

Blagreaves Care Home Limited

# Windsor Park Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 6 and 7 October 2014 and was unannounced.

Windsor Park Nursing Home is a care home which is registered to provide nursing care for up to 19 people with dementia. At the time of this inspection there were 17 people using the service. The service is located in the Littleover area of Derby, close to amenities and with good public transport access.

There was no registered manager at the service. On 20 September 2014 CQC received an application to cancel the registered manager's registration. 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 and associated Regulations about how the service is run. The provider told us that they were in the process of recruiting for a new registered manager.

At our last inspection on 7 May 2014 we identified seven breaches of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010. We found that

# Summary of findings

where people lacked capacity and decisions needed to be made in their best interests, the provider had not acted in accordance with legal requirements. Risk assessments were not always updated and appropriate arrangements were not in place to manage people's medicines safely. Recruitment practices were not robust and gaps in staff training did not ensure that staff had the knowledge and skills to support people. Quality monitoring systems were not effective and people's records did not contain all of the essential information. We asked the provider to take action to make improvements. The provider sent us an action plan outlining how they would make improvements. At this inspection we found that the provider had made some improvements, however further improvements were required.

People at the service had varying degrees of dementia. This meant some people were unable to communicate their views about their care. Relatives we spoke with told us that their family members were safe at Windsor Park Nursing Home and they had no concerns.

We found the staffing levels were sufficient to keep people safe. Relatives we spoke with and staff told us there were enough staff on duty.

We looked at the medicines administration records and care plans for three people who used the service. These records had improved since our inspection in May 2014 and were in good order. We were assured that they demonstrated that people were given their medicines as prescribed.

We looked at the recruitment records for four staff working at the service. We saw recruitment procedures were still not robust. Not all of the required pre-employment checks were in place prior to staff commencing employment. The provider was not consistently ensuring suitable people were employed.

Where people lacked capacity it was not clear how staff obtained people's consent. We did not see evidence to confirm the involvement of other professionals, when important decisions about people's care were to be

made. This meant that the provider did not follow the required legal requirements. The provider told us that none of the people using the service were subject to a Deprivation of Liberty Safeguards (DoLS) and no application had been made. The provider and staff spoken with had a basic understanding of the principles of the DoLS.

We observed people were supported to eat and drink sufficient amounts to meet their needs and preferences.

Staff sought advice from the relevant health care professionals when required. For example during the inspection visit, staff were concerned about a person's health and they contacted the GP. This showed that people were supported to access health care services and maintain good health

Our observation of people's care showed staff were caring and helpful. We saw staff had developed good relationships with people using the service and that they treated people respectfully.

There was a friendly atmosphere at the service. Our observations showed people were able to take part in individualised hobbies and interests. However we saw that some people with limited communication did not experience social activities which enhanced their well-being and were not provided with opportunities to ensure they had variety to their day to day routine.

The management systems at the service were not effective. This did not ensure that arrangements were in place to assess and monitor the quality of the service were suitable.

Staff and visitors were positive about the support they received from the provider. Relatives told us that if they had any concerns they felt that the provider would act upon these.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Recruitment procedures were not robust. This did not ensure that people were being cared for by suitable staff.

Staffing levels were sufficient to meet the needs of the people using the service.

The provider managed people's medicines safely.

**Requires Improvement**



### Is the service effective?

The service was not effective.

Not all of the staff had received training in all areas to ensure that they had the skills and knowledge to support people at the service.

Where people were not able to make decisions, there had been no involvement from relevant people.

People were supported by staff ensuring their nutritional needs were being met.

Where people required specialist equipment they were not always assessed by competent staff.

Health and social care professionals were involved in people's care when required.

**Requires Improvement**



### Is the service caring?

The service was caring.

Relatives told us that the staff were caring and understood their family members' needs. We saw staff had developed good relationships with people using the service and that they treated people respectfully.

Staff ensured that people using the service were supported in a manner which maintained their dignity and privacy.

People's family members were involved in decisions about their care.

**Good**



### Is the service responsive?

The service was not responsive.

People using the service did not always lead active social lives that took into account their individual needs.

Visitors told us that they felt confident that their concerns would be addressed.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not well led.

The service lacked management leadership.

The quality monitoring systems in place did not fully protect people from risks associated with unsafe care and practice. The management systems were not effective or robust, which demonstrated that the service was not well led.

Staff and people's relatives were positive about the management at the service.

