staff who endeavoured to promote their dignity and independence. We saw caring and positive interactions between people and staff.

People often appeared content and received caring and considerate support from staff. Staff had developed positive relationships with people.

People and relatives felt able to complain if they needed to, and complaints that were logged were responded to effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good.

Why we inspected
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.

The inspection was prompted in part due to concerns received about infection control and staffing, and concerns at the provider's other services. A decision was made for us to inspect and examine those risks. We identified concerns about infection control on the inspection and we prompted the nominated individual to review their staffing arrangements to help mitigate risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to governance, safe care and treatment including infection control and the Mental Capacity Act (2005) at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bretby 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by an inspector and an Expert by Experience who carried out phone calls with relatives of people using the service. 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
Bretby House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We asked commissioners of the service for feedback and used information gathered as part of our ongoing monitoring activity to help plan the inspection. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people living at the home and 8 relatives of people living at the home. We spoke with 5 staff members, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 4 staff files related to recruitment and sampled 11 records related to people's care as well as a sample of medicines records. We spoke with 2 health professionals who worked with the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- A fire corridor was blocked with laundry items. This had been brought to the provider's attention as a significant risk during a fire risk assessment in November 2022. We had to prompt for this corridor to be cleared so people could access this fire exit in the event of an emergency.
- Incident records showed appropriate action was taken to try to improve people's safety following incidents such as a fall. For example, people had been supported to use equipment and to seek healthcare professional input. However, incident reviews had identified a pattern of people experiencing falls during the night in 4 out of 5 months since October 2022. Leadership had identified this pattern but had not explored this as far as possible to continuously improve the safety of the service.
- Safety issues were not always addressed to ensure people's safety, for instance poor infection control practice and hazards, such as discarded equipment in the environment.

Preventing and controlling infection

- Cleaning equipment was not always stored clean and dry after use to promote infection prevention and control. Audits had identified this was a repeat issue since as early as January 2023 and we had to prompt the nominated individual and registered manager about this again during both days of our inspection.
- People's personal items did not have designated storage and this compromised the provider's own standards for good infection control.
- There was a COVID-19 outbreak in between our visits to the service on 16 and 30 March 2023. During our inspection visits, we saw some staff did not use personal protective equipment (PPE) effectively. This could put people, visitors and other staff at risk of harm.
- Health and safety audits were not completed effectively and as planned to ensure the safety and cleanliness of the premises at all times.

Risks to people's safety including in relation to infection control and the safety of the premises were not effectively assessed and mitigated against. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Before our inspection, an external audit in February 2023 had found positive practice and measures in place to safely manage COVID-19 outbreaks.
- The registered manager followed current government guidance in relation to COVID-19, for example in relation to visiting arrangements for people who had tested positive for COVID-19, and checked on the COVID-19 status of people returning to the service from hospital.

● Staff told us there were regular fire drills and we saw regular fire safety checks were carried out, although this had not addressed concerns in relation to a fire corridor being blocked.
● Staff we spoke with showed awareness of people's risks and how to help keep them safe. People appeared settled at the home and told us they felt safe.

Staffing and recruitment
● Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff we spoke with told us they had completed these checks before they started their roles at the home. However, a recruitment record we sampled at random did not include the appropriate risk assessments and reference checks, and the provider had not carried out their own DBS check. This meant they could not be assured this staff member was suitable to work with people who lived at the home.
● There was no recruitment audit in place to ensure these records were completed as required. More recent recruitment checks had been carried out appropriately, although records were not consistently maintained.
● Relatives told us there had been a lot of staff changes and some relatives commented there were not enough staff. Most staff felt there were enough staff and we saw staff were available to support people promptly. However, we also found handover arrangements and incident records indicated this could be improved. During and following the inspection, the nominated individual reviewed their staffing arrangements with staff and the registered manager told us this would help reduce pressure on staff during handover periods.
● The registered manager told us new staff were being recruited which meant agency staff would no longer be regularly used and relatives told us this was improving.

