

Derby Care Home Limited







Westside Care Home

Inspection report

90 Western Road
Mickleover
Derby
DE3 9GQ
Tel: 01332 510084
Website: www.

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Overall summary

This inspection took place on the 6 May and was unannounced. We returned on the 8 May 2015 announced.

Westside Care Home is registered to provide nursing and residential care for up to 26 older people. At the time of our inspection there were 26 people using the service. The service is a converted residential property which provides accommodation on the ground and first floor. Access to the first floor is via a stairwell or passenger lift. The service is located within a residential area and has an accessible garden to the rear of the property.

A registered manager was 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.

The inspection was facilitated by the acting manager. We were told by the acting manager that they will be

Summary of findings

submitting an application the CQC to become the registered manager, and that the current registered manager will apply to cancel their registration with CQC as they now work at the service as the deputy manager.

At the last inspection of the 15 April 2014 we asked the provider to take action. We asked them to make improvements in the management of people's medicines and the system for assessing and monitoring the quality of the service people received. We received an action plan from the provider which outlined the action they were going to take which advised us of their plan to be compliant by 3 June 2014. We found that the provider had taken the appropriate action.

People told us they felt safe and staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

Staff were able to tell us what action they would take should they believe somebody was being abused and were aware of the provider's policies and procedures, which included whistleblowing. Records showed staff had received training to support them in recognising potential abuse and this provided them with guidance as to their role in promoting people's welfare.

People said there were enough staff on duty to meet their needs. Throughout the inspection we observed staff had the time they needed to support people safely. If people needed assistance this was provided promptly. Medicine was managed safely.

The staff were trained and supported people with confidence and skill. The service had received an award for the provision of its 'End of Life Care', which was commented on by people's relatives and staff in a positive way. People told us staff were always caring and kind. People trusted the staff and were at ease with them and happy in their company.

People we spoke with were complimentary about the meals provided at the service. Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed.

Our observations and comments from people we spoke with and their visitors told us they had good access to healthcare. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon.

There were open and positive relationships between people who use the service, their relatives who visited and staff. This created a friendly, calm and welcoming environment for people to live in and visit. People were supported by staff who sought to provide companionship and social interaction in a caring manner.

Visitors said they were encouraged to be involved in decisions about their relative's needs and were provided with opportunities to comment on and influence the care provided.

People who had expressed concerns told us these had been responded to quickly and well. Information about the providers' complaints procedure was accessible. Complaints records showed complaints had been investigated and responded to consistent with the providers policy and procedure.

The acting manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices and good quality health care support. Staff were complimentary about the supported they received from the management team and commented that they led by example.

The acting manager undertook effective audits to check the quality and safety of the service, which included daily, weekly and monthly audits. The service had strong links with health and social care professionals who helped to ensure people were in receipt of quality care.

The provider and registered manager did not notify the CQC in a sufficiently timely manner of 'notifiable' events. These are changes, events or incidents that providers must tell us about.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines correctly and at the right time.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had an understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People's dietary requirements with regards to their preferences, needs and risks were met.

People were referred to the relevant health care professionals in a timely manner, which promoted their health and well-being.

Good



Is the service caring?

The service was caring.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring approach.

People and their relatives were involved in the development and reviewing of plans of care which included end of life care.

People's wishes were listened to and respected by the staff who promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Staff knew how to support people and took account of people's individual preferences in the delivery of care. People were encouraged to maintain contact with family and friends.

Good



Summary of findings

The acting manager had a range of measures for seeking people's views. People we spoke with told us that concerns they had raised had been managed quickly and well.

Is the service well-led?

The service was not consistently well-led.

The acting manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices and providing support to people with health care needs.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the services' development.

The acting manager undertook effective audits to check the quality and safety of the service.

The provider and registered manager did not notify the CQC in a sufficiently timely manner of 'notifiable' events.

Requires Improvement



Westside 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 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 the 6 May 2015 and was unannounced. We returned on the 8 May 2015 announced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in caring for older people living with health related needs.

