

Dercliffe Care Homes Limited

Dercliffe Care Home

Inspection report

Juno Street
Nelson
Lancashire
BB9 8RH
Tel: 01282 603605

Date of inspection visit: 15 and 16 September 2015
Date of publication: 14/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an inspection of Dercliffe Care Home on 15 and 16 September 2015. The first day was unannounced. We last inspected the home on 29 May 2014 and found the service was meeting the current regulations.

Dercliffe Care Home provides accommodation and personal care for up to 32 older people. The home is a detached property, located on the outskirts of Nelson. Accommodation consists of 24 single and 4 shared

bedrooms, all of which have ensuite toilets and hand wash basins. There are a variety of communal areas. At the time of the inspection there were 28 people accommodated in the home.

The service was managed by 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.

Summary of findings

During this inspection we found two breaches of the regulations related to recruitment of staff and the notification of incidents. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation in respect to the development of a robust safeguarding procedure.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe. However, the registered manager had not notified us of allegations raised about the home in line with the current regulations. All allegations had been investigated by the local authority, with no concerns found.

As Dercliffe is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate mental capacity assessments had been carried out and one application had been made to the local authority for a DoLS. We noted staff had completed relevant training and had access to appropriate policies and procedures.

Staff had been trained to handle medication and records gave detailed information about people's medication requirements. Records and audits were in place which ensured people received their medication in a safe manner.

Staff had completed relevant training for their role and they were well supported by the management team.

However, we found the recruitment and selection policies and procedures did not fully reflect the current regulations and not all checks had been carried out before new staff started work in the home.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained. People and their relatives spoke positively about the home and the care they or their relatives received.

All people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes. Risks to people's well-being were assessed and managed. However, we noted two staff carried out an inappropriate moving and handling technique. This incident was looked into by the manager and reported to social services under safeguarding procedures.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home, their relatives, staff and visiting healthcare professionals.

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 consistently safe.

Whilst people told us they felt safe and secure in the home, we found a robust recruitment procedure for new staff had not always been followed.

Staff were aware of the processes involved in safeguarding vulnerable adults, however, the registered manager had not always notified the commission of allegations of abuse. We also found there was no internal safeguarding adults procedure.

There were systems in place to manage risks, however, we observed two members of staff carry out an inappropriate moving and handling technique. The registered manager looked into this incident and reported appropriately.

People received their prescribed medicines to meet their health needs in a safe and appropriate way.

Requires Improvement



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and all staff had received training on this topic.

People were provided with a varied and nutritious diet in line with their personal preferences.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Good



Is the service caring?

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People were satisfied with the care provided and were given the opportunity to participate in a range of activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

The service was well led.

The registered manager had developed positive working relationships with the staff team, relatives and people living at Dercliffe Care Home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Good



Dercliffe Care 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 checked 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 15 and 16 September 2015 and the first day was unannounced. The inspection was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day.

Before the inspection we reviewed the information we held about the service and asked for feedback from the local authority contracts monitoring unit. The provider sent also us 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. Following the inspection we received feedback from a healthcare professional.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 11 people who used the service and two relatives. In addition we spoke with the registered manager, three members of the care team and the cook. We also discussed our findings with the area manager.

We spent time looking at a range of records including five people's care plans and other associated documentation, three staff recruitment files, 14 medication administration records, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, “The staff are marvellous. They really look after us” and another person commented, “I feel very happy and settled here.” Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

We looked at three staff member’s files to assess how the provider managed staff recruitment. The recruitment process included a written application form and a face to face interview. We saw records made by the registered manager during the interview and noted applicants were asked a broad range of relevant questions. We also noted two written references and a DBS (Disclosure and Barring Service) check had been sought before staff commenced work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

However, on checking the recruitment records we noted that whilst appropriate documentation and checks were in place for one member of staff, we found the other two members of staff had not provided a full history of past employment with a satisfactory explanation of gaps. This is important so appropriate background checks can be carried out. We further noted the recruitment and selection policies and procedures did not fully reflect the current regulations.