Using medicines safely
● Audits had not picked up some inconsistencies in records, for example, where staff had not always recorded why people had used 'when required' medicines. It is in line with current good guidance to record this information to help monitor how effective these medicines are for the person.
● Medicine stock we checked, was stored safely and with the correct amounts corresponding with the records. The registered manager had developed clear guidance with a doctor for people's 'when required' medicines. People also had body map charts in place for prescribed creams so staff knew where this should be applied. People's medicines were reviewed with the doctor to ensure their medicines remained effective.
● A relative told us, "Staff know [person], if [person] is in pain they can tell even though [person] is not able to tell them." Feedback from staff confirmed this. Staff told us medicines processes were clear to follow and they were supported until they could do this safely. One staff member told us, "We train until we are fit to do medicines [support].
● Medicines rounds took place longer than planned and a staff member who supported people with their medicines was not always left undisturbed to carry this out safely. This increased the risk of error when people were supported with their medicines.

Systems and processes to safeguard people from the risk of abuse
● Training records indicated only just over half of the staff group had current safeguarding training. Staff we spoke with understood their responsibility to raise any safeguarding concerns they identified but they could not tell us all the types of abuse that people could experience.
● This presented a risk of staff not being aware and alert to potential risks of abuse. The provider had plans to provide staff with face-to-face safeguarding training to support their knowledge.
● The provider had alerted the local authority about safeguarding matters in response to concerns and incidents.

● People and relatives told us they felt the service was safe. One person told us, "I think I do feel safe here. Staff make me feel comfortable. I don't think anything of concern I've felt strongly about or I'd have raised it I think."

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A sensor mat is equipment that can be used to help reduce falls. Sensor mats alert staff each time a person gets out of bed. We found that everybody who lived at the service had a sensor mat in their room regardless of their level of risk and there was no clear reason for this. This was a restrictive practice which did not reflect people's rights under the MCA .
- Mental capacity assessments were underway for people who were known to have full capacity. This was incorrect application of the MCA and showed the provider had poor understanding of the requirements of the MCA.
- Keypad codes were on all entrances and exits to the home. This was to protect some people who could not leave the home independently. The registered manager had plans to ensure people who could do so safely, had accessible information to allow them to use these codes to come and go as they wished. The provider had not assessed which people might have been able to use the keypad codes safely. This posed a risk that everyone living at the home was subject to this further restriction, regardless of their level of risk.
- Although people and visitors were informed of the use of CCTV in communal areas of the home, people had not been appropriately consulted on this in line with the provider's policy. This policy was in place to respect and promote people's rights and wishes as far as possible.

The provider failed to seek consent for care and treatment and to act in line with the requirements of the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were routinely offered choices, for example, what chair they would prefer to sit in and what drink they would like. Staff showed some understanding of MCA requirements. The provider told us staff had received training in this area.

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

● Five people needed support to have enough to drink each day. Those people were on increased monitoring and target amounts to make sure they had enough to drink. Records showed several occasions over the month where they were not offered enough to drink. This risk had not been picked up as there was no audit process in place. The registered manager confirmed nothing had been done about this, although they told us they felt assured people were routinely offered enough to drink.

● People had been asked their food preferences to help inform menu planning. A number of people had diabetes and their care plans recognised current good practice to promote their health. We saw people were routinely offered sweet options for snacks, which did not follow this guidance as far as possible.

● People were mostly positive about the food offered, and had given positive feedback about this to the registered manager. One person commented, "Very good food." A relative told us, "The staff understands what [person] can eat and what they like and will give [person] alternatives if they don't like what is on the menu." Another relative told us, "The food looks okay, [person] always praises the food and has enough to eat."

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

● There were poor storage arrangements. The registered manager told us a hair salon was used to help enhance service users' experience and sense of getting their hair professionally styled. However, this room was also cluttered with discarded care equipment, cardboard boxes, cleaning equipment and bulk personal hygiene products and toilet rolls. This presented trip hazard and infection control risks as well as failing to fulfil the purpose and intention of the room.

● There was not enough storage space for laundry items and we saw laundry items blocked a fire corridor. Temporary arrangements were made to address this during our inspection.

● The nominated individual told us further decoration and building work was planned.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

● People's care records contained guidance for staff to understand people's conditions and details about people's own individual needs. However, records indicated staff training was not up-to-date in a number of relevant areas including falls risks, oral health, dementia care, diabetes care and catheter care. This did not provide staff with all the skills and guidance necessary to support people effectively.