Before the inspection, we asked the provider to complete 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. They did not return the PIR and we took this into account when we made the judgements in this report. The provider told us that they had changed their e-mail address and had not notified the Care Quality Commission, which had meant the PIR had been sent to a non-active e-mail account.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We spoke with ten people who used the service and three visiting relatives. We spoke with the acting manager, a nurse, four care staff and a chef. We looked at the records of three people, which included their plans of care, risk assessments and medication records. We also looked at the recruitment files and training records of five members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

At our inspection of 15 April 2014 we found that the policy and procedure for the management of people's medicines was not consistently followed. We found that medication records were not always signed and that people did not receive their medicines in a timely manner. We found that the receiving and returning of medicines was not managed effectively. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. We looked at medicine administration records for three people and found these had been signed by staff when medicines had been administered. Records showed that there was a robust system in place which recorded medicines received and returned via the supplying pharmacist. Our observations showed that people received their medicines in a timely manner and discussions with the nurse showed that the period of time between people's medicines was effectively managed which promoted their health and welfare.

We observed part of a medicines round. The nurse doing this was kind and patient. They explained to people what their medicine was for and assisted them to take it in their own time. We spoke with one person who knew about their medicines but was content for staff to deal with them. A second person told us they received their medication on time, four times a day, whilst a relative we spoke with complimented the staff on the way their family member's medicine was managed.

We spoke with the acting manager and nurse about the use of PRN medicine (medicine that is administered as and when needed). We found there to be potential that people may not be administered PRN medication consistently as there were no written protocols in place. We brought this to the attention of the acting manager who said these would be developed and introduced. The nurse on duty was knowledgeable about people's PRN medicine and the circumstances which it should be given.

We spoke with people and asked them if they felt safe at Westside Care Home. Everyone we spoke with indicated they felt safe. One person told us, "I feel safe, all the worries are taken out of me." Another person speaking about others who used the service said, "The staff keep an eye on safety; they are very aware of what is going on." And a further person said, "Looking about me to be honest I can't see any problem. I feel safe and secure."

We asked people if they had seen bullying or heard shouting within the service. People told us that they hadn't. Their comments included, "No I haven't funnily enough" and "I can't say I've heard any nasty shouting". Visitors we spoke with told us they had not heard shouting or bullying. People we spoke with had difficulty imagining that people would be shouted at or bullied. One person said "Nothing's going to happen the way [the acting manager] runs it." People were confident if they had concerns they would speak with the acting manager or head office.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Records showed that staff had acted appropriately when there had been a safeguarding issue by making a referral to the local authority. We spoke with the acting manager as some incidents had not been reported to the CQC, they told us they had misunderstood the circumstances when such incidents should be reported.

All the staff we spoke with understood their responsibilities with regard to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service, which included a check as to whether nurses were registered with the appropriate professional body. Records showed that the provider followed its staff disciplinary policy and procedures. This ensured that any unsafe practice was investigated and that staff received the appropriate support and training to improve their practices for the benefit of those using the service.

We saw staff ensuring people moved around the service safely by encouraging them to use equipment, which

Is the service safe?

included aids to enable people to walk independently. This showed that the provider had taken steps to provide care in an environment that was safe as staff had a good understanding of the risks associated with the needs of people.

We also saw that when people needed two staff to assist them with their mobility, or particular equipment to keep them safe, this was provided. We saw staff support people using a hoist on a number of occasions. This was done skilfully with the emphasis on letting the person take their time and reassuring them at every stage of the transfer.

Staff we spoke with were aware of the individual risks to people and knew how these were to be reduced as information about risk was detailed within people's plans of care. For example staff knew which people were at risk of falling and therefore monitored people to ensure that they had the support of staff and equipment when walking. Staff told us how they encouraged people to eat and drink where risks to people's dietary intake had been identified.

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. The advice and guidance in risk assessments were being

followed. For example, a person at risk of poor appetite had a nutritional assessment in place. Measures to reduce the risk and to maintain the person's health and well-being were documented within their plan of care.

There were systems in place for the maintenance of the building and its equipment and records confirmed this. Staff told us how their fire safety training included 'role play', where staff took on the role of people using the service whilst other staff evacuated them from the building using the relevant equipment. Staff told us this made the training 'life like' and helped them with the practical side of applying the fire evacuation procedure.

People we spoke with told us in their view there were sufficient staff. One person told us the staff were "Very busy but coping." A visitor said they didn't think staff were "rushed off their feet and [that they] coped." We observed that when buzzers were pressed staff attended promptly.