The provider had not ensured all relevant information was available in relation to staff employed in the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the processes involved in safeguarding vulnerable adults from abuse with the registered manager and three members of staff. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this. However, whilst there was information

available in the home about safeguarding, we were not shown an internal safeguarding procedure. A safeguarding procedure is important in order to direct staff on the action they should take in the event of any allegation, incident or suspicion of abuse.

Before the inspection, we checked the records we hold about the service and noted there were four occasions when the local authority’s Multi Agency Safeguarding Hub had contacted the home to discuss allegations made about the service. All had been closed with no concerns. However, the registered manager had not notified the commission of the allegations in line with the current regulations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We discussed this situation with the registered manager during the inspection and received assurances that procedures would be amended to ensure any future notifications would be submitted without the delay.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety, infection prevention and control and the use of equipment. We noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building.

Whilst risk assessments had been carried out in respect to moving people safely, we observed two members of staff transfer one person using the hoist and then reposition them in their chair using an unorthodox lifting procedure. We discussed this situation with the registered manager, who looked into these matters during the inspection and ensured protective measures were put in place. The registered manager also raised a safeguarding alert with the local authority and notified us of the allegations and the action taken.

Following an accident or incident, a form was completed and the events surrounding the situation were investigated by the registered manager. We saw completed accident and incidents forms during the inspection and noted

Is the service safe?

appropriate action had been taken in response to any risks of reoccurrence. The registered manager also maintained a log of any accidents and incidents so the information could be analysed for any patterns or trends.

The staffing levels consisted of one senior staff and three care staff during the waking day and two staff on waking night duty. The registered manager provided leadership throughout the day and told us she was on call outside normal office hours. Staffing rotas confirmed staffing levels were consistent across the week and feedback from staff, people and relatives confirmed there were sufficient staff on duty. One person told us, "They (the staff) always come quickly if I need any help." We looked at the staff rota and noted it was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with the needs of people living in the home. For instance additional staff were placed on duty to accompany people on any hospital appointments. Staff spoken with confirmed they had time to sit and talk to people.

We looked at how medication was managed in the home. All people spoken with told us they were satisfied with the support they received to take their medicines. Staff designated to administer medication had completed a safe handling of medicines course and undertook tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which included a copy of the NICE (National Institute for Health and Care Excellence) guidance.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. During our checks of the medication systems we found some minor discrepancies; however, these were rectified by the registered manager during the inspection.

We noted a monthly audit was undertaken of the medication systems and an action plan was devised to address any shortfalls. We carried out a stock check of controlled drugs and found this corresponded accurately with the register.

We looked at how the provider managed the safety of the premises. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider employed a maintenance person and arrangements were in place for the ongoing upkeep of the building.

We recommend that the service seek advice and guidance from a reputable source, in order to develop and implement a robust safeguarding procedure.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “The staff are very nice, they have fun with us and try to make us as comfortable as possible” and another person commented, “The staff work well together. They will always listen if you have a question.”

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people’s needs effectively. All staff had completed induction training when they commenced work with the home. This included an initial induction on the organisation’s policies and procedures, the Care Certificate and the provider’s mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw work completed for the Care Certificate during the inspection.

A member of staff spoken with told us about their induction training and said they found this valuable. It helped them to understand people’s needs and gave them the opportunity to shadow more experienced staff, so they could learn from them and understand the expectations of their new role. All new staff completed a minimum probationary period of three months, during which their work performance was reviewed at regular intervals.