● Senior staff carried out supervisions with care staff and had escalated to management that care staff had not completed their training. The registered manager told us some training plans had been postponed around the time of the inspection due to the COVID-19 outbreak.

● People were supported well and many people could tell staff what supported they needed. A relative told us, "I think that [person] is well looked after, the staff seem to know what they are doing." Staff told us they felt supported in their roles.

● The registered manager told us new staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

● People were supported to access healthcare services when they were unwell. One person told staff about their symptoms and staff helped them contact their relative and the doctor as requested. A relative told us, "They do let me know when [person] has a hospital or doctor's appointment and I will go with [person]."

● The registered manager had consulted health professionals as needed, for example, arranging medicines reviews and falls clinic referrals when people had experienced a number of falls. The GP had prescribed rescue packs of antibiotics ready for 2 people prone to chest infections.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Before our inspection, we received concerns which included an allegation that people had shared flannel face cloths and underwear. We had shared these concerns with the provider at that time. We were not satisfied the provider had carried out a robust investigation into these concerns, which in part prompted our inspection.
- At this inspection, people's underwear and flannel face cloths were not all individually labelled or identifiable, and systems were not robust to prevent people from sharing these items. This did not respect and promote people's dignity. A relative told us, "The thing is that they dress [person] in other people's clothes, I will speak to them about it and look for labels." The registered manager took steps to address this during our inspection, as this concern had not been effectively addressed previously.
- We saw, and relatives told us that staff promoted people's privacy and independence. One relative told us, "The staff support [person] with their walking aid, and try to promote independence." Another relative told us, "The staff treats [person] with respect and respects their privacy."
- We saw positive practice from staff who discretely and carefully reassured the people they supported. A relative told us: "Most of the time [person] is clean when I visit and sometime immaculate. If [person] spills food or drink on herself they would remove her, take her to her room, clean her up and bring her back to the lounge."

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

- Some people had not received nail care. This did not demonstrate respect for people's health and care needs. The registered manager confirmed they would arrange nail care and chiropody support as required. Aside from this oversight of nailcare, we saw, and relatives told us that people were well presented. One relative told us, "[Person] is always clean and well maintained."
- Only just over a third of staff members had completed training related to equality, diversity and inclusion. More training was planned. Some people's cultural needs had been acknowledged with meal preparation and specific dishes being offered at the home. In another example, we saw one person's care plan detailed how their hair and skin should be cared for.
- Staff who worked permanently at the home seemed to know people well and we observed positive interactions between people and staff.
- People told us the staff were nice. We saw examples of good, caring support where staff spent time with people and were able to anticipate people's needs.

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

● Most relatives told us they felt involved in people's care and we saw relatives received newsletters. A relative told us, "They involve us in discussions regarding [person's] care." Another relative told us, "I was involved in the initial care plan."

● People were invited to attend meetings at the home where they were asked for their views and preferences for example about food and home decor. We saw people often asked staff for the things they wanted and their wishes were promoted and followed by staff.

● However, people's care records did not demonstrate people were routinely involved in discussions about their individual care needs to help ensure their preferences and choices were gathered as far as possible.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Relatives' feedback showed they felt improvements were needed to the activities on offer. One relative told us, "They don't seem to do much activities in the lounge, just the television's on." Another relative told us, "There are no activities relevant for [person]." We saw some people had been asked for their preferences and interests for activities to build on improvements in this area.
- During busier periods at the home, for example when people waited for their meals, there were missed opportunities to engage and interact with people.
- There were friendships and good relationships between some people using the service, and with staff. We saw people spent time speaking with one another and staff. A relative also told us, "I call to find out how [person] is doing and they take the phone to me so that I can speak to [person]. I do see staff take time to sit and speak to residents."
- Two people sang along together to music in one lounge area. In another lounge area, people laughed and played as a group with an interactive sensory and motion-activated projector that had been newly brought into the home.

Improving care quality in response to complaints or concerns

- We saw people were comfortable to ask staff for support and to raise any questions or concerns. We looked at 2 complaints records and saw these had been responded to with a solution in place for the person who had raised the concerns.
- Relatives' comments included: "I have never had to complain, I would approach the manager if needed," and, "I have never had to complain."
- We saw complaints that had been logged were dealt with effectively. However, during our inspection, we found some people had not received nailcare, and a relative told us they had raised concerns about this with the service previously. This indicated improvements were needed to capture all feedback and potential learning for the service to support continuous improvements.

