

Mrs S M Spencer

# The Haven Rest Home

## Inspection report

191 Havant Road  
Drayton  
Portsmouth  
Hampshire  
PO6 1EE

Tel: 02392372356

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Haven Rest Home is a residential care home providing accommodation for up to 20 people in one adapted building. The service provides support to older people who may be living with dementia and/or a physical or sensory impairment. At the time of our inspection there were 18 people using the service.

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

People told us they were safely cared for. We found improvements were required to ensure risks to people had been assessed and plans were in place and followed to mitigate those risks. Not all safeguarding incidents had been referred to the local authority or notified to CQC. Not all recruitment checks were fully completed. Information to support the administration of 'as required' medicines' was not always person centred with safe administration guidance for staff. The registered manager acted promptly on the concerns we raised during and following the inspection.

### Consent for decisions about people's care and treatment did not always follow guidance and the law.

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

A quality assurance system was in place; however, this had not been effective in identifying all the concerns we found. The registered person had failed to notify CQC without delay of all incidents as required in the regulations.

There were enough skilled and knowledgeable staff to support people safely. Procedures were in place to prevent and control the spread of infections.

People's needs were assessed and reviewed, and they received the healthcare and nutritional support they required. The provider had made improvements to the environment which took account of the needs of people living with dementia.

People and relatives told us they would recommend the home to others. We saw the service had received compliments from people and relatives about the care they had received. The registered manager had made improvements at the service and this was acknowledged by staff, people and relatives.

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

The last rating for this service was requires improvement (published 15 May 2019). At our last inspection we recommended the provider sought advice and guidance on checking the environment supported people living with dementia. At this inspection we found the provider had made some improvements. The service

remains rated requires improvement.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which were rated requires improvement at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating

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.

#### Enforcement and Recommendations

We have identified breaches in relation to the need for consent in line with law and guidance and the notification of incidents to CQC.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# The Haven Rest Home

## 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.

#### Inspection team

The inspection was carried out by 1 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

The Haven Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Haven Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 30 January 2023 and ended on 10 February 2023. We visited the service on 30 January and 3 February 2023.

#### 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 (PIR). 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 used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 6 relatives and we received written feedback from a further 4 relatives. We spoke with 12 staff members including; the registered manager, deputy manager and head of care, 5 care staff, 2 domestic staff the chef/maintenance staff member an administrator and the provider's representative. We spoke with 1 external healthcare professional. We observed interactions between staff and people to help us understand the experience of people who could not talk with us.

We looked at the care records of 5 people and multiple medication records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service. These included policies and procedures, records of accidents or incidents and quality assurance records. Following the inspection, the registered manager provided us with information to show the actions they had taken and other documents to support our inspection.

# 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 requires improvement. At this inspection the rating for this key question has remained 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

- We found further improvement was required to ensure risks to people's health and well-being were assessed and managed. For example; 2 people were at risk of constipation and when constipated other risks, such as behaviours which challenge others and risk of falls were increased. There was no risk assessment or management plan to guide staff as to how the risk of constipation was to be managed.
- Another person had risks associated with eating. A Speech and Language Therapist (SaLT) had advised they were supervised when eating and their diet was modified to a soft and bite sized consistency. However, we found this risk was not always managed in line with this guidance. For example, we visited the person in their room and biscuits had been left available to them which would present a risk if eaten. In addition, the person did not have access to a call bell to enable them to call for assistance should this be necessary.
- We found some information in people's risk assessments required updating to reflect their current needs and to give clear guidance to staff on the preventative actions to mitigate the risks. For example; a person at very high risk of falls had limited information about the actions staff to prevent further falls. Other risk assessments we reviewed were comprehensive.

The failure to assess and manage the risks to the health and welfare of service users was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager, deputy manager and staff we spoke with had good knowledge about risks to people and knew them well. The registered manager took prompt action to address these shortfalls and provided us with evidence to confirm this.
- Risks to people from the environment such as fire safety and equipment related risks were managed.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been reported to the local authority or to CQC. Actions had been taken to support the safety and well-being of people within the service. However, the system to identify and review incidents requiring notification and referral in a timely way was not sufficiently robust. Sharing information about safeguarding helps to protect people from further harm. We have addressed this further in the well led question.
- Staff had completed training in safeguarding and those we spoke with understood their responsibility to identify and report any concerns which could indicate abuse.
- People and relatives told us they were safely cared for by the provider's staff. A person said "Yes. [I feel safe] There's always someone to call if you need help and they're always happy to help when you ask for it"

and a relative said "Yes, because of the care, they're very attentive and they check everything."

