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Walmer Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 13 December 2017 and 9 January 2018 and was unannounced. We last inspected this service in August 2016 we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found no improvements had been made to the governance and quality assurance systems in place which enable the service to identify and improve where quality and safety was being compromised.

The service had a registered manager. 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.

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

Walmer Lodge accommodates 12 people in one adapted building. At the time of our inspection there were 12 people living there.

People told us they felt safe. However we found the correct safeguarding reporting procedures were not always followed. Staff were aware of the actions they would take to keep people safe however they had not received the appropriate training in safeguarding vulnerable adults.

Overall risks to people's health, safety and welfare were identified and action taken to manage the risk. Staff demonstrated a sound awareness of infection control procedures.

There was enough staff deployed. All the required checks were done before new staff started work and this helped protect people.

Staff were not appropriately trained to ensure they had the skills and knowledge to meet people's needs. However, staff did receive regular supervision and appraisal.

Medicines were managed safely. However, some improvements were needed to ensure a consistent approach. We recommended the provider reviews their medicines policies and procedures in line current guidance.

Most people told us they liked the food. People were offered a choice; however the variety of food was limited.

People had access to a wide range of healthcare professionals and we saw evidence people's healthcare

needs were met.

People were treated with respect and kindness and were supported to maintain their independence. However, improvements were required in relation to people being able to prepare their own snacks and drinks. People were given the opportunity to take part in a variety of social activities.

Information about complaints was displayed in the home. People told us the registered manager was approachable and listened to them. People were supported to share their views about the service, although views were not always taken into account.

People told us they would recommend the service and some people told us they had already done so. People had confidence in the management team.

We found the provider's quality monitoring systems were not always working as well as they should be. We were assured of the provider's commitment to making the required improvements.

We found four breaches of regulations in relation to safeguarding service users from abuse and improper treatment, staffing, good governance and notification of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People told us the service felt safe.

People's medicines were managed properly.

The correct safeguarding reporting procedures were not always followed.

Risks to individuals were identified and managed.

The home was clean and well maintained.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were asked for consent to care and treatment. However, correct processes were not always followed in relation to best interest.

People were supported to meet their health care needs and had access to the full ranges of NHS services.

The building was designed to take account of people's needs.

People were not always supported by staff who were trained to meet their needs

Is the service caring?

Good ●

The service was caring.

Staff was kind and knew people and their care and support needs and were committed to providing good care and support.

People's privacy and dignity were respected.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

Is the service responsive?

The service was not always responsive.

People's needs were assessed.

Provision of meals and drinks did not promote people's independence

People were satisfied with the care and support provided.

People were offered the opportunity to take part in a variety of social activities outside the home.

People knew how to make a complaint if they needed to.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

The providers systems for checking the quality and safety of the services people experienced were not always working as well as they should. We were assured the provider is committed to putting this right.

The service had not notified of significant events that occurred in the care setting.

People were given the opportunity to share their views of the service. Everyone knew who the registered manager was.

Requires Improvement 

Walmer Lodge Residential Home

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.'

The Inspection took place on the 13 December 2017 and 9 January 2018 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had experience of people with a learning disability. On the second day the inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. There were no concerns highlighted from the information provided.

During the inspection we spoke with the registered manager, nine people who lived at the home, three relatives by telephone, four care workers and the cook.

During our visit to the care home we looked at four care records of people who used the service, three staff recruitment files, training records, medicines records and other records relating to the day to day running of the service.

We observed people being cared for and supported in the communal areas and observed the meal service at breakfast and lunch. We looked around the home at a selection of bedrooms, bathrooms, toilets and the communal rooms.

Is the service safe?

Our findings

The service was not consistently safe. People told us they felt safe with staff. They made comments such as "It feels safe. I like it here. I would speak to anybody to let them know if I didn't". "No problem here". One relative told us "I do think it's safe. Don't see any problems. They look after [person] quite well". Another relative told us "[person] would tell me if he wasn't safe. A few months ago, one of the other residents was pushing [person], but that's been sorted. [Staff member] mentioned it to me, the issue, and told me they were keeping this other resident separate. Things seem to have settled down now". People told us if there was a problem and they did not feel safe they would speak to the staff.

