

Countrywide Care Homes (2) Limited

Argyle House

Inspection report

The Avenue
Dallington
Northampton
Northamptonshire
NN5 7AJ

Tel: 01604589089

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 3 and 4 April 2018. The first day of the inspection was unannounced and we carried out an announced visit on the second day.

Argyle House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Argyle House is registered to provide accommodation, nursing and personal care to up to 87 people in one adapted building. The home is set out over four floors, with each floor set up as a separate unit providing a particular type of care; these are residential dementia care, nursing care, dementia-nursing care and residential care. At the time of the inspection there were 59 people living in the home.

At the last inspection, on the 28 and 29 June 2016, the service was rated "Good." At this inspection we found that aspects of the service had deteriorated and we have rated the service as overall "Requires Improvement."

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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 service had been without a registered manager for twelve months, a new manager had recently been recruited and commenced work at the service in January 2018. They had applied to CQC to register as manager for the service and their application was being processed at the time of inspection.

Systems and processes in place to assess, monitor and improve the quality and safety of the service were not effective at identifying shortfalls. Where shortfalls were identified these were not addressed in a sufficiently timely manner. Health and safety checks had not resulted in sufficient action to mitigate risks to people's health and safety.

People's care records were not stored securely and records of care provided to people were not sufficiently detailed. Records related to people's wishes regarding the end of their life had not been reviewed by their GP as often as necessary.

The service was not able to demonstrate that staffing levels were sufficient to meet people's needs. People sometimes had to wait for staff to support them and staff were often rushed; this negatively affected people's experience of care.

Recruitment procedures protected people from receiving unsafe care from care staff that were unsuitable to work at the service. People felt safe in the home and received care and support from staff that understood their responsibility to keep people safe. Staff induction training and on-going training was provided to

ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff had access to appropriate support and received one to one supervisions with their line manager.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make informed decisions and encouraged people to make their own choices.

People received enough to eat and drink and had a choice of meals and snacks. People were supported by staff to use and access a variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service.

People were supported to access health appointments when required to make sure they received continuing healthcare to meet their needs. People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans reflected how people's needs were to be met. Records showed that people and their relatives were involved in the assessment process and the ongoing reviews of their care. People were supported to take part in activities within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

Staff were committed to the work they did and had good relationships with the people who lived in the home. People interacted in a relaxed way with staff, and were comfortable in their presence.

At this inspection we found the service to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed 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 continued to Require Improvement.

Staffing levels were not sufficient to meet people's needs appropriately.

Improvements were required to the arrangements in place to mitigate environmental risks.

There were systems in place to manage medicines in a safe way.

People felt safe and comfortable in the home.

Is the service effective?

Good 

The service remains Good.

People's nutritional needs were met.

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Requires Improvement 

The service had deteriorated to Requires Improvement.

People's confidential records were not always stored securely.

People were involved in planning and evaluating their care.

Staff treated people with kindness and compassion. There were positive interactions between people receiving care and support and staff.

People's dignity was protected and promoted.

Is the service responsive?

Good ●

The service remains Good.

People were provided with individualised support by staff who knew them well.

Appropriate arrangements were in place for managing complaints.

Appropriate support was provided to people at the end of their life.

Is the service well-led?

Requires Improvement ●

The service had deteriorated to Requires Improvement.

People were not assured of a good quality service as the systems and processes in place to effectively monitor the safety and quality of people's care required strengthening.

The records of care provided to people were not always completed with sufficient detail.

There was no registered manager in post. Although, the manager had applied to the Care Quality Commission to register as the manager of the service.

The provider asked people and staff for feedback regarding their experiences of the service.

Argyle House

Detailed findings

Background to this inspection

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

This second comprehensive inspection took place on the 3 and 4 April 2018. The first day of the inspection was unannounced and we carried out an announced visit on the second day.

The inspection was undertaken by two inspectors, a specialist nursing advisor 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 for this inspection had experience of co-ordinating care services for their relative.