We found there were sufficient staff on duty to meet people's needs and keep them safe. The acting manager advised us there were four staff on duty during in the morning, three in the afternoon and two overnight. In addition a nurse was on duty throughout the day and night. The acting manager and staff told us that staffing levels were regularly reviewed and additional staff provided when people's needs changed, for example people requiring support and care with their end of life care.

Is the service effective?

Our findings

One person we spoke with thought staff were attentive to detail. A visitor told us there was not much change to staff and that they had seen staff sit down to chat to people. A visitor told us “I’ve seen staff sitting talking with my [relative]”. The acting manager and staff told us there were few changes to the staff team but many staff have worked at the service for several years which helped to promote consistent and effective care.

We noted the service had recently received an award for its development of its end of life care. We spoke with a member of staff who had the responsibility for being the ‘lead’ in this area. The member of staff spoke passionately about their role and how this enabled them and the staff team to provide good quality care to people and support to their relatives.

We saw staff supporting people in the lounges and dining areas. They did this with confidence and skill. We observed that staff understood different people’s needs so they were able to assist them promptly and effectively without having to refer to records or ask for advice. Staff talked with people as they supported them and we saw that staff and the people using the service had a good rapport.

Records showed staff had a thorough induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example end of life care, falls prevention and management, tissue viability and pressure area care. These were recorded on the service’s training matrix and updated as necessary.

Staff told us they were satisfied with their training and could request further courses if they needed to. One staff member told us, “The training is excellent, we discuss training with the manager.”

We spoke with staff and asked them how they supported people to make decisions about their day to day lives. Staff were aware that people’s rights were to be supported which included respecting their wishes with regards to their care. Staff told us that if people declined personal care or food and drink, this was respected, however staff would return to ask the person again. Records showed that where people declined support this was recorded and reported to

the nurse on duty and acting manager. Staff told us this was to ensure that people’s decisions were recorded and monitored so that any impact on their health or welfare could be acted upon.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home’s training records showed they had attended courses on this. The acting manager told us DoLS applications were in the process of being made for people who might, for example, try and leave the home.

Records showed that mental capacity assessments were carried out for people who needed them and the outcome of these were used to develop plans of care for people, which acknowledged their right to make informed decisions about their care. Best interests meetings were held for those who did not have capacity to consent to aspects of their care. These involved people using the service, their relatives, and health and social care professionals. This showed that efforts had been made to establish people’s consent to care and treatment.

When we spoke with people and asked them about food they described it as ‘good’ and ‘very good’. One person attributed their return to normal weight as being in part due to the food. They told us they were on a special diet, which was watched by staff ‘very carefully’. People’s comments included “It’s very good with generous portions” and “Hot options for breakfast with lunchtime choice”. The menu for the lunch time meal and tea were written on a board in the dining area and we saw staff approaching people in the morning and asking for their meal choices for the day. Those who wanted to could have a cooked breakfast.

We saw two people being assisted with their meal at lunchtime in their bedroom, one of whom had a soft diet. They were served at the same time as others and received assistance in a calm and unhurried manner. People were served a choice of drinks throughout the day, and people we spoke with told us drinks were available before breakfast.

We did observe that people were taken to the dining table for their lunchtime meal in some instances an hour before the meal was served, which for some this meant sitting at

Is the service effective?

the dining table for two hours. We discussed this with the acting manager, they told us they would investigate this and look as to whether any changes could be brought about to improve people's dining experience.

The chef was knowledgeable about the dietary requirements of people. Information as to people's dietary needs and preferences were recorded within the kitchen and included diets to cater for people with diabetes and food intolerances. Also recorded was whether people required a soft diet and whether people required 'thickeners' to be added to drinks to reduce the risk of them choking. The chef showed us the food supplies stored, which showed there was sufficient food available to meet people's needs.

Records showed that people who needed extra support with their nutrition and hydration were monitored and, where necessary, referred to specialists. For example, people who had difficulty swallowing were referred to the SALT (speech and language therapy team). Plans of care showed that advice given was being followed. The monitoring of people's weights was included in the acting manager's monthly audit and were reviewed by the nursing staff so they could monitor how people were doing.