**Inadequate**



# Windsor Park Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 6 and 7 October 2014 and was unannounced.

On the first day of the inspection, the team consisted of two Inspectors and a Specialist Advisor. A Specialist Advisor is a person who has current and up to date practice in a specific area. The specialist advisor that supported us had experience and knowledge in quality assurance and management. On day two of the inspection, the team included an Inspector and a CQC Pharmacist Inspector.

Prior to the inspection, we reviewed the information we held about the service, which included notifications. This is information the provider must send to us which inform of deaths in the home, and any incidents that affect the health, safety and welfare of people who live there. We also

contacted the Local Authority contract monitoring team and the Clinical Commission Group (CCG), responsible for funding people's care at the service. They did not raise any concerns about the service provided.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR; the provider told us that they had not received a PIR.

We spoke with two relatives, the provider, a nurse, three care workers, a laundry assistant, the cook and the activities coordinator. We observed how people were supported during their lunch and during individual tasks and activities. 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 looked at three people's care records, three people's medication administration records, four staff recruitment files, staff rotas, training matrix, menu's and other records which related to the management of the service such as quality monitoring and policies and procedures relevant to the inspection.

# Is the service safe?

## Our findings

At our last inspection on 7 May 2014 we found that the provider did not have robust recruitment procedures for recruiting new staff. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

At this inspection we looked at the recruitment records for four staff who had been recruited since our last inspection. We saw that most of the legally required information was in place with the exception of a full employment history. For example in one record, there was no information prior to 2001 and on another there was a ten year gap that had no explanation. We saw the information included identification information, two written references, and a Disclosure and Barring Service (DBS) check. However, two recruitment records showed that the DBS checks were not in place prior to the people commencing work. For example the DBS (Adult First) check for one person was received four months after they had commenced employment, which was followed by a full DBS check being received over five months after they had started their job. The provider was not consistently ensuring suitable people were employed to work at the service.

This was a continued breach of Regulation 21 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

At our last inspection on 7 May 2014 we found that the provider did not have safe arrangements in place for the management of people's medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

At this inspection we looked at the medicines administration records and care plans for three people who used the service. These records had improved since our inspection in May 2014 and demonstrated that people were given their medicines as prescribed.

During the medicines round we saw that the pill crusher had not been properly cleaned before use. This had the

potential for residue from the previous medicine being mixed with another person's medicine. However, we were reassured when we saw this crusher had been cleaned before the next medicines round.

Prior to the inspection the provider told us that all staff authorised to handle medicines had received training. Records identified that this had been completed and assessments had been undertaken to confirm that each staff member was competent to perform this task. We were therefore assured that people would be given medicines by appropriately trained and competent staff.

We looked at the provider's policy for the safe use of medicines and found this to be detailed. We found that the provider's policy which required that a photocopy of what had been ordered before sending the request to the GP surgery, was not followed by the home's staff. We discussed this with the provider and were assured the checking of medicines ordered and received into the home will be revised and checked against a copy of the prescription kept in the home. We were assured that staff had sufficient information within the policy to ensure medicines were handled safely.

We observed interactions with care staff and spoke with some people's relatives. Relatives told us that their family members were safe at Windsor Park Nursing Home. One relative stated "I feel that the residents are safe, I have no concerns." Another relative told us "I have no concerns with safety; [Person's name] is very safe here."

Staff we spoke with knew what to do in emergencies, who to call and what records to complete. Staff told us if they were concerned about a person's wellbeing they would immediately report this to the nurse charge and our observations confirmed this. We saw members of the care team raising concerns with the nurse in charge as they felt a person using the service did not appear physically well. The GP was contacted as a result of the concerns raised by the staff.

Staff confirmed that they had received training in safeguarding adults. Training records confirmed all staff had undertaken training in this area. Staff we spoke with were able to describe what to do if they suspected abuse and they knew to report any allegations of abuse to the person in charge. Staff also knew which external agencies

## Is the service safe?

to contact outside the provider's organisation and where to locate contact telephone numbers. The provider had taken steps to ensure proper reporting procedures were in place in the event of any allegations of abuse.

We saw risk assessments had been carried out in the three care records we looked at. Relevant risk assessments were in place for pressure ulcers, nutrition, falls and moving and handling. However, one person, who had been identified as being resistive to care, had been at the home for nearly two weeks and there was no information available for staff about how to support this person when they were resistive to care. One member of staff we spoke with told us that if the person was resistive to intervention they would either try and distract the person or leave them if it was safe to do so and go back to provide the support.