### Staffing and recruitment

- At our previous inspection we found the recruitment of staff was not always safe. At that time the provider had introduced a new recruitment policy and process to support safe recruitment going forward but this had not yet been implemented.
- At this inspection we found improvements had been made in the recruitment process. However, a full employment history, together with a satisfactory written explanation for any gaps in the applicant's employment was not available in the 2 files we reviewed. The registered manager took action to address this and implemented a more robust checking procedure.
- There were enough staff to meet people's needs. The provider used a system to calculate and review staffing levels in line with people's assessed needs. The system enabled the registered manager to check people received care in line with their assessment.
- People told us they had to wait for staff at times, but no one said their needs were not met. Their comments included "There's enough staff, but they're under pressure sometimes. Sometimes there's a lot going on, so many people to cope with. Especially at mealtimes, you don't know when you're going to get it. Your meal can come late, you have to wait." "Sometimes they're short of staff, but it's otherwise really good. You have to wait a bit longer, but we understand that. It still all gets done."
- Relatives comments included "There's plenty [of staff] and it's the same at the weekends. You can raise a bell if you need someone." "There are more staff than there used to be when [person] first came here, and they have cameras so if she falls, they know what happened."

### Using medicines safely

- We found some improvement was required in the management of people's medicines.
- Medicines prescribed to be taken 'as required' (PRN) such as pain relief, laxatives and medicines to calm people when they became distressed and anxious lacked person-centred guidance. This is important to guide staff in their safe and effective administration. The registered manager acted to address this following our inspection.
- Not all cream and liquid medicines were dated when opened. This is important to check the medicine remains effective. Staff were reminded of this at the time of our inspection.
- Medicines were administered safely. Staff completed training in medicines administration and had their competency assessed to check they continued to do so safely.
- Medicines were stored securely and within their recommended temperature range.
- Information was available for staff providing personal care to apply creams as prescribed. Records were kept of the application of creams and topical medicines [applied to the skin].
- People told us they received the support they needed with their medication. A person said "Oh, yes. I should look like a pill! I never miss out on a pill; I'm well looked after." Another person said "It's pretty controlled. I have breakfast and then the medication can come. They know that."

### 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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 that the provider was using PPE effectively and safely.

#### Visiting in care homes

At the time of the inspection the provider was asking visitors and staff to wear a face mask in the home (except for private visits in rooms). This was because the local authority had advised of high infection transmission rates of COVID-19 in the local area and advised the use of face masks for staff and visitors. The registered manager undertook to reflect this in the risk assessment which underpins their visitor's policy to comply with government guidance. The registered manager assured us this would be regularly reviewed to minimise any detrimental effect face masks can have on communication with people.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed and analysed to identify actions to prevent a re-occurrence. We saw actions identified were added to the person's care plan. The system in use enabled tasks to be added and monitored for completion, such as regular checks on people and their environment for safety.
- The registered manager shared learning from incidents and accidents with the staff team at handover and team meetings.

# 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 requires improvement. At this inspection the rating has remained 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.

- At our last inspection we found that whilst the provider had made improvements in this area these had not been fully embedded in the service. At this inspection we found improvements were still required.
- Consent to care and treatment was not always in line with law and guidance. People were asked for their written consent to several decisions, for example; consent to vaccinations, sharing information including photographs and treatment by visiting healthcare professionals. When a person lacked the capacity to consent to these decisions there was not always a record of a mental capacity assessment and any subsequent decision made in their best interests.
- Consent can only be given by the person or if they lack capacity a legally authorised representative. People's electronic care records indicated consent had been signed by staff. A written consent form did not clearly state why a relative had signed on behalf of a person who's care plan indicated they had capacity to consent. A written consent form for a person who lacked the capacity to make some decisions had been signed by a person without the legal authority to do so.
- Some information about people's mental capacity to consent to interventions was contradictory. For example, a consent document stated the person lacked capacity to make decisions about the management of their medication and a best interest decision had been made. However, the mental capacity assessment for this decision stated the person had the capacity and therefore no best interest decision was made. Other

information in this person's records indicated they may lack the capacity to understand and retain all the information relating to this decision. For another person they were assessed as having the capacity to agree to the home managing their medication. However, information in their care plan indicated they did not have the capacity to understand all the relevant information to make this decision. For example, the risks of not taking their medication although they were known to regularly refuse this.

- Consent or best interest decisions were not in place for the use of sensor pads which could be considered a restraint. We did not find sensor pads were being used to restrict people's movement. However, records must show the persons has consented to the use of this equipment or if they lacked capacity, a decision had been made in their best interests for their safety. The registered manager addressed this following our inspection.
- CCTV was used in the home to monitor communal areas for people's safety. The provider informed people of the use in their contract. When you ask for consent to process personal information, you must separate it clearly from other things. People who may lack the capacity to consent to the use of CCTV did not have a best interest decision about this.
- The home has one shared bedroom which was occupied by two individuals at the time of the inspection. No consent was in place for this arrangement. This is important to evidence people fully understand all the implications and choose to agree to this arrangement or the decision is made in their best interests. The registered manager took prompt action to address this following our inspection.
- Some people were deprived of their liberty and either had an authorised DoLS in place or one had been applied for. For one person we were concerned they may be deprived of their liberty without an application having been made. This person was under constant supervision and control and may lack the capacity to consent to these arrangements. Following the inspection, the registered manager confirmed they were carrying out a review of this person's capacity to consent and whether a DoLS application would now be appropriate.