On this occasion, we had not asked the provider to send 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events, which the provider is required to send us by law. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people, which are paid for by the local authority. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection, we spoke with eight people who used the service and six people's relatives. We also observed the interaction between people and the staff in the communal areas. We spoke with fifteen members of staff including care staff, senior care staff, nursing staff, activities staff, housekeeping and catering staff and members of the management team. We looked at eleven records relating to people's care needs and nine staff recruitment records. We looked at other information related to the running of and the

quality of the service. This included quality assurance audits, quality surveys that had been carried out by the provider, training information for staff and arrangements in place for managing complaints.

Is the service safe?

Our findings

At the previous inspection in June 2016, we rated 'Safe' as 'Requires Improvement', due to concerns about staffing levels and deployment. At this inspection, 'Safe' continues to be rated 'Requires Improvement'.

Staffing levels were not consistently maintained to ensure that people's needs were always met effectively. Five people told us that they thought the home was sometimes short of staff. One person said, "Occasionally they are short staffed. At the weekend, I wanted to go to the toilet and had to wait quite a while for staff to help me." Another person's relative told us, "Sometimes when I visit there isn't enough staff here, usually at lunchtime."

We saw that people's care needs were being met, but that staff were under pressure to provide people's support in a timely way. One person told us, "There is not enough [care] staff. For sixteen people, three is not enough. But they do everything they are supposed to do."

We observed that staff worked well together as a team, and endeavoured to provide people's care. However, care staff told us they had to rush to ensure people's needs were met. One member of staff told us, "We make sure we do everything that's needed but we really have to rush some days." Staff told us that it was particularly difficult when working with agency staff or staff not familiar with the unit.

Staff also told us that they found it difficult to do everything required at certain times of day. For example, one member of staff told us that only two staff were deployed to one of the units in the afternoon. Five people required the support of two staff to move, which meant staff had to rush to meet everyone's needs. Another member of staff told us that on another unit it was challenging at lunchtime to make sure all the people received their meal in a timely manner. There were three care staff and one nurse deployed to this unit and twelve people required support with eating and drinking at meal times. The management team told us that they deployed extra staff support at mealtimes on this unit; however, this had not consistently resulted in sufficient staff being available to support people with their meals.

The provider had calculated how many staff were required to meet people's needs. However, the information regarding people's care needs on which these calculations were based was not accurate. For example, the mobility needs of people in one area of the home were not accurately reflected in the dependency tool. This meant that insufficient numbers of staff were deployed at certain times in some areas of the home.

We discussed our concerns with the management team and they made arrangements to review the information on which the staffing calculations were based. In the meantime, they also arranged for extra staffing to meet the shortfalls identified during the inspection. These improvements need to be sustained and embedded.

These concerns constitute a breach of regulation 18: Staffing (1) of the HSCA 2008 (Regulated Activities) Regulations 2014.

There was a plan of regular health and safety audits in place. However, the home had been without maintenance staff since the end of January 2018 and audits carried out by senior managers had identified that not all health and safety checks had been carried out as planned. Action was taken to ensure these checks were carried out; however, some actions required in response to these checks had not been undertaken in a timely manner. For example, we saw records of hot water temperature checks carried out on 26 March 2018, these identified that six taps were hotter than the safe temperature. At the time of inspection, no action had been taken to rectify this. We discussed our concerns with the management team and immediate action was taken to ensure the water was at a safe temperature. We saw that as well as internal checks and audits of health and safety the provider had also implemented an annual external health and safety audit and that regular meetings took place to discuss health and safety in the home. New maintenance staff had been recruited and were on their induction at the time of inspection.

Any accidents/incidents had been recorded and appropriate notifications had been made. The provider ensured that the information around falls and accidents/incidents was reviewed regularly and action taken as needed.