There was a rolling programme of training available for all staff, which included safeguarding vulnerable adults, dementia care, moving and handling, health and safety, fire safety, nutrition, safe handling of medication and the Mental Capacity Act 2005. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had an annual appraisal of their work

performance and were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people’s care and the operation of the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager told us one application had been made to the local authority for a DoLS. We noted all relevant documentation had been completed and the registered manager was waiting for authorisation from the local authority. People’s mental capacity to make decisions for themselves was considered as part of the care planning process. We noted there was a set of policies and procedures relating to these issues and staff had completed training on the MCA and DoLS. However, we noted the possible restrictions on movement posed by a gate on the stairs and two door handles on the landing door had not been considered. The registered manager gave assurances that these arrangements would be assessed and reviewed.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. All people spoken with made complimentary comments about the food provided. One person told us, “The food is very good; they (the staff) will always try and suit you with something else if you don’t like the menu” and another person commented, “The food is nice we always have plenty of choice.” Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits and cakes.

Weekly menus were planned and rotated every three weeks. Details of the meal were displayed in the hallway. There was a good choice of food available throughout the day. People could choose where they liked to eat, some ate in their rooms, lounges or the dining areas. We observed the lunchtime period. The tables in the dining areas were

Is the service effective?

dressed, with place settings, tablecloths and condiments. Staff ensured that people had drinks and that these were topped up when required. Staff explained what they were serving and helped some people to eat, either by cutting up food or offering encouragement. Staff engaged people in conversation and the atmosphere was cheerful and good humoured. However, we noted one person was anxious when they didn't receive their food in a timely manner. We discussed this observation with the registered manager, who agreed to monitor this situation.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. Where people needed a special diet such as a soft diet this was documented and we observed people receiving this. We noted there were good communication systems between the care staff and cook. The cook told us she was aware of people's likes, dislikes and dietary requirements.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental

health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

It was evident that staff accompanied people to medical appointments, one person told us they had attended two hospital appointments over the past month. They commented "Staff explain all my appointments and accompany me". A relative also told us, "If a member of staff is unable to accompany my (family member) with any appointments they ensure I am made aware so further arrangements can be made".

We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at Dercliffe Care Home. We also received complimentary comments about the service from another healthcare professional following the inspection. The professional confirmed the staff make appropriate referrals and follow the correct processes.

We looked round the premises and noted many areas had been redecorated and refurbished. People told us they were happy with their bedrooms, one person told us, "I like my room it's cosy." People were able to personalise their bedrooms with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

Is the service caring?

Our findings

All people spoken with expressed satisfaction with the care provided. One person told us, “The staff are absolutely superb and do that little bit extra.” They explained staff took time to get to know people and gave the example of one member of staff obtaining their favourite food, because they knew it was special to them. The person added, “It made me feel valued.” Similarly relatives spoken with were happy with the care their family member received. One relative told us, “I go into many homes and this is the best by far.” The relative also told us the staff had a good understanding of their family member’s needs and made their recent birthday an enjoyable occasion.

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, “I really love it here, especially when I spend time chatting to the residents.” There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

The registered manager and staff were thoughtful about people’s feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people’s individual needs. For instance, we observed staff used different ways of enhancing communication by touch, ensuring they were at eye level with people who were

seated, and altering the tone of their voice appropriately for those who were hard of hearing. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People’s privacy and dignity was respected. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user’s guide. The guide was available in all bedrooms, so people could use it for reference purposes.

We observed staff supporting people in a manner that encouraged people to maintain and build their independence skills. For instance people were encouraged to maintain their mobility. One person told us the staff had supported them to walk independently again following a period of time spent in hospital. They told us, “I am very grateful for their help.”

People were encouraged to express their views as part of daily conversations, residents and relatives’ meetings and satisfaction surveys. The residents’ meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. With the exception of one person, people were unaware of their care plans; however, two relatives confirmed they had been involved in the care planning process. We noted in the Provider Information Return (PIR) sent to us before the inspection, that the registered manager had plans to support and encourage people to be involved in their care plan.

