Kents Oak Care Homes Limited

Kents Oak Rest Home

Inspection report

Kents Oak
Awbridge
Romsey
Hampshire
SO51 0HH

Tel: 01794341212

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24 April 2017

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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

The inspection took place on the 19 and 24 April 2016 and was unannounced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Kent's Oak Care Home is registered to provide accommodation and support for up to 13 older people who may also be living with dementia. This home is not registered to provide nursing care. On the day of our visit 10 people were living at the home. The home is located in a rural area two miles from the town of Romsey, Hampshire. The home has a large living room, conservatory, dining area and kitchen. People's private rooms are on both the ground and first floors. There is a stair lift to the first floor. The home has a garden and a patio area that people are actively encouraged to use.

Where people did not have the capacity to consent to care and treatment, mental capacity assessments had not always been carried out in accordance with the requirements of the Mental Capacity Act (2005) and associated code of practice

Staff had not received appropriate support through supervision.

During our inspection staff did not always follow the provider's policy in relation to the security of medicines.

The provider followed safe recruitment procedures.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one.

Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People had access to and were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned.

We identified two breaches 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 the 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?

Good

The service was safe. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Risks associated with people's care and support needs had been assessed, recorded and managed.

The provider followed safe recruitment procedures.

Is the service effective?

Requires Improvement

The service was not always effective. The provider did not act in line with the principles of the Mental Capacity Act 2005. The provider could not ensure that people's rights were protected in relation to making decisions about their care.

The provider did not follow their own policy in respect of staff supervision and therefore staff did not receive appropriate support or training to enable them to carry out the duties they were employed to do.

People had access to and were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks.

Is the service caring?

Good

The service was caring. The management team and staff took a caring approach towards their work with people.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices.

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People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. The provider took account of people's changing needs and their care and support needs were

regularly reviewed.

The provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Care plans were person centred and focussed on the individual.

Is the service well-led?

Requires Improvement

The service was not always well led. Areas for improvement that had been identified through internal audit processes were not always actioned.

There was an inclusive open atmosphere in which people, relatives and staff felt comfortable approaching the registered manager.

Management and staff interacted with people positively, displaying understanding, kindness and sensitivity.

Kents Oak Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on the 19 and 24 April 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before our inspection we contacted two health and social care professionals in relation to the care provided at Kent's Oak Rest Home. During our inspection we spoke with four staff including the nominated individual, registered manager, three people living at the home and one visiting healthcare professional. Following our inspection we spoke with a General Practitioner (GP) and two relatives of people living at Kent's Oak Rest Home to gather their views on the delivery of care...

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures. We reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 last inspected the home in February 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

People who were able to speak with us told us they felt safe living at Kent's Oak Rest Home. One person told us, "Yes I feel very safe living here, I have all I need". Another person added, "Yes its ok here. I would rather be at home but I think its best that I stay here ….it's safer for me". A relative told us, "It's a very safe home. I have no concerns at all". A health and social care professional told us. "The residents that I have seen seem in good health and supported safely". A GP told us, "I consider the home to be very safe. Risks are identified and this ensures people are cared for safely".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. A GP told us, "Some people have demanding and challenging behaviour. The staff work well in understanding and supporting those people".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." And "I know how to report safeguarding and am confident to do so".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in the home. Staff gave examples of this such as checking the environment for trip hazards and supporting people with mobility needs to access the gardens. One person told us, "Staff help me when I want to go for a walk in the garden. They make sure I am safe and come with me if I want them to". Care plans contained risk assessments relating to key areas of care relevant to each person. These had been reviewed and updated regularly and staff were aware of current risks for people who lived in the home and the action they should take to manage them. For example, care plans included Malnutrition Universal Screening Tool, (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese and is used to develop strategies to reduce the risk. Care plans also included the Waterlow pressure ulcer risk assessment / prevention policy tool which aims to identify and prevent the risk of a person developing pressure sores.

The home used an electronic system for recording the delivery, administration and disposal of medicines to people living at the home. The system was intended to reduce the risk of medication errors and to ensure that people received the right medication at the right time. The system also minimised the risk to people who were prescribed 'as required' medication (PRN) for pain relief. For example, if a person requested prescribed pain relief before it was due the system would alert the member of staff. One member of staff told us, "This is a good system. I can tell at the push of a button the exact time someone has had their medication". The system allowed for a full medication audit 'at any time' and provided up to the minute information regarding medication within the home.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. People's medicine was stored securely in a locked medicine cabinet in the dining room, however on the day of our inspection we noted that the cabinet had not been secured to the wall in line with the provider's medication policy which states, 'All medication must be stored in lockable trolleys, cupboards or in the lockable drug fridge. In the case of trolleys, these must be secured against the wall whilst not in use'. We brought this to the attention of the registered manager who immediately secured the trolley to the wall bracket.