The home was clean and free from any unpleasant odours. People told us that staff worked in a hygienic way. One person said, "They always wash their hands and change their gloves." The staff wore protective clothing when required and there was information around the home for people, staff and visitors in relation to infection control. The provider had systems in place to monitor the cleanliness of the home and all staff received regular training in relation to infection control.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. The information recorded for each person was regularly reviewed, which helped the nurses and manager to monitor people's general health and well-being and minimise the risks.

Improvements were made when incidents had occurred or things had gone wrong. We saw that through regular team meetings and staff supervision, issues were discussed and actions implemented to learn from mistakes and improve practice.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person said, "I'm very safe, never been frightened. I get twenty-four hour care." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm and the action they would take. One member of staff said, "I've had training in safeguarding. I know the signs to look for, any concerns I would report them to senior staff."

People received their medicines, as prescribed, in line with the home's policy and procedure. One person said, "I have medication three times a day, they wait while I take it." We observed that staff spent time with people explaining their medicines and ensuring they had taken their medicines. Staff followed guidelines for medicines that were only given at times when they were needed for example, Paracetamol for when people were in pain. One person told us, "If I'm in pain they sort me out." The medicines policy covered receipt, storage, administration and disposal of medicines and people's medicines were stored securely. Regular checks and audits of the medicines were undertaken; any issues identified were rectified in a timely fashion to ensure medicine errors did not happen.

People were protected against the risks associated with the appointment of new staff. There were

appropriate recruitment practices in place, taking into account staff's previous experience and employment histories. Records showed that staff had the appropriate checks and references in place and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

At the previous inspection in June 2016 'Effective' was rated as 'Good'. At this inspection 'Effective' remained 'Good'.

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment included the person's health and medical background as well as their emotional and social support needs. The information gathered was used to produce a plan of care that was reviewed and updated once the person moved into the home.

The provider was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre assessment process.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person said, "They [staff] are very knowledgeable." Records showed that staff received the training they required, to enable them to confidently and competently support the people living in the home. One member of staff said, "I'd never worked in care before and I had very good support and training when I started. I did all sorts of training; including manual handling and fire safety. We're always told if we don't feel confident to do something to speak up and ask."

Arrangements were in place for staff to receive regular supervision and annual appraisals. This provided staff with the opportunity to discuss their performance and personal development. However, the provider needed to ensure that staff appraisals were carried out within the timescales laid down within their supervision and appraisal policy. The manager was aware of this and had a plan in place to ensure staff received their appraisals.

People were supported to maintain a healthy balanced diet. Staff referred people to their GP and dietitian when they had been assessed as being at risk of malnutrition. Catering staff had a good knowledge of people's dietary needs and were able to describe how they met different people's dietary requirements. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing fluids, staff followed the health professionals advice to provide fluids that had been thickened.

People's views about their meals varied, with the majority of people we spoke with saying that they enjoyed their meals, whilst two people said the quality and choice of their food could be further improved. One person said, "It's passable, I don't like the food. You get two choices. They bring a sheet in the morning; I'm having fish fingers today." Another person said, "The food is alright, I have allergies so I can't have some things. I get two choices; I'm having chicken stew today." We saw lunch served and the food was well presented, with ample portions, and people confirmed they had enough to eat and drink.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person told us, "They always knock and ask if it's ok to wash me. If I want to sleep in, I can. I go to bed when I like."

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services and mental health support. We saw information recorded in people's care plans regarding advice that had been provided by other professionals to ensure people were receiving support in the best way to meet their needs.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "The doctor comes on Monday and Thursday, and I'm waiting at the moment for new glasses. I've also told them I need a dentist, they said there's one coming in three weeks." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's needs were met by the adaptation, design and decoration of premises. There was a range of communal areas available for people to spend time in and we saw that people were supported to move freely around the home. People's rooms were comfortable and personalised and any equipment they required to meet their needs was readily available, for example equipment to support them to move. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it.

Is the service caring?

Our findings

At the previous inspection in June 2016, we rated 'Caring' as 'Good'. At this inspection, we found that there were areas that had deteriorated and 'Caring' has been rated 'Requires Improvement'.