We spoke with the nurse on duty. We found they had a good understanding as to the needs of people and they were able to tell us about the tailored and individual support provided. We observed the nurse throughout our inspection liaising with people who used the service, the acting manager, staff and external health care professionals. The effective use of the sharing of information meant people who used the service received timely support from the relevant health care professionals.

People told us that if they needed to see a GP or other health care professional staff organised this for them. A visitor told us that if anything goes wrong they 'soon get the doctor on to it'. They went on to say their relative had been supported by a physiotherapist.

Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, referred them to the appropriate health care services, and accompanied them to appointments if requested.

Is the service caring?

Our findings

All the people and relatives we spoke with said the staff were kind. Expressions of the kindness of staff were unanimous. One person said “They look after me well.” The visitors’ signing in book reflected the comings and goings of people’s relatives and friends. We were told about someone who after their relative’s death in the service, continued to visit the service regularly spending time and sharing a meal. This showed how the service had developed and continues to develop relationships and provide on-going support. One relative told us “Westside has a nice and homely atmosphere.” Whilst a second visitor said “It’s like a family home – family feel.”

People we spoke with in some instances had not taken part in their initial plan of care due to their health, however people said that staff asked them what they wanted. A visitor told us that their family member’s many needs were catered for and was fully aware of their plan of care.

We asked staff how they support people’s equality and diversity. Staff comments included, “It’s what’s best for the resident, not about us, they’re making the decision.” And “meeting people’s individual needs.”

The plans of care we looked at had either been signed by the person themselves or a relative. Some people’s care records showed they had made an advanced decision about their care with regards to emergency treatment and resuscitation. This had been done with the involvement of relatives and health care professionals. This showed that people’s choices and decisions were supported and would be acted upon when needed.

Within the entrance foyer was an information board entitled ‘Planning for My Future Care’. Information was displayed about how people using the service and their relatives and friends could comment and influence the care they received at the end of their life. The provider had developed a brochure providing relevant information. The acting manager showed us how a pictorial ‘butterfly’ was displayed for several days as a mark of respect when someone passed away.

We spoke with a visitor who had attended a meeting to discuss their relative’s end of life plan of care. The visitor told us that throughout their relative’s care they had been actively involved in all decisions. When we asked about the care they told us “Fabulous care staff, the quality of staff is good. I highly commend all the staff.” They told us that they had been consulted about their relative’s wishes with regards to their end of life care, which meant they would be supported and cared for at Westside Care Home by staff they knew and that knew them.

The acting manager welcomed visitors at all times with the exception of mealtimes. They told us this enabled staff to provide support to people and promoted people’s privacy when eating as they were not disturbed by visitors.

Throughout our inspection we observed staff knocking on people’s doors before entering and we heard staff speaking with people in a respectful and caring manner. People’s dignity was promoted when assistance was provided, which included assisting people with personal care and with eating and drinking.

Is the service responsive?

Our findings

During our inspection we observed a member of staff raising their concerns to the nurse about the deteriorating health of someone at the service. The nurse listened to the member of staff and advised they would organise a GP visit. The person was seen by the GP. A visitor told us that following the GP visiting their relative, they had been telephoned by the GP and that they had been consulted and had agreed the initial care of their relative, which was formerly reviewed and documented the following day in a meeting. The visitor told us that the acting manager and staff had welcomed and encouraged their contribution to their relatives care. The visitor told us they were able to visit as and when they wished, which included spending the night if they so chose.

A person we spoke with told us “I mentioned my pictures – next thing I knew they were hung up (on the wall) and if you want anything the attitude is we’ll see what we can do.” People told us they got up when they wanted to. A visitor told us they had no complaints about how staff helped their relative. They told us that the staff had taken the opportunity to redecorate their relatives room whilst they had been temporarily in hospital.

We did observe that people were taken to the dining table for their lunchtime meal in some instances an hour before the meal was served, which for some this meant sitting at the dining table for two hours. We discussed this with the acting manager, they told us they would investigate this and look as to whether any changes could be brought about to improve people’s dining experience.

We observed staff undertaking activities with people within their rooms, which included playing book games and a game of ‘snap’. One person told us they played dominoes but other than that told us “nothing else, could go out but couldn’t be bothered.” We saw people reading books and magazines, one person sat knitting and they told us they knitted most days. Several people watched television and spoke to each other about the outcome of the general election which was been reported upon. People told us they had been supported to vote by staff. A person we spoke with told us they could be as independent as they wanted to be, going for three mile walks with their relative and had helping with the adjusting hanging baskets in the garden.