End of life care and support

- Records showed just over a third of the staff group had received training in supporting people with their end of life care. Most people's records we sampled, did not have their needs and wishes assessed and recorded. This posed a risk of people not having their individual needs and wishes known and met consistently and appropriately by all staff.
- The provider received support and input from a provider who specialised in end of life care. This would encourage improvements to how people's needs were identified and responded to.

Meeting people's communication needs

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

● Some people had communication needs and these had been assessed and recorded in their care plans. Some staff were able to communicate well with one person using the person's first language and more support was being developed, for example, to use flashcards to enhance how the person was able to communicate with all staff.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● The provider had improved the level of guidance detailed in people's care plans about their needs. The registered manager had recently introduced 'resident of the day' to ensure a more regular review of the person's records and care needs and preferences. This would help continue to build up staff knowledge of people's individual needs and preferences.

● People spoke positively about their support and were given choices and support to have their needs met. Relatives told us they had some involvement in people's care planning. Comments included: "We are included in discussions relating to [person's] care and they are on top of their care," and, "Staff are aware of [person's] diagnosis as I explained it to them and they have made changes… to meet [person's] needs."

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- Audits were not effective and were not always completed as planned and to drive improvements. Where records indicated that support and processes were not being followed as planned, no follow up action was taken to address this.
- The provider's quality systems did not ensure there was a recruitment audit in place. We found recruitment processes were not always completed as planned.
- The provider had failed to ensure improvements were made where safety and quality issues had been identified, for example through incidents and in relation to infection control. Effective action was not taken to prevent future reoccurrences and repeat shortfalls in the safety of the service.
- In one example, the nominated individual and registered manager were aware there were regular gaps in their kitchen checks and this had happened before and compromised the hygiene and safety of this area of the home.
- The registered manager told us systems and processes relating to the Mental Capacity Act (2005) were being improved. However, the improvements that were underway, suggested the provider and management did not fully understand these requirements. For example, mental capacity assessments were being introduced for people who were able to make all of their own decisions without support, which was incorrect application of MCA requirements.
- Our inspection was prompted in part by whistleblowing concerns sent to us, and the provider's failure to effectively investigate these concerns. Our inspection identified some of these issues were ongoing and had not been effectively addressed through the provider's quality assurance systems.

Systems and processes failed to adequately assess, monitor and drive improvement in the quality and safety of the services provided. This was a 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meeting minutes did not refer to discussions with staff about ideas and plans for ongoing improvements at the home or record ideas and feedback being gathered from staff.
- The registered manager was able to give some examples of how people's equality characteristics had been taken into consideration, however, there was not a proactive approach to understanding people's

individual needs and differences, including at the end of life.

● People were often content and relaxed at the home. Some people spent time with one another throughout the day and enjoyed speaking with staff. People gave us positive feedback overall about the service.

● The provider had planned to improve how activities were carried out. There were missed opportunities to engage with people and encourage activities and hobbies, and to enhance the premises as far as possible. For example, the garden had uneven surfaces and tripping hazards along the pathway. A relative commented, "They have a beautiful garden but not used much only to go out to smoke."

● Relatives had mixed experiences about how involved they felt with the service and whether there was a positive and homely atmosphere. However, most relatives told us the registered manager was approachable and they would recommend the home. "There is a calm professional atmosphere in the home."

● The nominated individual had developed surveys, and the registered manager had started to implement 'resident of the day' reviews to engage with people and relatives more effectively.

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; Working in partnership with others

● The registered manager understood their regulatory responsibilities and responded to the concerns brought to their attention during the inspection.

● We had prompted the nominated individual to review the registration details for the service as these were inaccurate. This had not been done at the time of our inspection.

● The provider had notified CQC of specific incidents and events as legally required.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to seek consent for care and treatment and to act in line with the requirements of the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

The provider was issued with a Notice of Decision to impose conditions on their 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 safety including in relation to infection control and the safety of the premises were not effectively assessed and mitigated against. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

The provider was issued with a Notice of Decision to impose conditions on their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes failed to adequately assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

The provider was issued with a Notice of Decision to impose conditions on their registration.