People could not be assured that staff would consistently store recorded, confidential information appropriately. During the inspection, we saw that folders containing confidential information regarding people's care needs and the support that people had received were not stored securely. In two units in the home, people's folders had been left unattended in communal areas that were accessed by people and visitors. Two of the cupboards containing people's care files were in communal areas and had broken locks. We discussed these concerns with the management team, who recognised that this was not an appropriate way to manage people's care records. A new lock was fitted to one of the cupboards whilst the inspection was ongoing and the management team agreed to undertake further work to ensure people's records were stored appropriately.

Although people told us that staff shortages sometimes affected the time they had to wait for support, they described staff as very caring towards them. One person said, "They [staff], are brilliant, the staff can't do enough." Another person said, "I can't say a word against them, they are really good." A third person said, "The staff are very friendly." We observed that although staff were busy, they engaged with people in a warm and caring manner whilst they were providing their support. Staff were familiar with each person's preferences and needs and people were relaxed and comfortable when interacting with staff.

People were supported to maintain links with family and friends, and visitors were welcomed. One person's relative said, "There's no restriction on visiting." We observed visitors being welcomed into the home by staff during the inspection.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "They always knock and say 'are you ready for a wash?'" Another person said, "I can get up when I like. If I'm asleep, they leave me." We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in supporting them in the way they chose.

People were treated in a respectful and dignified manner. One person said, "They always give my door a knock even when it's open. Very polite they are." Another person said, "They look after me well, respectful always, I've no complaints." We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner.

People were supported to be as independent as they were able to be; staff encouraged people to do as much as they could by themselves. One person said, "They encourage me to use my walker to go to the toilet. They want me to be independent."

People had access to advocacy services, to support their right to have choice and control over their lives and

be as independent as possible. One person currently using the service had been supported to access advocacy support. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Is the service responsive?

Our findings

At the previous inspection in June 2016 'Responsive' was rated as 'Good'. At this inspection 'Responsive' remained 'Good'.

People had individualised care plans, which detailed the care and support they required; this ensured that staff had the information they needed to provide consistent support for people. People told us that they had been involved in deciding how their support would be provided. One person said, "I have a care plan. I had a review with the nurse two months ago." Records we saw, also demonstrated that people were involved in the assessment and planning of their care through regular reviews.

Throughout our inspection, people told us and we observed that staff supported people in accordance with their care plans. For example, where people required support to move this was provided appropriately. One person's relative said, "[Person] gets up with a hoist always with two nurses. They are very careful." People's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. Records of people's repositioning would benefit from more detail regarding the position they had been moved to. This was discussed with the management team who agreed there was a need to ensure these records contained consistent details of people's repositioning.

Staff used good communication systems to ensure the effective sharing of information and handover of information between individual staff and staff teams. This system ensured that staff were updated promptly regarding any changes to people's care needs and responded appropriately.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. The activities coordinators were passionate about providing meaningful activities for people and people told us that they enjoyed taking part in the activities provided. One person commented, "We had a pub lunch yesterday. Six of us went in the bus. [Activity staff name] and [Activity staff name] took us. There are lots of things going on here. We are going to Delapre Abbey tomorrow." Group activities on offer were appropriate to people and their interests. These included arts and crafts, carpet bowls, musical entertainment with the local pre-school and film afternoons. We observed a variety of activities taking place throughout the day on both a group and one to one basis.

The service provided end of life care and staff had received appropriate training to provide such care. We spoke with the relative of one person who had recently received end of life care in the home. They told us, "They [Nursing staff] spoke to me about end of life care plans and put everything in place for [person's name]. I couldn't fault the care [person's name] received, the staff were very good, they listened to everything I said and looked after [person's name] very well." Staff respected people's end of life wishes and made every effort to ensure they could remain at the service if this was what they wanted. Staff worked with people's GPs to ensure end of life documentation such as Do Not Attempt Cardiopulmonary Resuscitation Orders (DNACPR) were completed. However, we found during the inspection that these had not always been reviewed by people's GPs when required. Staff carried out an immediate audit of all DNACPR orders that

were in place and arranged for people's GPs to carry out reviews as needed.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, people's care plans contained information regarding how they should be provided with information and information was provided in different formats such as pictorial and large print.