There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas installations, electrical systems and appliances.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member said, "I had training in this area recently. We have to ensure people's safety at all times so our training is important".

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity. We found that the home had effective systems in place to ensure that the home maintained good hygiene levels and that the risk of infection was minimised.

The provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow. For example, in the event of a fire. Evacuation sledges were located and readily accessible on stairways and people living at the home had a Personal Emergency Evacuation Plan (PEEP) which was located at the main entrance to the home.

Requires Improvement

Is the service effective?

Our findings

People, and health and social care professionals told us staff were experienced and were meeting people's needs. One person said, "They seem to know what they are doing. I have no worries". A visiting health care professional told us, "I have come in today to see a lady and the staff have been very accommodating. They have done everything we asked them to do in respect of the person". One relative told us, "Yes they look after my mum very well. The staff are all very knowledgeable and on the odd occasion when they have needed to see a doctor this has been arranged very quickly and effectively".

Although feedback from staff was positive we noted that staff had not received regular supervision. Supervisions are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. The provider had identified this in their quality monitoring audits, dated undertaken in January and February 2017 but it had not been implemented by the registered manager. We looked at the supervision and appraisal records for 15 staff members and found that only six individual supervisions had been undertaken since August 2016. For five members of staff who had been employed since January 2016 there were no records of supervision's having taken place. The providers staff supervision policy, section 4;1 dated August 2011 and updated in June 2016 states, 'The supervision process for an employee will be undertaken as follows. During the first week of employment, "shadowing" duties with the employee where necessary. There after formal supervision at 3-monthly intervals'. The provider's PIR also states, 'The carers receive training on how to ensure residents receive the highest possible care. This is monitored through supervisions from senior staff'. The provider did not follow their own policy in respect of staff supervision and therefore the provider could not ensure staff had received appropriate support to enable them to carry out the duties they were employed to do. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The providers PIR states, 'If the residents are unable to sign or give verbal consent due to their mental capacity, then a best interest assessment and mental capacity assessment is completed'. Where people did not have the capacity to consent to care a mental capacity assessment had not always been carried out with the support of relatives and healthcare professionals and the requirements of the Mental Capacity Act (2005) and associated code of practice had not been met. We could not see that decisions had been made in the person's best interest. For example, in two peoples care records we viewed the person had been assessed as not having capacity to make informed decisions about their care and support needs and that their advocate had provided consent. The advocate was a family member who did not have the legal right to make decisions about the person's health and welfare needs nor independently act as an advocate. The manager was unable to provide any evidence of any GP, family or external health care professional's involvement in these decisions and no record of a mental capacity assessment or best interest decisions were in the care plans. This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection one person living at the home was subject to a DoLS. The registered manager had submitted a further eight applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. Care records showed people had received visits from health care professionals, such as GP's, chiropodists and dentists. A GP told us they regularly visited the home and found the registered manager and staff to be very good at calling them in in a timely way. They also told us they had the utmost confidence in staff identifying when people were not at their best and calling the surgery for advice. A health and social care professional told us, "The manager and staff are always willing to help where they can and seem effective in providing care and recognising when they need support from external professionals".

Staff had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had also been provided to staff in dementia awareness. Further training for staff had been booked to ensure staff had the training, specialist skills and knowledge that they needed to support people effectively.

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people took their meals in the dining room and this was encouraged to enable people to socialise. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

Good

Is the service caring?

Our findings

People told us they liked the staff and described them as "kind", "friendly" and "helpful. People told us staff were caring and looked after them well. One person said, "The girls [staff] are really kind and sensitive". Another said, "They are very caring here. Nothing is too much trouble and I feel very happy". A GP told us, "I have always witnessed the staff being very caring and compassionate. I have no worries at all in that respect". One relative told us, "Can't fault the care my relative receives. It is very good". Another relative told us, "The staff are a good bunch of people. Very caring and compassionate and they understand her so well". A GP told us, "People are very well cared for. It's an excellent home and one that I would be happy to place my own mum in".

People's privacy was promoted and respected. A number of people told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People's bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked on bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy, one person saying, "They are very good at respecting my privacy. The never come into my room without asking".

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "The staff are very patient and will listen to me. I'm treated very well". Staff provided care to people in a kind, attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.
People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves.

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home.

Information within care plans reflected what was important to the person now, and in the future. Staff were knowledgeable about the people they supported and were able to tell us about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans. Care plans gave detailed descriptions of their individual needs and how support was to be provided. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were supported to maintain relationships with their family and

friends. Details of important people in each individual's life were recorded.

Good

Is the service responsive?

