

Brendoncare Foundation(The) Brendoncare Chiltern View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brendoncare Chiltern View is a residential care home providing personal and nursing care for older people living with dementia and or mental health concerns. It is registered to provide support for 30 people. At the time of the inspection 27 people were living at the home.

The home is a single storey adapted building. People had individual bedrooms. The home was split into two wings, each had a lounge area, which housed different seating options to meet people's needs. The front door was locked, and access was supervised by staff, however, people had free access to the back garden, we routinely saw people accessing outside areas. The garden area had been fully equipped with seating and plants which provided colour.

People's experience of using this service and what we found

People were supported by a service that did not routinely notify the Commission of events it was required to inform us about. We found mixed understanding about the Mental Capacity Act 2005. However, we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who demonstrated kindness, compassion and knew how to promote their dignity. Staff understood how to minimise the likelihood of harm to people. People were supported with their prescribed medicines by staff who were deemed competent and received regularly training to keep their skills and knowledge up to date.

People's likes, dislikes and interests were well known by staff. People were offered opportunities to engage in meaningful activities.

People were supported to maintain their health and well-being. Meals were healthy and balanced, and people were supported to maintain good hydration.

People's relatives felt their family members were well cared for and they felt welcome when they visited the home. The registered manager was praised by staff and relatives and described as "Lovely, very approachable and fair", "Very approachable" and "Very supportive."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

We have identified breaches in relation to the application and use of the Mental Capacity Act 2005 and compliance with the legal requirement to notify the Commission of certain events.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Brendoncare Chiltern View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider's head of care, registered manager, nursing staff, care workers and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from staff and community professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, staff had received training on how to recognise signs of abuse. Staff told us "I am aware of the need to be consistently aware and vigilant and of timely and accurate reporting."
- Staff who we talked with demonstrated awareness of when to raise a safeguarding concern to the local authority. We saw posters were displayed around the building on who staff could contact in the event of being made aware a person may be at risk from abuse. Staff had confidence in action by management in the event of a concern being raised.
- Relatives we spoke with told us they felt their family members were safe and well cared for. One relative told us "We have never seen anything untoward, we have peace of mind."

Assessing risk, safety monitoring and management

- People were protected from potential harm. The risks associated with people's medical conditions were assessed, for instance, we found risk assessments had been completed for a wide range of issues. These included, skin integrity, risk of falls and risk of choking.
- Risk assessments were routinely reviewed on a monthly basis to ensure the risks posed to people prevented potential harm to them. Staff we spoke with were knowledgeable about risks posed to people.
- Environmental risks posed to people had been assessed and were well managed. Risk assessments and nationally recognised routine checks were carried out. The provider's health and safety team monitored compliance of health and safety.
- We observed each person had a personal emergency evacuation plan detailing the support they required in the event of an unplanned situation like a fire. Routine fire evacuation exercises were carried out and learning from these was cascaded to staff.

Staffing and recruitment

- We observed people were supported by enough staff who were deployed to ensure their needs were met. This was supported by what people's relatives and staff told us. Comments from relatives included "Day staffing levels seem fine" and "There is always someone around who I can ask 'How has he [Family member] been?'". Staff told us "I think it's usually fine", "The staffing levels in the home are quite good, apart from the odd day due to illness etc but these are managed within the team brilliantly" and "I think the staffing levels are mostly great." Another member of staff told us "There are enough staff."
- People's level of dependency was assessed. The registered manager told us in the PIR "We have a dependency tool which we review monthly and if residents' needs have increased then we will increase our numbers accordingly." Care records confirmed monthly reviews took place. Where the service had identified the need for additional support for people, they worked closely with external commissioners to secure funding for one-to-one support.

- Records demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Using medicines safely

- People received support with their medicine by staff who had received appropriate training for medicines management. Staff had their competency to administer medicine re-tested to ensure they followed safe practice. Records viewed regarding the administration of medicines were accurate and reflected what prescribed medicine people had received.
- Where people were prescribed medicine for occasional use, staff were provided with additional guidance. For instance, for Paracetamol, information for staff on how to determine when to administer the pain relief was present. Medicines which required additional storage due to their potential for abuse were stored as per national guidance and stock levels were routinely checked. We found records reflected stock held by the provider.
- Where pain relieving patches were applied records were not routinely maintained in order to demonstrate that an appropriate rotational pattern was followed in accordance with the manufacture's instructions to prevent skin irritation. We discussed this with the nurse and the registered manager. We received confirmation following the inspection systems had been implemented to ensure this would not be repeated.