The service had a safeguarding policy in place and had followed local safeguarding protocols in reporting most concerns to the adult protection team. However we found examples of safeguarding incidents not being reported to the appropriate bodies such as the Local Authority Safeguarding Team and the Commission. Therefore it was not always clear that appropriate action had been taken to safeguard the people involved and reduce the risk of further abuse occurring. However, we discussed this with the registered manager and we were reassured that measures had been put in place to keep people safe.

Staff we spoke with had a good understanding of safeguarding and emergency procedures and what to do if they were concerned about the safety of people they were caring for. However, not all the staff had received safeguarding training. This posed a risk that staff may not been given the skills and knowledge they needed to appropriately identify and report abuse and neglect.

This was a breach of Regulation 13, Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff.

We found medicines were stored securely, and storage for medicines classed as control drugs was compliant with current legislation. Medication which required refrigeration was stored correctly in a separate fridge. However, there was no record of temperature checks of the fridge taking place. If medicines are not stored at the correct temperature they may not work the way they are meant to. We spoke to the staff about this during our inspection and they told us they would implement this as an immediate priority.

We observed staff giving a person their medication. We saw they were kind, caring and took their time. They knelt beside the person and asked, "Am I all right to give you your medication now?" They stayed with the person until they had taken them. However, we observed them using their fingers without gloves to take medicines out of the pot to give to a person. This is not an appropriate or hygienic manner to handle medicines.

We looked at the medicine administration records (MARs) and overall found these were well completed. There were two gaps where the MAR had not been signed. These were recent gaps. We checked the

medicines and found the medicine had been administered. This showed us it was a recording issue. The deputy manager informed us they would speak to the person involved. We checked the stock of three medicines against the MARs and found they were correct. Photo identification was in place, along with photographs printed on the MAR which demonstrates safe procedures were in place to check medicines were given to the correct person.

Where individuals had medicines prescribed on an 'as required' basis, we found there were no protocols in place to guide staff as to when, what dosage and how often to give these medicines. This meant there was a risk of inconsistent administration of these medicines.

Some people were prescribed medicines which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen.

Two people who lived at the home had medicines which were prescribed to be taken 'as required' to help manage anxiety and/or agitation. The staff member explained there was a strict protocol in place which staff were required to follow. This included getting the approval of the registered manager or deputy manager before administration. They told us this was to ensure these medicines were only used as a last resort when other interventions had been tried and failed. However, this protocol was not documented. This was discussed with the staff member who said they would make sure it was recorded.

We recommended that the provider reviewed their medicines policies and procedures to reflect published guidance.

From the records we reviewed we concluded that accidents and incidents were recorded in detail and accurately. Handovers and staff communication books were used to keep staff up to date with incidents and any changes to practice. This demonstrated the home used lessons learned and made improvements when things went wrong.

We saw there was a recruitment and selection policy in place which showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The registered manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working in the caring profession.

We looked at three staff employment files and found all the appropriate checks had been made prior to employment although initially some information was not contained with the recruitment file and had to be found by the registered manager.

The registered manager confirmed that the same recruitment process was used for the voluntary workers who visited the home.

The staff we spoke with told us the recruitment process was thorough and they were not allowed to start work until all relevant checks had been made. They also said they felt well supported by the registered manager and senior staff team.

The registered manager told us sufficient staff were employed for operational purposes and that staffing levels were based on people's needs. The rota showed a minimum of two staff members were always on

duty during the day and night duty was covered by one staff member on duty and a second staff member sleeping on the premises. The service benefited from having a staff team who were multi-lingual which meant they were able to communicate effectively with people for whom English was not their first language.

The service does not employ housekeeping staff therefore people are assisted to keep their rooms clean and tidy by their key worker. One person said, "It works well I do what I can for myself and staff help me with the things I struggle with." We were told staff were also responsible for ensuring communal areas were kept clean and tidy.

There were cleaning schedules in place and we found the home including both people's private accommodation and communal areas was clean, tidy and odour free.

All hot water taps we looked at were protected by thermostatic mixer valves to protect people from the risks associated with very hot water. However, weekly temperature checks were not complete to ensure the valves were operating effectively. Due to valves being in place the registered manager stated he did think checks were also required. The registered manager told us these would be implemented as an immediate priority.

We saw personal emergency evacuation plans (PEEPS) were not in place for people who used the service. PEEP's provide staff with information on how they could ensure an individual's safe evacuation from the premises in the event of an emergency. This was discussed with the registered manager who told us that because the service supported predominately younger adults with no mobility problems PEEP's had never been required. However, the care records for one person showed their mobility had deteriorated following an accident and therefore it might have been appropriate to put a PEEP in place as a result in their change in circumstances. The registered manager informed us he would address this.