We found there were sufficient staffing levels to keep people safe. Visitors we spoke with during the inspection told us, "I think there are enough staff on duty" and "I have no concerns with staffing levels, when I visit there are always enough staff in the lounge."

We saw that calls bells were answered promptly and staff were available at the times people needed them. Staff we

spoke with confirmed that they were able to meet people's needs in a timely manner. One staff member we spoke with said, "We get cover for sickness and always have three care staff on". We were assured that the provider had taken steps to ensure that there were enough staff to meet people's needs.

We observed that one person was sat in an arm chair slanted to one side. This person was not repositioned to minimise any risk of pressure area's developing or to reduce the risk of them falling. Staff told us that they had requested that the provider made an occupational therapy referral for a more suitable chair. When we spoke with the provider about this he told us that he had no knowledge of this request and that it was the nurse in charge's responsibility to make the appropriate referrals. We were told by the provider that they would be making this referral; we received no confirmation of this, so could not be assured that this person was being seated safely.

**We recommend that the provider considers The National Institute for Health and Care Excellence guidelines in relation to repositioning people.**



# Is the service effective?

## Our findings

At our last inspection on 7 May 2014 the induction programme for new staff was not comprehensive. Staff had not undertaken any specialist training in dementia care, despite all people using the service living with this condition. This was a breach of Regulation 23 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

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

At this inspection we found that improvements had been made in this area. Although not all staff had undertaken specialist training in dementia care, some staff spoken with had now undertaken some training in this area. In addition, a staff member told us that they were undertaking a distance learning course in dementia. We discussed this with the provider who told us that he would explore further specialist dementia training for the staff team.

The provider told us that all newly appointed care staff were working through an induction programme. This was in line with approved national guidelines to ensure that staff had the skills and knowledge to care for people effectively. Staff we spoke with were able to verify this and told us that this has been useful to them.

We looked at the staff training matrix which showed that staff had undertaken the provider's essential training covering a range of topics, including Infection control, moving and handling and first aid. Staff we spoke with told us they received sufficient training to understand people's individual care and support needs.

The staff we spoke with knew what support individuals needed and respected the individuality of the people using the service. They confirmed there was sufficient information and guidance in people's care plans for them to understand how to assist them and they told us they received relevant training and support. One staff member said, "We get a lot more training now".

At our last inspection on 7 May 2014, where people lacked capacity and decisions needed to be made in their best interest, the provider had not acted in accordance with legal requirements. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

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

The Mental Capacity Act gives CQC the duty to monitor activity under the deprivation of liberty safeguards. We check on the use of the safeguards by visiting the places where they are used which include care homes.

At this inspection we looked at three people's care records and saw that it was unclear whether people's consent was obtained and whether or not representatives who were signing documents had the authority to do so. We saw mental capacity assessments were in place but there were no clear protocols for assessing whether or not care plan decisions were in people's best interests. For example, we saw in all the records we looked at, the document stated people did not have the capacity to make decisions. There had been no involvement from any other professionals or from people's representatives regarding decision making, despite this being the recommendation within the document. We observed staff explaining care practices to people, but it was not clear how they obtained people's consent and how they made decisions in people's best interest. This did not provide assurance that the provider was acting in people's best interests.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

The training matrix showed and staff confirmed that most staff had undertaken training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This is the process a registered provider follows to establish whether people are able to make decisions about their lives and whether restricting them in any way is in their best interest to keep them safe. The provider told us that none of the people using the service were subject to a DoLS authorisation and no DoLS applications had been made. The provider understood when it would be necessary to make a referral to the local authority under DoLS.

People at the service were unable to communicate their views about their care due to the level of their dementia. Relatives we spoke with told us that they felt that staff had the appropriate skills, knowledge and experience to provide care and support to people who used the service. One relative stated, "I feel that the staff understand the resident's needs."



## Is the service effective?

Relatives we spoke with were satisfied with how people were supported to eat and drink. They told us, “Meals are spot on, I often have a meal here with [Person’s name],” and “The residents get plenty to eat and drink. There is a variety in the meals provided.”

We looked at the menus and saw people were offered a choice of meals, including for those people who had been assessed as requiring specialist diets. People who were able to communicate with us told they enjoyed their food. We observed the lunch time meal; we saw that people who needed assistance were offered this in a sensitive and unhurried manner. We also saw drinks were offered regularly and people were given the support and assistance they required.