Preventing and controlling infection

- People were protected from the risk of harmful infections. The home was supported by a knowledgeable domestic staff team who followed best practice guidelines. A relative told us "The home is clean, tidy and very homely. Occasionally there is a smell but it's not for long."
- Staff had received training in the prevention of infections. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately. Staff spoken with could describe how they prevented the spread of infection in their roles.
- The service had been visited by the local authority food hygiene team on 10 December 2019 and had been awarded five stars for food safety, the highest rating available.

Learning lessons when things go wrong

- The provider used an electronic system to record all accidents and incidents. The registered manager and provider were able to analyse trends in events to prevent a re-occurrence.
- Staff demonstrated they knew how to report events and had confidence any required actions would be taken to prevent people being at risk of harm.
- The provider had systems in place to share learning across all its locations. We noted senior manager meetings held discussions about any regulatory changes and safety incidents, as examples. The provider facilitated health and safety meetings to ensure people's safety was promoted.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not routinely supported in line with the MCA. We found mixed evidence and understanding by staff regarding the application of the MCA.
- We found records lacked details regarding the decision to be made. For instance, one person had a mental capacity and best interest form which stated the decision was 'continence'. There were no details as to why this decision was needed and what level of intervention was required to support the person. Another person had the same form completed and the decision stated on it was 'spirituality'. There was no detail as to why this decision was required and what support the person required. We routinely found multiple mental capacity assessments and best interest decision were recorded for each person. We found this did not demonstrate a good understanding of the MCA and when capacity assessments were required.
- We found where best interest decisions had been recorded for people, they did not routinely demonstrate all the requirements of the code of practice of the MCA. We found the service did not routinely consult with and or record consultations with people's family and legal representatives. One of the seven records we viewed fully complied with the MCA. We gave the provider an opportunity to send us any evidence of best interest discussions which may have not been readily available to us at the time of the inspection. We were provided with evidence of three people's best interests decisions which had been re-written and reflected best practice.
- We found where staff had recorded names of people involved in decisions, they did not record what their relationship to the person was. It was clear from the records we viewed the names recorded were staff

members.

- The provider had introduced new documentation to record people's consent. The provider's regional quality audit completed in June 2019 stated, 'Review all consent forms and remove old style and introduce new consents to care and sharing information, video and photography, lap belts, bedrails where applicable.' We found the new documentation was in use, however, it had not been adopted to reflect best practice. We found staff had signed consent forms on behalf of people rather than record a decision in a person's best interest. The provider's quality audit completed in June 2019 had highlighted this. An action from the audit stated 'No staff member can sign these forms. Please read the back of the new style consents. Where there is no LPA (Lasting Power of Attorney) a Best Interest form must be used and refer to the consent discussed.' The action was expected to be completed by 26 July 2019, the manager had written the action was ongoing in her progress note in the June 2019 Audit. The subsequent quality audit in December 2019 found this remained incomplete. We found staff had continued to sign the consent forms.
- There was a lack of clarity in the service who had an authorised DoLS in place. The registered manager records did not tally with details held by the supervisory body. We asked the registered manager and provider to ensure all required applications were made to the supervisory body and accurate records maintained of applications made and their outcomes. The registered manager was aware of the need to report all outcomes of DoLS application made to us. However, we found this had not been carried out.

We were not satisfied people were routinely supported in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a new system had been implemented to monitor DoLS applications and mental capacity assessments had been reviewed and reflected family and third-party involvement.

- People were observed being asked for consent as they went about their daily routine. For example, people were asked for consent prior to the administration of medicines and before putting clothes protectors on people. Additionally, staff were seen to offer people choices regarding their daily routines. When people declined to participate in activities staff respected their choice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the home, a full care needs assessment was carried out. This included receiving information from the funding authority on any equipment or support which was required. For instance, some people had been awarded one-to-one funding. The service ensured staffing levels were appropriate to meet people's needs.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- Where people's needs had changed the service worked in partnership to ensure people continued to receive effective care.

Staff support: induction, training, skills and experience

- People were supported by staff who received a structured induction to their specific role. Each new member of staff was allocated a 'buddy', or an existing and experienced member of staff to support them in their new role. Staff told us they felt this prepared and supported them. New care staff were supported to study the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.