There was information about advocacy services displayed in the hallway. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection none of the people living in the home were using this service.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, “The staff always come quickly, even in the middle of the night.” People said the routines were flexible and they could make choices about how they spent their time. One person explained they had expressed a desire to get out of bed earlier in the morning, they told us, “The manager took this on board and now staff help me at an earlier time which is better.” We observed breakfast was served throughout the morning to allow people to stay in bed if they wished to.

We looked to see if people received personalised care. We looked at five people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and files contained a “Getting to know you form”, which informed staff about people’s past experiences, preferences, likes, dislikes and interests. We saw evidence to indicate the care plans had been updated on a monthly basis or in line with changing needs. The provider had systems in place to ensure they could respond to people’s changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people’s well-being and any concerns they had. This ensured staff were kept well informed about the care of the people who lived in the home.

Staff told us they read people’s care plans on a regular basis and felt confident the information was accurate and up to date.

We saw charts were completed as necessary for people who required any aspect of their care monitoring, for example, positioning, falls and behaviour. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people’s care plans.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We

looked at completed assessments and found they covered all aspects of the person’s needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

People had access to various activities and told us there were things to do to occupy their time. The service employed an activities co-ordinator who was responsible for organising and facilitating both group and one to one activities. The activities co-ordinator held information about people’s preferences with regards to activities and they maintained records of activities which people had taken part in. Activities included, dominoes, sing a longs, film shows, arts and craft and light exercises. People also went out on trips to places of local interest such as the Pendle Heritage Centre. We saw people participating in individual and group activities during our visit. The activities coordinator was well known around the home and had a good relationship with people.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. The registered manager had received one complaint during the last 12 months and provided details of the issues involved in the provider information return. We noted there were systems in place to record and investigate any complaints. The complaint received had been investigated and resolved.

Is the service well-led?

Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well organised. One person told us, “We see a lot of the manager and we can talk to her about anything on our mind. She will always make time to listen.” A member of staff commented, “I think the home is really well managed. The manager is very supportive and helps out whenever needed. I think she does a good job.”

There was a manager in post who had been registered with the commission since May 2012. The registered manager was visible and active within the home. She was regularly seen around the home, and was seen to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a rapport with people. For example, as she showed us around the home she greeted people we met in the hallway by name and entered into a conversation on a topic of interest to them.

The registered manager told us she was committed to continuously improving the service. She told us she was supported in this by the area manager, who often visited the home at regular intervals. The registered manager described her key achievements as developing teamwork and staff communication systems and improving the record keeping. She told us her key challenges included finding ways to increase people’s involvement in the care planning process, developing activities and increasing residents and relatives’ meetings.

The staff members we spoke with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. All staff spoken with told us they were part of a strong team, who supported each other.

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people, relatives, staff and visiting healthcare professionals. This was achieved by means of annual satisfaction questionnaires, which were last distributed in February 2015. We looked at the returned questionnaires during the visit and noted people had made positive comments about the service. For instance one relative had written, “Staff are always willing to go the extra mile” and a person using the service had commented, “It’s like home from home.” We noted an action plan had been devised to address any suggestions for improvement.

People and their relatives were supported to be involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities and food. Staff meetings were held regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team.

The registered manager had recently implemented a new quality assurance system, to assess and monitor the ongoing quality of the service. This included a number of audits carried out on a daily, weekly, and monthly basis. These encompassed all aspects of the operation of the home for instance care plans, infection control, medication, staff training and health and safety and included action plans in order to address and resolve any shortfalls. We saw a sample of the completed audits during the inspection.

The home was subject to quality monitoring checks by the area manager who undertook a quarterly unannounced visit. As part of the visit, audits and action plans were checked and feedback was sought from the registered manager, people living in the home, relatives and staff. We saw the area manager had compiled reports of their visits to the home. This meant shortfalls could be identified and continual improvements made.

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not always operated a robust recruitment procedure. (Regulation 19 (1) (2) (3)).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had failed to notify the commission of incidents without delay. (Regulation 18 (1) (2)).