The acting manager told us they undertook an assessment of people’s needs prior to their moving into the service. During the inspection the acting manager visited someone who had been admitted into hospital and was being re-assessed to ensure the service could continue to meet their needs before being discharged from hospital back to Westside Care Home. This showed that the service had a robust procedure for assessing people’s needs and took a pro-active approach in supporting people to return to the service when they had received the appropriate health care.

Visitors we spoke with were confident that any concerns or complaints they raised would be managed well. One relative told us they had raised concerns and they had been investigated. We looked at the records of the person’s complaints, which included a written response to the complainant.

Is the service well-led?

Our findings

At our inspection of the 15 April 2014 we found that the providers processes for auditing the effectiveness of the service had not been implemented well and had not identified areas of risk. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. The provider and acting manager had a robust system which included a range of audits that were carried out to ensure the smooth running of the service.

We found communication between staff at the service was managed well. Staff told us that where they were concerned for people's health or welfare they informed the nurse on duty. Nursing and care staff understood their individual roles and responsibilities in promoting people's health and welfare. There was a written 'handover' record between all staff which ensured people's changing needs were communicated.

The quality of the service provided was monitored externally by the Clinical Commissioning Group and Derby City Council who provided a report as to their findings, which included any actions the provider needed to make to improve the quality of care. The service had attained the 'End of Life Quality Award', which had been awarded by an external agency.

We spoke with staff and asked them what their understanding was as to the vision and values of the service. Staff comments included, "Making sure everyone gets the care they need, they are not hurt and they feel comfortable and safe" and "To care for vulnerable people, help, care, comfort and support them, provide medicines and access health care."

We observed throughout the day that the acting manager had a very hands on attitude to the service and its people, providing a positive role model for care staff to follow. The staff team worked well together. All the staff, including the domestic, catering, and maintenance staff, were aware of the needs of people and knew how to interact with them in

a way which provided reassurance and support. We noted visitors speaking continually with the acting manager who was approachable and willing to engage in conversation and provide information and reassurance.

The overall atmosphere was pleasant and informal. Meetings were held for people's relatives and friends and quality assurance questionnaires were regularly sent to people and their relatives which provided an opportunity for people to comment and influence the service provided and received. Records showed that any issues were addressed.

Quarterly family and friend meetings were held which provided an opportunity for people to share their views about the day to day running of the service. Surveys were also routinely sent out to people using the service and their relatives to formally seek people's views. The information gathered from surveys was collated and used to develop plans for the future development of the service and shared within a report which was available for people to view.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). They did not return the PIR. The provider told us that they had changed their e-mail address and had not notified the Care Quality Commission, which had meant the PIR had been sent to a non-active e-mail account.

The provider and registered manager are required and are responsible for the submission of information to the CQC on events, incidents or changes which occur in the service and are referred to as 'notifications'. We found notifications were not being sent in a timely manner. We discussed this with the acting manager as part of our inspection.

These issues evidenced a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that the acting manager had an excellent relationship with the people using the service. As they went about the service they made a point of talking to everyone and it was evident that they knew them, their needs, and their families well.

Staff told us they felt supported by the acting manager who in their view was approachable. Staff comments included,

Is the service well-led?

“The manager is very good, always there if you need to ask for help.” And “Very supportive, helps with any concerns.” They told us they were happy working at the service and that they worked well as a team.

Staff were supervised by the acting manager which included practical supervision where staff were assessed when providing support and care to people. Staff told us that they received feedback from the acting manager which was constructive and enabled them to make improvements to people’s care, which included communicating with people.

Staff meetings were held regularly and minutes showed that staff were encouraged to make suggestions as how to improve the service. They were also reminded of their responsibilities to the people using the service. For example, the need to promote people’s privacy and dignity was discussed as was good record keeping.

The provider had a quality assurance system in place which included daily, weekly and monthly audits of all aspects of the service. These were completed by the acting manager with some tasks being delegated to staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour
Diagnostic and screening procedures	The provider did not notify to the Care Quality Commission in a timely manner of notifiable incidents.
Treatment of disease, disorder or injury	