- Staff were expected to complete training courses which the provider deemed mandatory. The registered manager and provider monitored compliance with training to ensure staff had the right skills to support people. All staff received ongoing support from a line manager, refresher training and an annual review of their performance.
- The registered manager had arranged for a virtual dementia tour experience to visit the home. The experience replicated the physical and sensory impairments of people living with dementia. This training had been extended to family members and healthcare professionals.

Supporting people to eat and drink enough to maintain a balanced diet

- The support people required to maintain hydration and nutritional levels was documented in care plans. We observed people were offered a choice of meals which promoted a healthy balanced diet.
- People who required support with their meal, were given time to eat at a pace which was suitable to them. Staff were observed to be sensitive to people's dignity when supporting people with eating. A relative told us "Dad is well fed and well presented. He enjoys the food and it always looks very nice."
- The chef had information about people's likes, dislikes and allergens. We observed the chef checking with people after the meal if they had enjoyed it. Snacks and drinks were readily provided throughout the day. Staff demonstrated a professional commitment to ensure people who spent a lot of time walking were provided with opportunities to drink.

Adapting service, design, decoration to meet people's needs

- People lived in a home which was appropriately adapted and designed to meet their needs. This included adapted bathrooms, provision of grab rails and sufficient space for wheelchairs and hoists to be manoeuvred safely. There was level access around the building and garden to enable people with disabilities or impaired mobility to move around easily. We routinely saw people walking outside in the garden area.
- The provider had a refurbishment programme in place. This included re-painting of communal lounges, a new heating system and new ramp access to the home. We noted relatives were kept up to date with any planned changes and were encouraged to be involved in decisions about the home.
- People could personalise their rooms. The registered manager advised us they had more plans to make changes to the environment, to ensure people had opportunities for engagement throughout the home. We noted staff were fundraising for specialised interactive equipment for the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who worked well as a team. We observed good communication between staff regarding the support people required and received. A daily head of department meeting was held. We observed this provided all departments to be given important information about how to support people.
- Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care.
- Staff followed advice from other professionals. For example, how to meet people's dietary needs or continence care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- We observed positive engagement between staff and people. Staff were respectful and attentive when they were supporting them. They used appropriate touch and good eye contact when engaging with people.
- Relatives told us staff were "Easy to approach, friendly and welcoming" we observed this to be the case, on entering and leaving the home relatives were warmly greeted. One relative told us "I always feel welcome" another relative told us "They don't just look after dad, they look after mum as well."
- We received positive feedback from relatives. Without exception all relatives we had feedback from were happy with the care their family member received. Comments included "It is second to none", "It's excellent, ten out of ten" and "We are very pleased with the home."

Supporting people to express their views and be involved in making decisions about their care

- The service offered all residents to be involved in decisions about their care. The success of this was variable due to the level of people's cognition. We observed people were routinely spoken to about activities and where they wanted to sit or spend time.
- Relatives were involved in their family members care. One relative told us "We are kept very well informed" and "We are involved in care plan reviews and asked for our opinions."
- People were supported to identify staff who supported them. A photographic board of staff was displayed, and staff were observed to be wearing name badges.

Respecting and promoting people's privacy, dignity and independence

- People were routinely supported to maintain their dignity. Staff were attentive to people's needs and were observed to support people without limiting them. Staff provided prompt support to re-fasten one person's shoes. This enabled them to continue their walk. Another person was supported to move their hair away from their face prior to them eating their meal.
- We observed staff knocked on people's bedroom doors prior to entering their room. People were addressed by staff by their preferred name. People were supported to be well-groomed and dressed as they would like. A relative told us "Whenever I come, he [Family member] looks clean and tidy, the bed is always made nice and his hair is always combed."
- People were encouraged to be independent. We observed staff supporting people with their meals by letting the person do as much as they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff who knew them well. Each person had care plans in place. However, we found these records did not always reflect people's current needs or provide adequate information to staff who did not know them well. For instance, one person's falls support plan stated, 'requires support to maintain safety', it did not provide specific guidance for staff. Another person's skin integrity care plan stated, 'staff to support maintain skin integrity', it made no reference to any intervention to promote this. Where we found care records lacked specific detail, we asked staff to describe how they supported people. We found they were knowledgeable about people's needs. In addition, the service had created a one-page summary of how to support people, this was stored inside their wardrobe as an aid memoire.
- We found other records did contain greater detail. For instance, one person who was a diabetic, had a care plan in place detailing their usual blood sugar range and guidance for staff on how they may present if their blood sugar was too high or too low. We discussed our findings with the registered manager and the provider's head of care. They acknowledged what we found. We were aware the service was transferring people's records from paper to an electronic system. The latest quality audit completed by the provider had identified improvements were required in people's care plan records.

