

## Care UK Community Partnerships Ltd

# Norfolk 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection was carried out on 15 September 2015. Norfolk House is a purpose built care home with nursing, situated on the outskirts of Weybridge in Surrey. Some of the people using the service are living with dementia. The service can accommodate up to 76 people, over three floors, and all rooms have en-suite facilities. On the day of the inspection there were 58 people living at the service.

On the day of our visit there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had not been a registered manager at the service since January 2015. A new manager had started at the service, they told us that they were in the process of submitting their application to us. They had only been at the service for one week.

There were not sufficient numbers of staff deployed around the service to meet people's needs.

# Summary of findings

Risk assessments for people were undertaken. Each risk assessment gave staff information on how to reduce the risk but they were not in any detail. These included risks of poor nutrition, choking and falls. Staff had a good understanding of people's risks. Not all of the information around risks had been kept together to ensure that staff had all of the information in one place.

Staff had knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. However MCA assessments had not always been completed appropriately for people.

Staff did not always have the most up to date guidance in relation to their role. The service clinical training had not been completed by all of the nurses.

There were complete pre-employment checks for all staff. This included full employment history and reasons why they had left previous employment. This meant as far as possible only suitable staff were employed.

There were up to date policies for staff in relation to people's medicines. People's medicine charts were completed clearly and accurately. People's medicines were managed safely and they had them when they needed them.

One to one meetings were undertaken with staff and their manager however appraisals had not taken place for all staff. Staff did say that they felt supported.

People's personal history, individual preferences, interests and aspirations were all considered in their care planning. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. However there wasn't always a plan of care around every identified need. For example in relation to challenging behaviour.

There was a programme of activities in place which people said they enjoyed. However there were times at the weekend when no activities took place.

There were instances of staff not being as caring as they could be. There were times when people had no

meaningful conversations with staff. Other people and relatives felt that staff were kind and considerate. People were treated with kindness and compassion by staff throughout the inspection. One person said "I have fun with the carers, staff are caring in every way."

People and relatives said they felt their family members were safe. Staff understood what it meant to safeguard people from abuse and how to report any concerns.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People and relatives said that the food was good. People were encouraged to make their own decisions about the food they wanted. People's food and nutrition was carefully monitored and maintained.

People had access to health care professionals as and when they required it. We saw several examples of visits from health care professionals on the day of our visit.

People and relatives had the opportunity to be involved in the running of the service. Residents and relatives meetings were held and the minutes showed discussions about the décor of the service.

There was a complaints policy which people and relatives had knowledge of and knew how to access this.

Audits of systems and practices were carried out and were effective. Where concerns had been identified these were being addressed. Incidents and accidents were recorded and there was an analysis of this. For example in relation to falls.

Staff said they felt supported or motivated in their jobs. Regular staff meetings took place and staff contributed to how the service ran. Meetings were minuted and made available to all staff.

Annual surveys were sent to the people, relatives and staff which were used as a way of improving the service.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

There were not always enough qualified and skilled staff at the service to meet people's needs.

Staff were aware of the risks to people and how to manage them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff had a good understanding of the Mental Capacity Act 2005 however people's capacity assessments were not always completed appropriately.

Staff did not always have the most up to date training related to their role. However supervision of the work that they undertook did take place.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

**Requires improvement**



### Is the service caring?

The service was not always caring.

There were times when people had no meaningful conversations with staff and times where staff were not always caring. We did see occasions where people were treated with kindness and compassion and their dignity was respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

Although there was information about people's care needs there was not always a plan of care around all of the identified concerns.

There were activities that suited everybody's individual needs however these needed to be extended to people at the weekend.

People knew how to make a complaint and who to complain to. Complaints were responded to appropriately.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not always well-led.

This was because there had not been a registered manager at the service since January 2015.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this was used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

**Requires improvement**



# Norfolk House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on the 15 September 2015. The inspection team consisted of four inspectors and an expert by experience in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We did not ask the provider to complete a Provider Information Return (PIR) as this inspection was undertaken

in response to concerns we had. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked through notifications that had been sent to us by the deputy manager at the service.

During our inspection we spoke with the manager, the deputy manager, 14 people that used the service, eight visitors, 14 members of staff. After the inspection we spoke with two health and social care professionals. We looked at a number of care plans, recruitment files for staff, audits of the service, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed some care being provided during the inspection.

