

Anchor Trust

# Ferendune Court

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 2 September 2016. It was a full comprehensive inspection which was also carried out as a follow-up to our previous visit in February 2015. We had found one breach of the regulations at our previous inspection in February 2015. Action had not always been taken by care staff to report their concerns of abuse. At this inspection we aimed to see what measures had been taken to ensure the quality of the service had improved and check if these measures had been effective. The provider had told us that all the corrective actions specified in their action plans would have been implemented by the end of July 2015. During our inspection on 2 September 2016 we found that all the recommended actions had been completed.

Ferendune Court is registered to provide accommodation for up to 48 older people who require nursing and personal care. The home is situated in Faringdon, Oxfordshire. At the time of our inspection there were 41 people living at Ferendune Court.

The service had 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.

People, their relatives and staff raised concerns about staffing levels. We saw people did not always receive support on time and had to wait for staff to be available to provide support.

Staff supervision was not consistent and one- to-one meetings were not carried out regularly. We have made a recommendation about staff supervision.

A quality assurance system was in place but it was not always effective as it had failed to highlight the issues identified at our inspection.

Records kept by the service were not always available, accurate or complete.

Staff and resident meetings were held regularly, however, some staff members told us they had ceased attending the meetings as they had not felt listened to and empowered to contribute to the meetings.

People were supported by staff who knew how to keep them safe. When people had risks to their health and safety identified, staff knew how to support them appropriately. Risk assessments were in place for staff to follow.

There was a robust recruitment procedure in place to ensure prospective staff members had the skills, qualifications and background needed to support people.

Medicines were managed safely. The provider had arrangements in place for proper and safe management of medicines.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The registered manager and staff understood their responsibility to ensure people's rights were protected.

People received the support they required to meet their nutritional needs. Staff showed an excellent knowledge of the specialist diets people required and gave appropriate support to people who needed assistance with meals. Staff made referrals to and sought support from a range of health care professionals in a timely way.

Staff were kind and caring. They treated people with respect, maintained and promoted people's dignity.

Staff had built positive and strong relationships with people and their relatives, earning their trust. Staff were aware of people's communication needs and we observed staff engaging people in conversations. A varied activities programme was available that was tailored to people's interests and hobbies.

People and their relatives told us they were comfortable raising complaints. We saw a system was in place which showed that when people complained, they were listened to.

We found two breaches of regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have advised the provider to take at the end of this 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 always safe.

The number of staff was not always sufficient to meet people's support needs.

People were protected from the risk of abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff supervisions were not always meaningful and not carried out consistently.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People were supported to eat and drink sufficient amounts of food and liquids. People received health care support when they needed it.

### Is the service caring?

**Good** ●

The service was caring.

People's privacy and right to make choices was respected.

Staff demonstrated to us that they knew people well and understood their needs.

People were supported to maintain relationships with their friends and family. We observed many people having visitors throughout our inspection.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans reflected people's needs and preferences, and were consistently reviewed.

People were supported to participate in a range of activities and were encouraged to pursue their hobbies and interests.

People and their relatives felt comfortable raising complaints.

**Is the service well-led?**

The service was not always well-led.

Staff were not always able to contribute to the running of the service.

Quality monitoring systems were in place to attain feedback on the service from people and relatives. However, the systems had failed to identify the issues of staff shortages and poor record keeping.

Records relating to the running of the service had not always been accessible or fully completed.

**Requires Improvement** 

# Ferendune Court

## **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 inspection took place on 2 September 2016 and was unannounced. It was conducted by two inspectors 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. The expert-by-experience who participated in this inspection had a sound knowledge of caring for people with dementia.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with the registered manager and the deputy manager. We spoke with twelve people and ten relatives. Many of the people who live in the home were unable to speak with us so we used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of understanding the care of people who are not able to communicate with us. We reviewed records relating to medicines, care records for six people and records relating to the management of the service including complaints, health and safety and quality assurance records.

# Is the service safe?

## Our findings

At the previous comprehensive inspection in February 2015 we had identified non-compliance with Regulation 11 (Safeguarding people who use services from abuse) HSCA 2008 (Regulated Activities) Regulations 2010.

From April 2015, the 2010 Regulations were superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was meeting the requirements of the comparable current regulation, Regulation 13 (Safeguarding service users from abuse and improper treatment).