Heating to the home was provided by radiators although not all radiators were covered to protect people from the risk of burns from a hot surface. We saw fire-fighting equipment was available and the emergency lighting was tested weekly. None of the provider systems and processes for auditing premises had identified and addressed this issue.,

We inspected records of gas safety, electrical installations, water quality and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

Staff told us they completed training in infection training and we saw there was an infection control policy and procedure in place. We saw that all cleaning products subject to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) were kept in a locked room out of the reach of people who used the service.

Is the service effective?

Our findings

We found there was not enough suitably qualified, competent and skilled staff to meet the needs of the people using the service.

We saw there was a training matrix in place, although this had not been updated since June 2017. This showed the training staff had completed. There were some staff on the rota who were not on the training matrix. There was no structured training plan in place to identify when staff refresher training was required. There was no evidence of staff receiving updates in key subjects such as safeguarding and moving and handling. There are 14 staff members and seven staff had not completed the required training. This meant people received care and support from staff that did not have appropriate knowledge and skills.

We looked at whether staff had received specific training to meet the needs of the people at the home; for example, we found that many people living at Walmer Lodge were diagnosed with a mental health condition. We could see from the training matrix that only three staff had completed training in mental health awareness and five staff completed behaviours that challenge training. Staff who administered medication had not been observed doing this to assure they were competent.

This was a breach of Regulation 18, Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

There was a structured supervision and appraisal system in place. Annual appraisals were completed with staff. Staff received individual supervision from the registered manager which covered topics such as tasks, responsibilities and training and development.

We saw people's needs were assessed prior to moving to the service to ensure the service could fulfil these needs. This assessment included peoples' protected characteristics such as age, disability, race and religion. If the service was unable to fulfil a person's needs, the registered manager told us they would turn down the care package.

We found peoples' nutritional needs were met, but improvements were required around the variety of meals.

Information in the statement of purpose and service user guide for the home showed the home caters for people's special dietary needs including the provision of Halal food. In addition, in the interest of satisfying the service users from diverse backgrounds only Kosher based meals are provided.

We observed both the breakfast and lunchtime meals served in the dining room. Meals times were quiet with most people sitting in silence. We saw at breakfast time people came into the dining room at different times during the morning and were offered porridge, cereal or toast to eat and tea, coffee or fruit juice to drink. We were informed by the registered manager that the home did not provide a cooked breakfast as there was no demand for such and the meal provided was more than adequate. However, at least two people we spoke with told us they would like the opportunity to have a cooked breakfast at least one or

twice a week and could not understand why one was not provided.

There was mixed comments in relation to meals at the home. One person said, "The food is good and there is a choice of English or Asian meals. Another person said, "They used to have egg sandwiches, but I asked them to make me eggy bread. So they catered for that. It made me feel right at home."

Other comments included." "Food's okay. If I say I don't want [food item], they'll put it on the table and say 'oh, you said you wanted this.'" During lunch time we observed one person receive something different and not on the menu, this showed people could order off menu.

One person told us "Food isn't that good; same every week. No good." We saw the menu's rotated on a four weekly basis. We saw the minutes of residents' meeting held in March 2017 which showed some people wanted more variety of food on the menu and less rice with the evening meals. The people we spoke with told us this had not happened.

The home employed part time cooks however some days the cooking was done by members of the care staff. We spoke with two staff members preparing meals and both had a good understanding of people's dietary needs. However, we saw not all members of care staff who prepared meals held a food hygiene certificate or had received training.

We saw at the last food standards agency inspection of the kitchen they had awarded the home 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

People told us they were happy with the accommodation. Some bedrooms had been redecorated and were personalised with pictures and items of choice. There was a lounge and dining room on the ground floor, 12 single bedrooms and three of these had ensuite toilets. There were also separate shower rooms, bathrooms and toilets available.

Where staff were concerned about people's health or had noted a change we saw they had made referrals to health professionals. One person said, "If I'm really poorly, the doctor comes here. If I'm okay walking, I go there. I do go to opticians". Other comments included "they organise the appointment for me and I go with someone". "If I'm ill, I go to [place]. [Dr's name] is my doctor. The nurse checks my eyesight".