The last inspection of this home was on the 1 July 2014 where we found our standards were being met and no concerns were identified.

# Is the service safe?

## Our findings

There were mixed responses from people around whether they felt safe. One person said that they didn't have any concerns around how staff treated them. One person said "Of course I'm safe here, there's no bullying at all, this is as good a place as any." One relative said "She (the family member) is safer here than in the last home." However two people mentioned that they didn't feel as comfortable with staff at night. One person said "I hate nights, they (staff) insist that I stay in bed if I need to go to the toilet."

There were varying views from people and relatives around whether there were enough staff to support them. One person said "Staff are good, I don't have to wait long for them." Another person said that they frequently waited long periods of time before staff came to support them with their personal care. They said that night staff would often come and turn the call bell off and tell them that they would be back soon. They told us that on one occasion they were left waiting to go to the toilet for over two hours.

There were not always enough staff deployed around the service to meet people's needs. We were told by the management team that all of the people with nursing needs were on the middle and ground floors. They said that there was one nurse on each of these floors and one team leader on the top floor where people did not have nursing needs. However we established that there were four people on the top floor who were being funded by the Clinical Commissioning Group for 24 hour nursing care. The manager told us that these people would only be supported by a nurse at the service if requested by the care staff. We looked at the service dependency tool, which had not accounted for the nursing care for the people who lived on the top floor so was not an accurate reflection of the needs of people. The manager told us that the current dependency tool used at the service didn't necessarily reflect the needs of people and how many staff were needed.

We were told by the manager and deputy manager that the staffing levels should be three carers on the ground floor, five on the middle and two on the top. Staff told us that staffing levels on the ground floor should be four and that often staff would be 'borrowed' from other floors to assist with the ground floor. This happened on the day of the inspection. One member of staff said about the middle floor "As long as there are five staff we are okay, when there

is four it puts pressure on everyone and it's a struggle." On another floor a member of staff said that people were left in bed for long periods of time as they were so busy. The deputy manager agreed that on some days additional staff were required on the ground floor. We found that only one carer was allocated to work on the top floor at night despite there being people who required two people to move them. One member of staff said "I think there is a problem at night, they (staff) have to call down to another floor and ask for someone to come up, I think there should be at least two people (staff) at night." Another member of staff said "It's difficult at times as some people are up at night and need two of us to help them." The manager told us after the inspection that they had brought in an additional member of staff to assist on the top floor at night.

There were not always sufficient staff deployed around the service to ensure that people's care and treatment needs were being met. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were undertaken for people but they were not detailed or specific to the person. For example if the person was at risk of choking there was a generic statement in each file stating "Encourage resident to take small manageable mouthfuls when eating." There was nothing specific around the best way to manage the risk for the person. One person was at risk of falls at night, this was not documented on their electronic care plan and there was the potential that staff wouldn't have this information. Assessments were also in place for identified risks which included mobility and nutrition and action to be followed by staff to keep people safe. Risk assessments were assessed monthly and sooner if this was needed and changes made if necessary. However one member of staff told us that the computerised care plans didn't allow for all types of risk to be entered and so any additional identified risks had to be handwritten and placed in a separate file which increased the likelihood that not all staff would know about them.

**We recommend that all information relating to the risks to people are detailed and kept together to ensure that staff have the most up to date and accurate information for people.**

People were kept safe as the provider carried out appropriate checks on staff before they were employed.

## Is the service safe?

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, evidence of their conduct in the previous employment, evidence of the person's identity and full employment history. This gave assurances to the manager that only suitably qualified staff were recruited.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would refer their concerns to the manager and if necessary to someone more senior. There was a Safeguarding Adults policy and staff had received training regarding this. There were posters displayed around the service with the contact details of the local authority. One member of staff said "If there are any marks on people's bodies, changes in their behaviour I would report it to the manager or whoever was in charge, we need to always make sure the person is safe." Another member of staff said "If I felt nothing was being done then I would report it higher."

We looked at medicines management and administration at the service. The medicines policy was comprehensive and up to date and staff knew how to access this. We observed a nurse undertaking the medicines administration rounds at the service. They approached

people in a professional and caring manner. They waited for the person to swallow their medicines before they moved on. They did not rush people and were seen to have a good rapport with them.