At our inspection in February 2015 we had been concerned that staff had not always reported incidents where people might have been at risk of harm to the registered manager. This meant that incidents could not be investigated and measures put in place to prevent reoccurrence and ensure people were safe.

At this inspection in September 2016 we found that this issue had been addressed by the service provider and staff reported any concerns immediately. All staff had completed safeguarding training to ensure they were able to recognise and report any incident appropriately. Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed. Staff demonstrated a good knowledge of how to recognise and report safeguarding concerns. They also informed us they could also contact the registered manager or the provider at any time if needed. A member of staff told us, "I had safeguarding training. I am aware of whistleblowing. If I saw anything that was a form of abuse, I'd report, for example, to the safeguarding team. Never had to so far."

People were not always supported by sufficient numbers of staff to meet their needs in a timely way. People, their relatives and staff expressed concerns about staffing levels. One person told us, "I had to wait 20 minutes for a bath as no one was available to help me and another time I had to wait for the door to the garden to be opened as staff were too busy." Another person told us, "I feel safe but sometimes have to wait 5-10 minutes for the call bell to be answered but I feel that's an acceptable wait." A person's relative told us, "The home seems to run OK, but more staff are needed. Recently we had to wait 10 minutes to be let in to the building." During our inspection we observed that people had to wait for call bells to be answered for long periods of time. The records we looked at indicated that at certain times there were too few staff on duty to support people in their rooms. The number of staff was also insufficient to monitor the safety and well-being of people in the communal areas. A member of staff told us, "I think someone should be employed to be in the lounge so people are supervised."

The service did not use agency staff to cover staff sickness or staff shortages at weekends. A member of staff told us, "Some days people will ring sick and when it's last minute, we can't cover. It is the management's decision not to use agency staff." Staff confirmed the shortage of staff had a negative impact on their morale and the running of the service in general. A member of staff stated, "Staff morale is low, people are stressed out as we cannot cope."

The lack of sufficient staff at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they felt safe and secure living at the service. One person commented, "They look after us very well." Another person stated, "I do feel safe." The relative we spoke to in person said, "Staff are caring and the residents are well looked after. We can go away knowing they will be safe."

Where risks to people's health were identified, we saw risk assessments were in place and these assessments were monitored regularly. Staff were able to tell us about potential risks to individual people. Staff also explained how they managed these risks to ensure people were safe. For example, one member of staff described how a person needed to be supported with a mobility aid to minimise the risk of falling. We also saw evidence in people's care records that risks were being effectively managed. For example, one person had been assessed as having swallowing difficulties and required foods to be soft and thickened to prevent them from choking.

An electronic accident/incident monitoring system was in place to ensure people's accidents and incidents were recorded and these were monitored so that reoccurring themes and triggers could be identified. This helped staff to take proper action to prevent further reoccurrences. For example, when a person had developed a pattern of falls, this had been immediately looked into and new ways of supporting that person's safety had been employed. These included referrals to a GP, occupational therapy for assessment, and using safety alarms.

People were protected from being supported by unsuitable staff as records relating to the recruitment of new staff showed relevant checks had been completed before staff began to work unsupervised. These included employment references and Disclosure and Barring Checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

People were protected from the spread of an infection. All the departments: care staff, housekeeping, catering and maintenance staff contributed to preventing such occurrences. The kitchen staff ensured the kitchen remained clean and free from potential cross infection. They adhered to food safety standards and ensured food was prepared safely. Staff wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen. Housekeeping staff adhered to the colour coding system in place for their cleaning equipment. As a result, the spread of a potential infection was reduced. For example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed staff washed their hands and used hand cleansing products before performing various tasks.

The maintenance staff took action to reduce potential risks relating to Legionella. They regularly flushed all the taps and showers including those that were not regularly in use to ensure water was flowing through the system. There were appropriate waste management arrangements in place.