From speaking with staff and reviewing three people’s care records we saw that staff made referrals to external health and social care professionals as required. For example, on one person’s record we saw a speech and language therapist had advised about food consistency as this person had difficulty swallowing. Our observation confirmed that staff were following the advice given. During day two of the inspection visit we observed a GP visiting

one of the people at the service, due to concerns raised by staff. The provider also contacted the person’s family informing them of the outcome of the GP’s visit. Relatives spoken with told us that the service contacted them if there had been a change in their family member’s needs and if medical intervention was required from external professionals. Comments included, “[Person’s name] health care needs are being met, the GP is contacted when needed,” and “They [staff] will contact the GP if my relative is not well.”

We saw that records of people’s weight, temperature, pulse, respiration, and blood pressure were monitored. This ensured that the service was monitoring people’s health effectively.

A visiting professional told us that the staff sought advice and followed this up satisfactorily. They also stated that they received appropriate referrals from the service.

**We recommend that the provider considers the National Institute for Health and Care Excellence dementia care guidelines in relation to staff training**

# Is the service caring?

## Our findings

Relatives we spoke with were very complimentary about the staff. They told us that the staff were very caring and treated people with respect. A relative stated, "The staff have a good rapport with the people at the service." A visiting professional told us the staff were friendly.

Our observation of people's care over the two days showed that staff were caring and helpful. We saw staff had developed good relationships with people using the service and that they treated people respectfully. We saw staff were patient at meal times and allowed sufficient time for people to eat safely. They spoke with people in a polite manner. This showed that people's individual needs and wishes were respected.

We observed staff sitting with people in the communal area. Staff interacted well with people whilst engaged in conversations with them. However we noted that whilst people's care needs were being met, staff interactions were, on occasions more limited with people who had limited verbal communication. We raised this with the provider who assured us that he would look into this.

Relatives told us they had been involved in the development of their family members care plan and attended reviews. The relatives felt the staff understood people's needs and they had been asked about their family members preferences. For example one person's care plan contained a list that their relatives had completed, listing the person's likes and dislikes. This was personalised around the person's individual preferences and routines.

Staff we spoke with were able to tell us about the people they supported and their care needs. They were aware of people's likes and dislikes and routines. For instance on day two of the inspection we observed a person sleeping; the member of staff told us that when this person has had a restless night they tended to sleep during the day time. We checked the person's care records which confirmed this. This provided assurance that the staff understood and supported people's individual needs.

We saw staff supporting a person who was disorientated regarding their surroundings. The member of staff reassured them in a calm and caring manner. They stayed with the person providing them with one to one support. This had a positive effect on the person as they became settled and were engaging with the staff member.

Our observations showed that staff supported people in a caring and sensitive manner. We saw staff supporting people with their mobility and with their fluid and diet intake if required. We saw that the medicines round was done in a safe, kindly and dignified manner. Visiting professionals saw people privately in their rooms. People were well dressed and their personal hygiene needs had been met. We observed staff assisting people to adjust their clothing to maintain their dignity and ensuring people were suitable covered during hoisting manoeuvres. We were assured that the provider promoted and maintained people's privacy and dignity.

# Is the service responsive?

## Our findings

We looked at the care records for three people using the service. One person had been at the service for 13 days and there was inadequate information in place regarding this person's care needs. The initial assessment was carried out prior to them being admitted to the service; however this had only been partially completed. For example the section on the person's previous medication history was blank as well as the care plan section. There was no clear information for staff to follow regarding the level of support that was required by this person. There was a potential that this person's needs may not be met as staff were not provided with sufficient information regarding their individual needs.

Information in all three care records showed that referrals were made to external health professionals as required and the details of any changes were incorporated into the care plan. Relatives told us that they were kept informed of any changes in their family member's needs.

The provider told us that a handover took place at the start of each shift. This was so that staff could be updated about people's needs and if any changes in their care had been identified. Staff we spoke with confirmed this; They stated that the handovers were useful and they were able to share information about the people using the service with the staff who were coming on shift.

During day one of the inspection we saw people were offered a range of individual recreational opportunities, such as board games, knitting and a sensory activity centred on smell.

The activities co-coordinator told us that social history forms completed with people's representatives explored

people's individual interests and hobbies. We looked at the forms for three people using the service which included details of their individual preferences and life histories. We saw photographs showing some of the people who used the service planting flowers in the garden. The activities co-ordinator told us that people were supported by staff into the local community, which included going to the park and visiting a garden centre. External entertainers also came into the home.

We saw that there was pictorial information in the building to guide people to the dining room and toilet and that there were memorabilia pictures on display in keeping with the age group of the people using the service.

The provider told us that relatives and friends were encouraged to visit the home. Relatives we spoke with told us that they visited regularly and were always welcomed.