One family member told us, "If there's any problem, [person] goes to doctors. [Person] has his nails cut". Another family member told us, "They keep me informed of results when [person] has their eyes tested, borderline diabetes, and one of the staff goes with him". In other care records we saw people had been seen by dieticians, GP's, chiropodists and consultants. The records also showed staff were supporting people to follow any advice which had been given. This showed the service worked with other agencies to ensure people were supported to meet their health care needs

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had a DoLS referral in place but there was no evidence of a best interest meeting being held. We spoke to the registered manager who informed us the meeting had taken place, but they were unable to locate the minutes during the inspection to demonstrate that this decision had been taken in the person's best interests.

We saw some staff had undertaken training around MCA/DoLS. Staff we spoke with had a good understanding of the Act and what impact this had on people living at the service who had DoLS in place.

Is the service caring?

Our findings

The people we spoke with indicated that they were generally happy living at the home and with the staff that supported them. One person said, "It's OK living here, no one bothers you and there are staff around if you need help." Another person said, "I have lived here a few years now and all the staff are fine. I have lots of stuff in my room but they are OK with that."

People who liked their privacy and wished to spend time in their rooms were supported to do so. People's rooms have locks and staff only enters when the person has given permission. We observed positive interactions between people and staff and saw staff spent time with people, engaged them in conversations and responded appropriately to their requests for assistance

Relatives told us, "I go there every week. They're always chatty and welcoming when I get there. They always check he's okay." Another person told us, "The staff all seem really nice. [staff] and [staff] I see [staff] was really helpful when I got an internet extender for [relative's] room. Really supportive in sorting it out for him."

We saw the provider had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights to confidentiality were respected. All confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets in the main office to ensure confidentiality was maintained and the computer was password protected. We saw when staff were in the office and discussing people using the service the office door was closed so no one could overhear their conversation.

One staff member told us, "On a weekend we cannot access the files as they are locked away." We spoke to the registered manager who informed us; during the weekend there is always a senior member of staff on shift who has access to the office. The provider reassured us there were suitable arrangements in place for out of hours.

There was a focus on people getting out into the local community to access activities such as day centres, shopping, going to the cinema and to visit family and friends. Some of the people using the service were able to do this independently and some needed support from staff. Another person had been supported to open their own bank account and use a bank card to build their independence One person told us they liked drawing and we saw a lot of their art work on display in their bedroom and the dining room.

Staff had not received training in equality, diversity and human rights. The registered manager told us the staff team is diverse and for some English is not their language. We observed staff speaking with a person in their first language during meal time. This demonstrated the service was responsive to the diverse needs of people who used the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. This information is discussed with people at the initial assessment. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

We saw people's needs were assessed prior to them moving into the service to determine their care and support needs. Plans of care were formulated to reflect these needs and reviewed on a regular basis or if there were any significant changes in people's needs. Care records contained a good level of information, such as people's likes, dislikes and personal history.

We found the provision of meals and drinks did not promote people's independence or take into account their individual preferences. One person told us "the food is OK but we never get a cooked breakfast, not even at the weekend, I don't know why not."

People were offered choices of drinks, cereals and toast but everything was prepared and served by the staff. For example, we saw that although there was a small kitchen area in the dining room and an electric kettle available, people were unable to make their own drinks or help themselves to breakfast. If people wanted a hot drink they had to ask a staff member to get tea or coffee from the main kitchen. The staff member then put the tea bag or coffee in the mug along with milk and sugar and handed it back to the person for them to add the hot water. We saw cereals, toast and porridge were also served to people from the main kitchen instead of people being encouraged to help themselves. Staff meeting minutes stated that staff needed to stick to meal and drink times. This was not a person centred approach to care delivery and limited people's choice and control. At the last inspection this had not been the case and people had been able to make their own tea and coffee when they wanted.

This was discussed with the registered manager who told us tea bags and coffee was not left out for people to use because of infection control issues. They told us they had tried in the past to encourage people to make their own drinks but they felt it did not work at Walmer Lodge.

We saw there was a key worker system in place and the people we spoke with told us they knew who their key worker was and felt able to speak with them if they had a problem.

We saw the service had recruited a number of voluntary workers who engaged with people on a one to one basis or supported them to access activities in the local community, along with visiting family and friends. The registered manager confirmed that the voluntary workers provided a valuable service and were welcomed in the home both by people who used the service and the permanent staff team. One person told us they liked drawing and we saw a lot of their art work on display in the dining room and their bedroom.