## Is the service effective?

### Our findings

Staff told us they were supported by the registered manager. However, we found staff supervisions were inconsistent and irregular. For example, one staff member had received only one supervision within the last year. The service held group supervision sessions for staff. We viewed records of these and noted that no input from staff had been recorded. This meant there was no evidence of staff being enabled to discuss any issues that may have arisen, or areas where a particular member of staff excelled. Some staff confirmed they did not feel the group supervision sessions were meaningful to them as the individual needs of staff were not taken into account at these sessions. One member of staff told us, "I think supervision should be one-to-one. It's not good to discuss some things in forum. One- to-one is important as some things you'll want to discuss in private." Another member of staff said, "If we have group supervision, it's about what management wants us to do and to say. It's not about our point of view and we don't feel we contribute to them."

We recommended that the provider seek guidance on effective supervision procedures from a reputable source.

There was an induction programme for new members of staff. New staff members were given enough time to read all care plans and learn the service's policies and procedures. Newly employed staff shadowed their more experienced colleagues to ensure their practice was safe and followed the care plans and risk assessments. The induction programme was linked to "Skills for Care". This meant staff were trained to nationally recognised Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.

People were cared for by staff who received training required for their roles. Staff training was recorded in the electronic system that reflected the date when each training course had been completed and when a refresher was due. Records demonstrated training included areas such as safeguarding adults, health and safety, moving and handling, personal planning, food hygiene, infection control and nutrition awareness. Some staff members also told us they had completed additional dementia certificate courses. Training was predominantly delivered via an e-learning system. E-learning is electronic learning which involves using a computer to deliver the content of a course. The presentation is typically followed by a quiz which the staff must pass to complete the course. Not all staff members were satisfied with this form of training. A member of staff told us, "We used to have face-to-face training. It was better – I think e-learning is too basic." Another member of staff concluded, "We need more face-to-face training."

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.

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. We noted that the care plans contained information about people's mental state and cognition.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority when people had needed to be deprived of their liberty for their own safety. We saw that any conditions were being met and staff were providing care in the least restrictive way. Staff had received training regarding the MCA and DoLS and demonstrated an understanding of the principles of the MCA and how it applied to their work. A member of staff explained, "It's about how well people make the decisions for themselves. Everyone has the right to make their own decisions. If people want to make some unsafe decisions, they should be allowed ". Another member of staff told us, "If they're able to make choices, we respect their decisions. If our resident lacks capacity, then DoLS and best interest decision process is followed."

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a health care emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the front of the care file.

People's nutritional requirements had been assessed and documented. People received the support they needed to ensure their diet was nutritious and well-balanced. People's weight was routinely recorded and monitored to uphold their health and well-being. We saw evidence that when the risk of malnutrition had been identified, the service had acted upon it. For example, people were referred to a speech and language therapist and had access to food thickening agents. Staff had a good understanding of each person's nutritional needs and how these were supposed to be met. A food comments book was available in the dining room and already contained various positive comments as well as concerns expressed by people. The chef told us they acted on any comments raised by people. One person said, "I enjoy the food." Another person explained that they were given options regarding their nutrition, "The food is just alright - but a bit plain for me. Alternatives are available if I don't like what is offered at the time."

People were supported to maintain good health by accessing health care services and obtaining advice from a range of professionals. These included GPs, psychiatrists, district nurses, community mental health nurses, speech and language therapists, and other professionals from the Care Home Support Team (CHSS).

The interior of the dementia unit premises was dementia-friendly. Dementia friendly signage and colour coordination was used to enable people to find their way around the home and to promote their independence. For example, the carpets were free of any patterns that might cause confusion and all the bedroom doors were painted in different colours so that people knew where they lived. There were memory boxes in front of each bedroom door with photos and items important to people. There were also quiet corners which had different themes, such as the forest, and were decorated with different patterns. Small seating areas were available for people to rest or chat with others. Fresh water dispensers were situated in strategic places throughout the building. People were able to plant and grow vegetables and flowers in the garden using raised garden beds.

## Is the service caring?

### Our findings

People told us staff treated them in a kind, caring and respectful manner. One person complimented staff by saying, "The carers are really nice." Another person said, "The care is still brilliant and has never deteriorated. In addition, there is genuine warmth and attention from staff."

Positive, caring relationships had developed between people who lived in the home and staff. Having familiarised themselves with the care plans, staff knew the people who lived in the home well and understood their preferences. This enabled staff to provide people with highly individualised care and support. People we spoke with valued the relationships that had developed between them and staff. Comments from people were positive and included, "They look after us very well" and "We're just a big family."