The failure to ensure care and treatment is provided with the consent of the relevant person and in accordance with the Mental Capacity Act (2005) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff asking people for their consent when they supported them. People told us staff asked their permission when supporting them with personal care and a person said "Oh, yes. They always ask, always. What am I going to say? I say 'yes', you get to the point you have to rely on people. They do the caring well and they don't make a fuss about it."

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

At our last inspection we recommended the provider sought guidance to ensure the environment was appropriate for the needs of people living with dementia. The provider had made some improvements.

- Patterned carpeting had been replaced so that it was of a consistent colour which contrasted with the walls and furniture. Patterned carpets can create difficulties for people living with dementia.
- Some light switches had been outlined in yellow so that they were easier to see.
- Some people's bedrooms had boxes outside their rooms with personalised objects and pictures. This helps people to orientate and know their room.
- Other environmental improvements included; bedrooms had been decorated and flooring replaced. The laundry and managers office had been moved and a medication room and staff office created. CCTV was installed to enable staff to monitor people's safety in communal areas.
- People could meet with visitors in their room or in the communal areas. A quieter lounge was available

downstairs for people and/or visitors.

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

- People's needs were assessed prior to them being admitted to the service. For some people being admitted from hospital the assessment was carried out by a 'trusted assessor' on the home's behalf. This supports timely discharges from hospital.
- People's care records showed their needs were assessed and care was planned to meet them. Some information required updating which we have covered in the safe question. The provider used a range of nationally recognised tools to assess needs and risks for areas such as; skin integrity and nutrition.
- At our last inspection we noted people were not asked about their needs in relation to their sexual orientation. This is a protected characteristic under the Equalities Act 2010. Asking people about this helps providers consider the full range of people's diverse needs and prevent discriminatory practice. This had not been acted on. However, the registered manager acted to address this following our inspection.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the abilities of the staff. A person said "Oh, yes [staff are trained]. There's a young girl going into caring, so she has to get a certificate. They do first aid training." A relative said "Yes, definitely [staff are skilled] and nothing seems too much bother."
- Staff told us, and records confirmed they completed a range of training to meet people's needs. A staff member said "We have our annual training and the diabetes training. I've got incontinence training and oral care training which was interesting." They went on to tell us how this training had helped them to learn techniques which supported people with dementia to maintain good oral care.
- The service was part of a pilot whereby community nursing staff trained and assessed staff to support people with diabetes including insulin administration. A healthcare professional told us that staff followed guidance and the pilot had resulted in good outcomes for people. A person supported with their insulin told us they were "happy" with this arrangement.
- Staff received an induction and on-going supervision. Staff told us they were well supported by supervisory staff. A staff member said "Supervision is helpful if you feel a bit down yourself you just want to be able to talk to someone. We bond with [people] and deputy manager is always there. It's hard when residents are poorly because we care." Supervision included mini quizzes to check staff knowledge in relation to subjects such as; safeguarding and mental capacity.

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

- People's weights were monitored subject to their malnutrition risk assessment. If people were found to be at risk of malnutrition referrals were made to healthcare as required. We saw examples of where people had been supported to gain weight as a result of this process and subsequent interventions.
- People told us they were mostly satisfied with the food. A person said 'It's very good. It's not always hot enough when they bring it round, but they'll put it in the microwave.' Another person commented the meals were repetitive, and a third person said "I appreciate the meals more now. They're quite nice. They help by cutting it up when I ask." The registered manager told us they were planning to improve the variety of meals available to people.

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

- People told us they received the healthcare they needed. A person said "Yes. I tell them [the staff] and they sort it [health needs]." And another person said "Yes, the optician comes in. A lady comes in and cuts my nails and checks my feet because of the diabetes." A relative said "They [staff] organise everything. All her medical needs are there for her. The manager has done forms for

me. It's a weight off my mind. She sees the mental health team."

- People's records showed they had access to the healthcare and other support they needed. The registered manager told us they used a 'Telemed' system which enabled people to be seen remotely for assessment and diagnosis whenever needed. Multidisciplinary team meetings were held every 5 weeks which meant people's needs could be holistically reviewed by health and care professionals to promote positive outcomes.