The registered manager told us they had a proactive approach to managing complaints and senior staff were always available to talk to people and deal with any concerns as soon as they arose.

We found the complaints procedure was on display within the home and a letter had also been sent to people who used the service reminding them of the complaints procedure. At the last inspection we found the complaints log did not give details of the action taken following the complaint or the outcome of any investigation undertaken as a result of the complaint. On this inspection we found the registered manager had addressed this matter and the complaints received had been dealt with and recorded appropriately. We

saw there was a suggestion box in the entrance hall for people to place any ideas they had to improve the service.

We asked the registered manager if anyone living at the service required assistance with accessible information; for example, if anyone living at the service had a sight, speech or hearing impairment. They told us nobody currently living at the service was registered blind. They said they made referrals to the GP if a person required a hearing aid or to the GP or opticians if they were concerned about a person's sight. We saw regular visits from the GP and opticians were made. The registered manager told us they had not been asked for information about the service in large print but was sure they would be able to access this if required. During the inspection we saw staff spoke with people clearly and at eye level to assist with communication.

Because the service supported predominately younger adults there were no formal end of life plans in place. We discussed this with the provider who told us they would discuss it with individual on a one to one basis when appropriate.

Is the service well-led?

Our findings

When we inspected the service in August 2016 we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because although there were some quality assurance systems in place designed to continually monitor the service, they were not sufficiently robust. This was discussed with the registered manager at the time of inspection who confirmed they would address this matter.

However, on this inspection we again found some shortfalls in the service which had not been identified through the audit and quality assurance monitoring systems in place. For example, the audit system had failed to identify issues such as; that some information was missing from the recruitment files that the staff training matrix was not up to date, that statutory notifications had not been sent to the Commission and that best practice was not being followed in relation to medication.

At this inspection we found no improvements with the systems and processes to enable the service to identify and improve where quality and safety was being compromised.

We were concerned about the repeated breaches found at this inspection. Robust governance and quality assurance processes should have ensured the service was compliant with Regulations.

This was a continued breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of inspection the registered manager was a visible presence throughout the home. People who used the service, a relative and staff spoke positively about the way the home was managed and told us the registered manager was approachable and listened to them if they raised a concern.

The registered manager was open to ideas for improvements to the service during our inspection. It was clear the registered manager knew the care and support needs of the people who used the service. Following complaints or accident and incidents the registered manager discusses outcomes with the staff team to ensure they continually learn and improve. This takes place during handover times, supervisions or team meetings.

One staff member said, "The manager is around a lot of the time and we know if they are off duty we can contact them at any time if we have a problem." Another staff member said, "We only have a small staff team so communication between the manager and staff is very good and we are kept informed of any changes in people's needs and changes in policies and procedures."

We looked at how the registered provider gathered the views and opinions of people who used the service, their relatives and staff and how they used the information to improve the quality of the service. We saw both resident and staff meetings took place, which gave people an opportunity to air their views and opinions of the care and facilities provided. However, people's views were not always taken into account,

such as people requesting a cooked breakfast.

In addition, the registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to people who used the service, their relatives, staff and other healthcare professionals to seek their views and opinions of the care and support they received. We looked at the last survey questionnaires to be returned in August/ September 2017 and they clearly indicated that people were happy with the standard of care and facilities provided.

The registered manager and staff work in partnership with other agencies such as mental health team, learning disability team, GP's and social workers to ensure the best outcomes for people.

The registered manager told us they accessed on line information to keep updated and share best practice. They also subscribed to regular care management magazines and liaised with the local authority to keep themselves and staff updated.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had not met the requirements of this regulation. We found where safeguarding referrals had been made to the local authority; notifications had not been made to CQC. This is being managed outside of the inspection process.

This was a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009

We saw staff meetings were held regularly and these were well attended. We reviewed the minutes from the meetings and saw discussion items included, health and safety, keyworker roles, reviews, person centred care, dignity, nutrition and mental capacity. Staff told us they felt able to voice any concerns during these meetings.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Care or treatment for service users was provided in a way that intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint, 4b.</p>

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 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively. 17.1. To enable the registered person, in particular, to a, assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); 2a.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. 18.1

The enforcement action we took:

Warning Notice