Staff members were able to describe the ways in which people's dignity was preserved. For example, they knocked on people's bedroom doors before entering, made sure curtains were drawn and doors closed before providing people with personal care. A member of staff told us, "We always knock on people's doors and make sure people are covered during personal care." We observed a staff member supporting a person to walk to the toilet. The staff member waited patiently outside the toilet for the person to come out and then assisted the person in walking back to their chair. Such attitude of staff promoted people's dignity and allowed them the privacy they wanted.

People were able to make choices about various aspects of their care. For example, people were able to choose how they wanted to spend their day. A member of staff told us, "People have choice what time to get up or have a shower. If you're in your own home, no one would tell you what to do and this is their (people's) home." During our inspection we saw people spent their time either in the lounge, in the communal areas or in their own bedrooms. People were also able to access the garden either on their own or with the assistance of a member of staff. People were relaxed and at ease when in the company of staff members. Staff had a good knowledge of what was important to people, were supportive and treated people as individuals. Staff acknowledged that for some people routine was particularly important in various aspects of their lives and acted appropriately to make sure these needs were met. A member of staff told us, "One person as an example – we know what she likes: her make-up, bracelets, favourite toy. I got to know people."

Staff supported people to be independent in their day-to-day lives. One staff member stated, "We encourage independence." Our observation confirmed that staff encouraged people to be as independent as possible while supporting them. We saw people could move around independently and freely and go to the lounge, dining area, toilets and hallways if they wanted to. Staff were ready to offer their assistance and support without being intrusive.

People were able to receive visitors at any time and they could be entertained in the privacy of their own rooms. We saw people's rooms were personalised as people were encouraged to decorate their space with their own photographs and personal effects. The rooms were clean and neat, and reflected people's tastes and interests.

Staff were discreet and respected people's confidentiality. A member of staff told us, "I don't speak to friends outside work about the residents." We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could have access. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer. A member of staff told us, "I had the data protection training, if somebody rings and asks any details about a resident, I pass it on to the team leader".

## Is the service responsive?

### Our findings

People had had a full assessment of their needs before they moved in to the service.

People told us they and, if appropriate, their relatives were involved in discussions about their care and in the review process, and records confirmed this. Care plans were reviewed by the registered manager on a monthly basis and adjustments or changes were made to the support if needed. Staff told us they were kept fully informed about any modifications in the support people required. This was achieved either by face-to-face discussions with the team leader, by handover meetings or via the communication book. Staff understood and swiftly addressed people's changing needs. A person told us, "Communication with home good and it has responded to changes in my need."

The care plans gave staff guidance on how to support people with their identified needs in such areas as personal care, medicines management, communication, nutrition, and mobility needs. Information was provided to staff which detailed what was important to a person, stating their daily routine and specifying what activities they enjoyed. Records showed detailed life histories which contained information on a person's early life, parents, education, career, work and achievements. Staff told us that the care plans were a good resource in terms of obtaining sufficient information to provide effective care. Staff were able to describe people's care needs, preferences and routines. These matched the information recorded in people's files. A member of staff told us, "I read the care plans. Care plans tell me much about people." Staff used the care plans to guide them when providing person-centred care.

People were offered a range of activities to do at the service. The service had three part-time activity co-ordinators who organised both one-to-one and group activities. They also arranged outings and various social events. The co-ordinators explained to us that people living at the service were encouraged to participate in a variety of meaningful activities they enjoyed. For example, there was a greenhouse in the garden where people could plant their own flowers and vegetables. During the inspection we saw people were playing scrabble and enjoying sing-a-long activities.

People said they knew how to complain if they were not satisfied with the quality of care. One person stated, "I have never had to raise a concern or make complaint, but I would talk to them and I think that they would try to do something."

The service had a complaints policy and procedure. The registered manager and staff were able to explain how they would deal with a complaint. Since our last inspection the service had received 10 complaints which had been responded to and resolved in line with the providers' complaints procedure. For example, the maintenance person fixed a door bell after its malfunction had been reported.

## Is the service well-led?

### Our findings

During our inspection we found that the records were not always available, accurate or complete. We had difficulties accessing some of the documents. For example, we were unable to access the supervision policy requested at the inspection. We gave the provider 48 hours to send us the supervision policy, however, they eventually failed to address our request. At the inspection we insisted that we needed to see the records of water temperature checks. Initially we were told that the records were not available. Later, the registered manager provided us with two loose random pages of the records covering the last two months. When we asked about the period of the previous six months, the registered manager was not able to produce these records.