We found that a lot of people living at the service had been prescribed Paracetamol (and other medicines) 'As necessary' (PRN) and there were guidance in place for each of these. People's Medicine's Administration Charts (MARs) were complete and up to date. We spoke with clinical staff about their understanding of people's medicines. One member of staff said "All staff who administer medicines receive training and are assessed by the manager to ensure we are competent before administering medication to residents."

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly which was kept in people's files and a copy in the reception.

Accidents and incidents were recorded and the deputy manager analysed the information from this to look for trends. This was then discussed with staff at handovers and staff meetings. For one person an additional falls risk assessment was undertaken and staff monitored this person more closely.



# Is the service effective?

## Our findings

People said that since moving in to the service they were getting supported with their health needs. One person said that their hands had strengthened and they were able to be more independent. One relative said “My (family) is looked after well.” Relatives said that they felt their family members needs were being met.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The MCA assessments that took were not specific and covered broader aspects of care rather than specific decisions. One person required a bed rail, there was no specific MCA assessment around whether the person had capacity to consent to this. There were also no detailed records of why it was in someone’s best interest to restrict them of their liberty if this decision had been made. For instance, one person had a bed rail however there was no evidence around the best interest discussion to explain why it was in their best interest to have one. The manager told us that they had identified this gap when they started and had started to address this.

As there was not always clear systems in place to ensure that capacity was assessed and DoLS applied for where necessary this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing care. People said that staff asked them for consent. For example one person said that staff asked them permission before they provided personal care or hoisted them.

Staff were not always kept up to date with the required service clinical training. For example, staff had completed training in relation to safeguarding, fire safety and health and safety. However one member of staff said that there

had not been as much clinical training as needed for nursing staff. This had resulted in one person (who had a syringe driver) not receiving the most effective care for them.

There were gaps in training for nurses around wound care and tissue viability. One nurse told us that although they had received training in the past they felt they needed updated training in these areas. The manager had identified this gap and showed us that training had been booked for staff. They had all been written to individually to confirm the training they needed to attend. The manager said that until syringe driver training had been completed they were not going to admit anyone who required this care. Competency assessments had been completed with clinical staff however the person undertaking the assessments was not up to date with their own clinical training.

Staff were supported in relation to the work that they carried out. Staff said that they felt supported in their roles. One member of staff said “I have had supervisions with my manager, we discuss how to approach and assist people, my strengths and weaknesses and well as any training needs.” Another member of staff said “I feel I can speak to my manager.” We saw that one to one supervisions with staff were taking place regularly. However appraisals for staff were not up to date. Most of the staff who had worked at the service for 12 months or more had not had an appraisal. This had been identified by the manager and work was being undertaken to address this.

Staff were not always receiving the appropriate training, professional development and appraisal as necessary. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not see age appropriate points of interest in the service to assist people living with dementia. We saw people walking around the service and sat in different areas but they were not interacting with anything of interest. There was no clear signage that would help people with dementia to navigate round the service and handrails had not been painted in contrasting colours. People’s rooms did not have anything that would help them recognise it as being theirs such as memory boxes outside to help orientate people to their own rooms.



## Is the service effective?

Everyone we spoke with said that they enjoyed the food at the service. Comments from people included “The food is excellent, especially the curry”, “You get choices” and “I like the food, I’m a cook, there is always something I like.”

People had a choice of where to have their meals, either in the dining room or their own room. A menu was displayed on the tables in the dining room for people which was also in pictorial format. We also fed back that one person who had a gluten free diet did not always have a choice of meal which again the manager said they would look into. Lunchtime was a social affair; dining tables were covered with tablecloths, napkins, cutlery and crockery. Some people had specialist plates to assist them in eating independently. People were able to sit where they liked and it was evident that people had their favourite places.

Staff were seen assisting people who needed support with eating. Staff encouraged people to eat and were patient and waited for people to respond before proceeding. We noted that one person wanted to have their lunch later on, so staff put their lunch to one side. We heard staff ask what people would like to eat. The person responded that they didn’t want a lot. The member of staff replied “I could put a small amount on your plate if that is what you want.” It was clear that staff knew people’s preferences and dietary requirements. For example staff knew that that one person did not always eat lunch but would always eat the pudding.

People were offered drinks and snacks throughout the day and fresh fruit was available. Where people needed to have their food and fluid recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded on forms that were kept in people’s rooms.

This meant that staff had an accurate record of what people had drunk. Drinks were within reach for people that were in bed. People were weighed monthly and if there was a change in their weight then this was changed to weekly.