People we spoke with told us they knew how to make a complaint or raise a concern. One person said, "I haven't complained. If I did I would tell the nurse." Another person said, "I complained about cold fish and chips. So did [relative's name]. They put it right." We saw that there were procedures in place to deal with complaints effectively and records of complaints received and investigations were fully completed.

Is the service well-led?

Our findings

At the previous inspection in June 2016, we rated 'Well-led' as 'Good'. At this inspection, we found that there were areas that had deteriorated and 'Well-led' has been rated 'Requires Improvement'.

The service had been without a registered manager for twelve months, a new manager had recently been recruited and commenced work at the service in January 2018. They had applied to CQC to register as manager for the service and their application was being processed at the time of inspection.

The governance systems in place had not identified that the tool used to calculate staffing levels was not being used effectively. As a result, staffing levels were not set appropriately and staff had to rush to meet people's needs. This had negatively affected people's experiences of care and access to timely support.

Quality assurance processes were not consistently effective at ensuring the actions required to ensure the quality and safety of the service were taken in a timely way. Where health and safety checks had identified the need for action to be taken to mitigate risks to the safety of people living in the home, the work required had not been carried out promptly. The provider had not identified that people's confidential information was left out in communal areas. Where improvements were required to ensure people's confidential information would be stored securely, action had not been taken quickly enough to secure these areas.

People's records were not consistently completed with sufficient detail or reviewed when needed. Staff had not completed repositioning records with sufficient detail regarding people's repositioning. People's DNACPR orders had not been reviewed as regularly as needed by people's GPs.

These concerns constitute a breach of Regulation 17: Good governance (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other arrangements in place to monitor the quality of the service that people received were effective, as regular audits had been carried out by the senior management team and manager. For example, audits of people's care files, staff training and infection control.

People and staff said the manager was supportive and approachable. One person said, "I know [manager's name], she's nice. She comes and talks to me, she's quite approachable." A member of staff said, "[Manager's name] is a strong manager, everything is in the best interest of the home and if she says she will do something, she always follows it up."

The provider had a process in place to gather feedback from people, their relatives and staff through surveys and meetings. We saw minutes of previous residents and relatives meetings; where discussions had taken place about staffing, activities and laundry. During the inspection, three people told us their concerns regarding the laundry service in the home; specifically that their clean laundry was not returned to them in a timely manner or they had clothes returned to them that did not belong to them. One person commented, "Sometimes I get other people's washing. I get my laundry back eventually." We saw that people and their

relatives had been provided with the opportunity to discuss these concerns at residents and relatives meetings and at the last meeting on the 27 March 2018, people fed back that the laundry service had improved.

The provider had recently carried out a survey of people and their relatives to gain their views of the service they received. The responses to this had been collated and the provider was producing an action plan to address the areas where people had indicated improvements were required.

During staff meetings, staff had the opportunity to contribute to the running of the service. We saw meeting minutes, which recorded discussions about care, documentation, infection control and health and safety. The manager had recently introduced a daily meeting attended by key staff to discuss what was happening in the home that day. We observed this meeting taking place during the inspection and staff had the opportunity to discuss the plans for the day and raise any concerns with the management team.

Policies and procedures were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies such as mental capacity and whistleblowing.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. The provider was also aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information when required.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home.
Treatment of disease, disorder or injury	Records were not always completed with sufficient detail.
	The arrangements in place for the storage of records did not protect people's right to confidentiality.
	17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had not ensured that sufficient numbers of staff were deployed effectively to meet people's needs. 18 (1)
Treatment of disease, disorder or injury	