The service had introduced 'resident of the day' forms. These forms were designed to ensure various tasks were carried out for an individual including a review of their care plan to make sure it was up-to-date. We reviewed seven 'resident of the day' forms. Each form comprised of six sections relating to the person's care plan, preferences, room cleaning and activities. Two of the forms we saw were completely blank apart from the resident's name at the top. One form had four sections completed and the other forms had respectively three, two and one section completed. None of the forms had the activities sections completed. At the inspection we observed that some of the activities coordinators had to fill in people's care plans while people were being provided with activities. We noticed that completing the care plans took the coordinators almost the whole length of the activity period. This meant that they were faced with a choice between updating the documentation and providing good quality activities to people. It also meant that people did not always receive full attention from staff during activities.

There was no schedule or records to evidence that all people were involved in one to one activities including people who stayed in their rooms. With the three activities coordinators working different days over three floors, it would be easy for people to miss social stimulation, particularly for bed-bound people or those who chose to stay in their own rooms for some time. The activities coordinators and the registered manager told us they were planning to introduce records of individual activities so that audits could be carried out.

There were gaps in the daily records and in some daily records there were no entries at all for the whole length of a shift. When we asked staff about these gaps, they told us this resulted from their lack of time as staff often had to choose between writing daily notes and supporting people. One member of staff told us, "We are constantly short, especially at weekends. The lack of time is an issue. They ask us to go at the end of the shift and do notes but that's not possible as people need help."

Staff told us they were not empowered to contribute to the enhancement of the service. We saw the minutes of regular staff meetings, however, these minutes reflected no input from staff whatsoever. The number of staff attending team meetings was very low. When asked to comment on the staff meetings, a member of staff told us, ""Staff meetings are only attended by staff on duty. We can't say anything, so what's the point in coming? That's why we don't come to the staff meetings". Another member of staff said, "I have attended a few team meetings, lot of us don't bother to come."

There was no visible culture of openness and transparency within the service. Staff rotas were very difficult to read and confusing. Some entries were crossed and others were highlighted in different colours. When we asked the registered manager what it meant if an entry on the rota was marked in pink, they answered, "I don't know. Perhaps the administrator likes pink colour?"

Staff indicated that there was a culture of blame within the service. During the course of our inspection staff made us aware that the registered manager had tried to identify members of staff who had raised concerns with us. Staff felt unable to speak up about their concerns to the registered manager.

The provider had a number of systems in place to monitor the standard of care delivered to people. The quality assurance and monitoring system was in place to assess the quality and safety of the service and to ensure continuous improvements. Where audits had shown that improvements had been needed, action plans had been produced. These had been reviewed and updated to ensure that the required actions were completed and the improvements achieved. For example, when an infection control audit had found that one of the dispensers had been sticking off the wall, this had been promptly addressed by the maintenance team. However, the systems for monitoring care quality were not always effective as they had failed to identify some issues. There was no auditing system which could have identified the poor quality of the records. No audits of activities provided to people were carried out, either. Even though the systems for monitoring care quality were in place, the concerns around staff shortages remained unnoticed and unaddressed by the management.

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

We received mixed feedback from people and staff on the management of the service. One person told us, "I always see the registered manager and the deputy around." Another person held a contrary opinion and said, "I don't know who she is." Some members of staff told us that the management were not approachable to them. One staff member told us, "There is team work among the care staff but the office staff can be a bit difficult to be part of the team." Another member of staff pointed out, "The management is more office-based. You can't talk to them, it's their way. They should listen."

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). A member of staff told us, "I've never had to raise any concerns. If I had any, I'd go to the duty manager or whistleblow. We have all the necessary contacts in our staff room."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Registered persons did not ensure sufficient systems were in place to assess, monitor and improve the quality and safety of service provision. Regulation 17 (1) (2) (a)</p> <p>Registered persons did not ensure accurate, complete and contemporaneous records were kept of each service user was maintained. Regulation 17 (1) (2) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced were deployed to meet the needs of people using the service.</p> <p>Regulation 18 (1)</p>