The chef had records of people’s individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs.

People had access to a range of health care professionals, such as the GP, opticians, community nursing team and support from the local hospice team if needed. The GP visited regularly and people were referred when there were concerns with their health. One person had been losing weight. Advice had been sought from the dietician and speech and language therapist to assist this person. Health care professionals told us that they did have concerns about one person who was living at the service and the lack of training that staff had around their care needs. The person has now moved to another service. The manager confirmed that training was going to be provided to staff around this.

# Is the service caring?

## Our findings

One person told us that they didn't feel that the staff at night were as caring as staff during the day. They said that they worried about using the call bell because of the reaction from staff. They said that on the whole staff were caring but "Dreaded" when night staff were on duty. This was fed back to the manager who told us that they would look into this.

People told us there were instances where staff were not as caring as they could be. One person told us that they were not given the choice of when they wanted to get up and that staff would come into their room most mornings very early to tell them it was time to get up. They said that the wash they received was just a "Quick" wipe. Another person told us that whilst sitting on the toilet the member of staff flushed it instead of waiting until they had got up. These examples did not show that people were treated with respect or dignity.

We did observe periods throughout the day where staff were not proactive in engaging with people. There wasn't a lot of spontaneous conversation between people and staff. One person walked around the service throughout the day but we did not see staff engage with them in any meaningful way. Another person, who had difficulty communicating verbally could not be understood by staff. Staff told us that they used to have a picture board to assist with communication but they didn't know where it had gone. We could see that this person was agitated as staff were unable to understand them.

As people were not always treated in a caring and compassionate way this is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was positive feedback from people about how caring staff were. Comments included, "This home has been my salvation after living on my own; the staff are kind and very good" and "I have fun with the carers, staff are caring in every way." We did see some positive interactions with staff and people. We saw they responded promptly to people who were requesting assistance and they did so in a patient and attentive way. We noted some warm and friendly exchanges between staff and people. Staff spoke with people while they were providing care and support in ways that were respectful. They ensured people's privacy was protected by ensuring all aspects of personal care were provided in their own rooms.

Staff told us that they enjoyed working at the service. One member of staff said "I really like it here, it's a nice place to work. Another said "I treat people like I treat my own family." When asked how they would ensure people's privacy and dignity comments from staff included "I would knock on people's doors, stay polite and asked them (people) if it was convenient to carry out personal care" and "I would give people choices, you can't just assume people don't want something." We heard staff offering choices to people throughout the day.

People and relatives said they felt involved in the planning of their care. One person told us that they would have their relatives support with care planning. Relatives said that they were able to come to the service when they wanted and were not restricted to specific times. We saw visitors coming to the service throughout the day. Staff at the service had the details of an advocacy service where people needed the support. Many people at the service were supported by family members.

# Is the service responsive?

## Our findings

One person said that they felt there wasn't good communication between staff. They said that they would ask staff to hand over information to staff coming on duty about particular requests for example when they would like to get up or go to bed but this was never done.

Staff did not always respond appropriately to the care that people needed. One person told us that they had been having difficulties with their hearing since moving in. They said that they had asked the nurse on duty if something could be done to look at this but were told that nothing could be done. We fed this back to a member of staff who was unaware of this. They immediately addressed this and said that it could have been a new member of staff who had given this response. By the end of the inspection steps had been taken by the nurse to address the concern.

Another person had been diagnosed with vascular dementia however there was no plan of care around this or any behavioural management plans or charts. It had not been determined whether this person's behaviour was caused by their dementia or was due to illness and there was no guidance to staff in how to provide appropriate support to the person.

According to one person's care plan it stated that staff should check the person's skin integrity daily because of the risk of pressure sores but there was no evidence that this was being done. The daily notes did not detail anything about the person's skin condition and there was no guidance to staff in managing this..

As there were not always accurate care records in relation to the planning of care this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that before they moved in the manager undertook a pre-assessment of their needs. One person said that they were visited in hospital by a member of staff before they moved in to ensure that their needs could be met. Relatives also told us that they had been involved in their family members assessment of needs where appropriate.

For those that needed it, specialist equipment was provided to support their particular needs. This included slings, wheelchairs, pressure mattresses and pressure

cushions for those with poor skin integrity. Staff shared information about people and their health and social needs in a variety of different ways. There were daily handovers for staff and regular meetings took place so that they were kept up to date about people. We saw the meetings discussed any particular concerns about people and steps needed to be taken to address any concerns.