Our findings

People who could speak with us told us they received a personalised service which met their needs. Before people came to live at the service their needs were fully assessed. This was achieved through gathering information about the person's background and needs as well as meeting with family and other health and social care professionals to plan the transition appropriately. "One person told us, "I'm really pleased I came here to live. The home is really good". Another told us, "Nothing is too much trouble. I only have to ask and they (staff) oblige". Health care professionals spoken with indicated the service was responsive to the needs of the people living at the home. A relative told us, "I find the staff team here are very responsive to my mother's needs. Nothing is too much trouble and if I have I ever had any concerns they do listen to me and fully take on board my concerns and address them".

The provider took account of people's changing needs and their care and support needs were regularly reviewed. This was achieved through monthly care reviews or more frequently where needs had changed. When this happened, people's records were updated appropriately. For example, where a person's mobility needs had changed following a fall we saw that risk assessments had been updated to reflect changes in how to support the person to mobilise safely. The person told us, "The staff know what I like and what I don't like. They know that sometimes I can walk without my frame and other times I struggle. They always ask me if I need my frame or any support so I do always feel they 'look out for me'. Review meetings involved the individual, relatives or other professionals involved in people's care.

Handover records of meetings between staff from one shift to the next were detailed. Staff were required to read the handover notes as well as receiving a verbal handover. This ensured the consistency of care for people was maintained and any new concerns or issues relating to peoples welfare were recorded and passed on.

The emphasis of care planning was to maintain people's independence. We saw examples of this working during our inspection. People were encouraged to walk from one part of the home to another no matter how long it took and how much support was needed. Care plans were person centred and focussed on the individual. Where appropriate, care plans contained a 'My Day' (How I like my day to go) document. This is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person living with dementia and their carer.

The people living at the home had access to activities both in the service and in the community. Activities included one to one time, games, movie afternoons, exercises and manicures. The home had recently engaged an activities co-ordinator to work within the home and were in the process of introducing The Namaste Care programme which is a seven days a week care programme integrating compassionate care with individualised, meaningful activities for people with advanced dementia. This programme of care seeks to engage people with advanced dementia through sensory input, especially touch, and to enrich their quality of life and wellbeing. The home benefited from an attractively planted enclosed garden to enable

people to spend time outside when the weather permitted. We saw people were able to accept visitors throughout the day and could receive their guests in private or shared lounges.

The provider kept a complaints and compliments record. People told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and responded to by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

The provider submitted a Provider Information Return (PIR) to us on 9 August 2016 which states, 'Carers receive training on how to ensure residents receive the highest possible care. This is monitored through supervisions from senior staff' and 'If the residents are unable to sign or give verbal consent due to their mental capacity, then a best interest assessment and mental capacity assessment is completed'.

The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out audits, including checking that care and personnel files were up to date and had been reviewed regularly.

However the provider's monthly quality audits undertaken in January and February 2017 had identified the concerns we had found at this inspection. For example, poor adherence with the Mental Capacity Act and lack of staff supervision. The audit document included an action plan for these issues to be addressed; however the registered manager had failed to take action to remedy this. This indicated that areas that had been identified for improvement were not always actioned. We discussed these concerns with the registered manager and nominated individual at the end of our inspection. The registered manager told us, "We have recently employed a new administration assistant who will help me going forward to address the issues you have identified. Your inspection and feedback will help me in the areas I need to prioritise". The nominated individual added, "I am happy with the feedback given and the inspection process. We will get there".

People we spoke with told us there was an "open atmosphere" in the home and the registered manager was approachable and available if they wanted to speak with
them. One relative told us, "You can speak to the manager whenever you want, she is always available". Another relative told us, "The manager is readily accessible. I can talk to her any time if I'm worried about my mum". Staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, "I feel confident in raising any issues". Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the registered manager. Staff said they felt confident concerns would be thoroughly investigated. People felt the service was well organised and managed. One person commented, "Everything runs smoothly and everything is on time". A Relative told us, "I have no doubt in my mind that the manager is a good leader. You only have to look at the staff to realise that she leads the team well".

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. A GP told us, "I find the manager and her team to be very efficient at communicating any concerns they may have. They call me in appropriately and provide good information on people which helps in my assessments".

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

The provider sought the views of family and relatives and health a social care professionals through annual questionnaires. We looked at the responses received in January 2017. Most people rated the service as either 'very good' or 'good'. For example, friendliness of staff, cleanliness, delivery of care and support and dignity and respect. Comments included, 'Always welcoming', 'The home feels homely and happy', Always clean' and 'Wonderful staff'. Health care professional comments included, 'A very personal touch', Staff are very courteous' and 'My favourite home'.

Information received from the local authority commissioning team prior to this inspection confirmed that there were no concerns about how the home was being managed.

The registered manager had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our on-going monitoring of services.

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 11 HSCA RA Regulations 2014 Need for consent Staff did not act in accordance with the requirements of the Mental Capacity Act (2005) and associated code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive on-going or periodic supervision in their role to make sure competence was maintained.