# 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 requires improvement. At this inspection the rating has remained 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

- The registered person must notify the CQC without delay of some incidents that occur in the service. This includes any abuse or allegation of abuse in relation to a service user and serious injuries. We found 3 incidents of abuse had not been notified to us by the registered person. We spoke to the registered manager about this who had understood the local authority would not consider these incidents as safeguarding and so had not notified us. However, it is the registered person's responsibility to notify us, irrespective of other requirements and this was clarified with them on inspection. The registered manager was advised to review the local authority guidance on safeguarding.
- Although people had been harmed during these incidents, they had received appropriate treatment and actions to mitigate the risks to them of a re occurrence had been implemented.
- Two people had been seriously injured as a result of falls. Providers are required to notify CQC when a person is seriously injured whilst receiving a regulated activity. We had not received notification of these incidents until this was identified during the inspection. People had received treatment for their injuries and actions had been implemented to prevent a re-occurrence. The lack of reporting had been an oversight.
- The system for alerting incidents for the registered manager's review depended on staff flagging these on the electronic system. If this was not completed the registered manager may not review an incident until their monthly audit. This meant incidents may not be reviewed in a timely manner to ensure actions to prevent a re-occurrence and notification requirements had been completed.

The failure to notify the Commission without delay of incidents that occurred whilst carrying on a regulated activity was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Not all the concerns we identified during the inspection had been found by the providers quality assurance system. These have been detailed in the safe and effective questions and included; risk assessment, PRN medication protocols, recruitment checks and the application of the MCA.

The failure to operate effective systems to assess, monitor and improve the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded promptly to our feedback and made some improvements in these areas. More time is required for these to be fully embedded into the service.

- The registered manager had an action plan in place to make improvements to the service. This was informed by a range of audits and feedback. Progress was reviewed and shared with the provider's representative at regular meetings.
- We received positive feedback about the registered manager from people, relatives and staff. A relative said "Definitely [service is well managed] [registered manager] is on the ball. They are nice people [managers]."
- It was evident the registered manager had made improvements to the service which included; embedding a positive culture, improving person centred care and activities, improvements to the environment, resources and staff training. A staff member said "Since [registered manager] has come we do a lot more training and if we want more, we can do that like end of life, she is always happy for us to do more. You can just knock on the door and go in the office she has made a lot of difference."

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

- People we spoke with told us they were not involved in decisions about the home. One person said, "If I say something, someone takes note and does something about it."
- At the time of the inspection a quality assurance survey was being carried out with relatives, staff, people and other professionals. Previous surveys completed by relatives and people showed feedback had been analysed and actions for improvements were taken. For example; a label press had been purchased to mark people's clothes in response to relatives' feedback about laundry being mislaid. People had requested more entertainment and further external entertainment had been provided. Complaints had been investigated and responded to.
- The provider had implemented an Employee Assistance Programme (EAP) which offers staff access to external well-being support and practical advice. Staff we spoke with told us their needs and views were considered and they were listened to by the registered manager and provider.
- Team meetings were held, and the minutes showed staff were asked for feedback as well as being given information about their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the atmosphere in the home was "good." A relative said "There's a happy atmosphere, you hear a lot of laughing going on." People we spoke with said they liked living in the home and their comments included; "It's very nice. I'm well looked after" and "I like it, I like the people. The staff are lovely, amazing. I've nothing critical to say." We asked a relative if they would recommend the home to others and they said "Definitely. It's a lovely home; I can't knock it."
- The registered manager told us they spent time in the home observing interactions between staff and people and speaking to people and relatives. The registered manager said, "I am mentoring staff all the time." The head of care also worked alongside staff and told us how they promoted person-centred care. A staff member said "[registered manager] is person centred with care, she is out here and knows them [people] all well."
- Staff we spoke with told us the culture in the home was positive and if they had concerns, they could speak to the deputy and registered managers about these. A staff member said "I think it has improved 100% everyone says how homely it is. We work as a team I love working here. Since [registered manager] came we can go to the office and they [registered manager] will come and check on you. I love my job."
- The registered manager understood their responsibilities under the duty of candour. Relatives we spoke with confirmed they were informed following incidents and accidents.

### Working in partnership with others

- The service worked in partnership with other agencies such as; the care homes team, community nurses, physiotherapists and occupational therapists and the older people's mental health team to promote good outcomes for people.



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>How the regulation was not being met: The provider had failed to notify the Commission without delay of relevant incidents that occurred whilst carrying on a regulated activity.</p> <p>Regulation 18 (1)(2) of the Care Quality Commission (Registration) Regulations 2009.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: The provider had failed to ensure care and treatment was provided with the consent of the relevant person and in accordance with the Mental Capacity Act (2005).</p> <p>Regulation 11(1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider had failed to assess and manage the risks to the health and welfare of service users</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

How the regulation was not being met:  
The provider had failed to operate effective systems to assess, monitor and improve the service,

Regulation 17(1)(2)