There was a range of activities on offer for people which were displayed on a noticeboard. One person said "I've been to quite a few activities, there is always something on, they are very entertaining." Another person said that although there are activities on offer they chose not to get involved. However they told us that they were always asked. Activities included indoor bowls, quizzes, singing and entertainers. One person was overheard saying "I am looking forward to the mini bowls, I haven't done that for years and it was good fun then." We saw people watching their choice of programmes on the television at different stages throughout the day. People were also able to access the garden if they wished to. On the day of the inspection one to ones between people and staff were supposed to be taking place in people's rooms but we did not see this happening. We also saw there were no activities organised to take place at the weekend.

**We recommend that people have access to appropriate activities throughout the week that suits their needs.**

There was a complaints procedure in place that people could easily have access to. One person said "I have no complaints about the staff." Another person said "The staff are very good and I can't complain about them."

There was a spreadsheet of complaints and compliments held by the manager which detailed how these had been addressed and resolved. One relative had complained that they had not been informed of their family members deterioration. The deputy manager had met with the relative and apologised for this. As a result action was taken to help minimise the risk of this re-occurring, staff were reminded to ensure they kept relatives up to date with any changes to people's health. We saw that had been several compliments from people and relatives which included comments "I cannot thank you enough for the kindness and compassion that you have shown" and "Thank you for all your kindness during my convalescence."

# Is the service well-led?

## Our findings

People who used the service and relatives said the management and staff were good. One person said “I’ve already met the new manager and he is a nice chap.” One relative said “I’m impressed by the staff and how they carry out their duties.” People told us that they were aware of the management of the service and felt that the managers knew who they were.

There had not been a registered manager at the service since January 2015. Since then the deputy manager (with support from the regional managers) had been managing the service. We saw that the senior staff were present and visible around the service throughout the inspection.

The new manager had only been in post one week when we inspected. They said that they were in the process of submitting their application to become registered manager to the CQC.

One member of staff “The facilities are good here and so is the manager although he has only been here one week.” Another member of staff said “Things are much better here now, things are improving, staffing is more organised.” Staff told us that they felt supported by the management team and their peers. Comments included “The deputy manager is very approachable” and “Management adapted to my personal circumstances.” Staff said that they felt able to go and speak to the manager at any time.

A staff survey had been undertaken to establish their views. The results of these had been analysed and an action plan produced to address any areas of concern. This included staff wanting further opportunities to develop within their role and for staff to feel more appreciated. We saw that staff meetings were taking place more regularly now where it had been recorded that management was thankful for the work they were undertaking. Appraisals had been booked for staff to discuss their individual development needs.

When asked about the ethos of the service one member of staff said that it was their duty to look after people, to do

what was in the best interest, keep their independence and respect their wishes. On the whole this is what we observed from staff throughout the inspection. Another member of staff said that there was a really good team who worked at the service.

Regular meetings took place with people and relatives at the home. Subjects discussed included any changes that were happening and events that were going to take place. People were asked what they wanted to change within the building. There was a suggestion from people around improving the internal decoration with pictures. The manager told us this was being organised. We saw that there had been another meeting planned for the following month and that this was advertised for people on the notice board. People were asked to complete a survey. Information from this was used to improve the quality of the service. For example staff were reminded to continue to offer people choices and to be more cheerful and approachable.

Audits to assess the quality of the service were undertaken and effective. These included audits of infection prevention, health and safety, pressure care and ulcer management and care planning. There were action plans for each audit. For example it had been identified that not all care plans had people’s life stories included. This had been addressed by staff. It had been identified that there were not enough sensory items for people living with dementia, this was also being addressed by the new manager.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had not informed the CQC of all significant events in a timely way. One person was admitted to hospital as a result of a head injury but we had not been notified of this. This meant we were unable to check that appropriate action had been taken. We were told that this had been an oversight. The person had returned to the service the day after they were admitted.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**The registered provider had not ensured that staff always acted in accordance with the requirements of the Mental Capacity Act 2005.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  
**The registered provider had not ensured that there was always a plan of care around people's individual needs.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The registered provider had not ensured that people who use services were cared for by sufficient numbers of qualified, competent and experienced staff.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  
**The registered provider had not ensured that people were always treated in a caring way.**