We recommend the provider seeks additional support from a reputable source to ensure people's records reflect their current needs.

- The service worked hard to ensure people received safe and person-centred care. They were pro-active in supporting people who required additional support in the form of one-to-one care from a member of staff. The registered manager told us about how they had reduced the need for one-to-one support by increasing individualised positive engagement with people. This included the use of distraction and bespoke activities.
- People were provided with opportunities to engage in activities. The home was supported by a member of staff who co-ordinated activities. We noted a plan of activities was made, however, the staff were able to move this around to suit people's needs. A visitor described the activity co-ordinator as "An exceptional member of staff. She really tries to enrich the residents' lives and genuinely cares for them."
- People were visited by outside entertainers who played music and sang songs. The home was regularly visited by pet therapy dogs. We were informed this session was well attended by people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff had awareness of how to support people express their needs.
- People were supported to use any identified aids to facilitate communication. For example, hearing aids, glasses. The registered manager advised us in the PIR "We can provide information in differing formats dependent on their requests."

Improving care quality in response to complaints or concerns

- The service had a complaints policy dated December 2018. The service held a complaints log detailing who had complained, when and what was the complaint, who dealt with it and when it was resolved.
- People's complaints and concerns were listened to and used to improve the service.
- The service had received a number of compliments regarding the care and support people had experienced.

End of life care and support

- At the time of the inspection no-one was receiving end of life care.
- End of life care plans included information known to staff such as whether or not the person had a DNAR. Where people or their relatives had discussed end of life wishes this was recorded. The registered manager told us "We particularly support families of residents at end of life or where transition to the home and change for them is difficult."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an outcome is known about a DoLS application. We checked our records against the service and records held by the local authority, we had not been notified of events when required. The last DoLS notification we received prior to the inspection was in June 2018. The local authority had made eight decisions in 2019 on applications made and two in 2020.

The service had failed to make the legally required notifications to us. This was a breach of Regulation 18 (Notifications of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

- At the time of the inspection the provider was transferring people's records from a paper-based system to an electronic one. We found some gaps in people's records. However, staff were able to show us how they needed to support people.
- The provider had quality assurance processes in place, we found audits did identify some of the issues we found. We spoke with the provider's head of care about ensuring actions were not marked as completed unless robust systems were in place to prevent a reoccurrence.
- A registered manager was in post.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and staff felt the registered manager was "Very supportive", "Very approachable person" "The manager is approachable" and "The home manager is lovely very approachable and fair."
- The registered manager held regular meetings with staff and relatives. Staff told us "Staff meetings are scheduled" and "There are regular staff meetings, you can express your point of view." A relative told us "We do come to relative meetings and events in the home and contribute to the raffles."
- The registered manager was keen to share with us the social events and charitable events they had organised. These included a curry and quiz night, marathon runs, choir trip and a summer fete.
- The registered manager created an inclusive atmosphere which promoted community living. They had forged links with local community groups and were looking forward to greater collaboration in the future.

Continuous learning and improving care

- The provider and registered manager had systems in place to ensure continuous learning. The service received national safety alerts and had systems in place to take appropriate action as required.
- The registered manager told us "An organisational Leadership Training Programme was launched earlier this year for all managers and senior managers within the company. I have attended a number of structured workshops regarding leadership and management of people." They told us this helped them develop. In addition, they also attended care and clinical governance committee meetings and monthly manager's meetings.
- The service supported student nurse learning. They offered placements to student nurses from the University of Bedfordshire. People benefitted from this, as they had additional support and nursing staff were able to keep up to date with best practice.

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 18 Registration Regulations 2009 Notifications of other incidents How the regulation was not being met The provider had not made all the required statutory notifications.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent How the Regulation was not being met. The provider did not routinely support people in line with the Mental Capacity Act 2005.