Relatives we spoke with during our inspection told us that if they had any concerns they felt they would be able to raise them with the provider and were confident that actions would be taken. This showed that people knew how to raise concerns and had confidence that action would be taken in response to these. We saw that the provider had received one complaint in the last 12 months. As there was not a clear audit trail we contacted the Local Authority who confirmed that the provider had made a safeguarding referral regarding the incident. This showed that the complaint had been responded to satisfactorily and the correct actions had been taken to address the complaint effectively.

**We recommend that the provider considers the National Institute for Health and Care Excellence guidance, which is a quality standard for supporting people to live well with dementia.**

# Is the service well-led?

## Our findings

At our last inspection on 7 May 2014 the provider did not have effective systems in place to assess and monitor the quality of service that people received, and to identify and manage risks to the health, safety and welfare of people using the service and others. This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

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

At this inspection we saw that some improvements had been made in this area, however there were still areas which demonstrated that the provider's quality monitoring systems were not effective.

At the time of this inspection there was no registered manager in post. However the provider had made arrangements to recruit a manager to this post. There was a lack of management leadership at the service. There were no clear systems in place for the delegation of tasks and there was a lack of clarity about the arrangements in place for the day to day management of the service. For example the provider was unable to confirm who was responsible to oversee tasks which had been delegated to staff ensuring they had been completed. People were at risk of being moved in slings which were the wrong size; this could result in serious injury to people. Staff responsible for ordering slings were not overseeing these tasks. One member of staff stated, "[Person's name] sling was not initially suitable as [Person's name] was all over the place, it was too big and then the correct size sling was ordered."

The provider's recruitment procedures remained poor, which meant that some staff had commenced employment without all of the necessary pre-employment checks having been undertaken. It was unclear who had been given the responsibility to oversee recruitment checks, to ensure that all staff recruited underwent robust checks before they were employed.

There were no clear protocols in place to ensure decisions were made in people's best interest where they lacked capacity. This did not provide assurance that the provider or staff had a clear understanding of the Mental Capacity Act.

The documentation at the service required improvements. For example, we were shown two training matrices one which covered essential training and an additional one. There was a discrepancy in the number of staff on both training matrices. The essential training matrix included 22 staff, whilst the second matrix contained the names of 17 staff. This did not ensure that the training matrix contained all of the names of the staff currently working at the service.

The whistleblowing policy was not specific to the service. Throughout the policy it made reference to the local authority's policy rather than that of the provider. This did not provide assurance that staff were aware of the correct whistleblowing procedure to follow and what to do if they had any concerns regarding poor practices at the service.

We saw most of the provider's policies and procedures relevant to our inspection had been in place for many years. Several policies included a signature and date to indicate that they had been reviewed but essential changes had not been made. A number of the key policies and procedures we looked at including staff recruitment, complaints, safeguarding and whistleblowing had not been updated ensuring they were in line with current practice and guidance. We informed the provider of this and they told us that they were aware of this.

The audits folder kept records of all the audits that took place; these showed that not all audits were up to date. For example the care records had been audited May and June 2014; there was no evidence of any recent audits in this area. There was no evidence that infection prevention audits were taking place.

We identified that the nurse call system had not been serviced by an external engineer. The provider was not able to confirm when this had been last serviced and no service records could be located. A member of staff was responsible for carrying out weekly testing of the nurse call system, to check that the system was working correctly. Records we looked at verified this, as well as a discussion with this member of staff. The provider told us that a meeting was taking place over the next week with a company that supplied nurse call systems. This demonstrated that the arrangement in place to ensure the nurse call system was serviced was not effective.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

## Is the service well-led?

During the previous two inspections in November 2013 and May 2014 we identified that the provider was not always reporting to us, events and incidents affecting the people who use it. At this inspection we found that most statutory notifications had been sent to us. However the complaints records showed that the provider had reported a safeguarding incident to the Local Authority, but had not submitted a notification to us regarding this incident. This was despite a discussion with the provider reminding them to send this. This showed that systems were still not robust to ensure that events that affect people's welfare and safety were being reported to the CQC.

This was a breach of Regulation 18 Health and Social Care Act 2008. (Registration) Regulations 2010.

We raised the identified shortfalls with the provider. The provider told us that they planned to develop the service and to make improvements in the areas where shortfalls have been raised. They told us that they were committed to improving the service and appointing a new manager.

Relatives we spoke with were positive about the management of the service. They told us that the provider

was approachable and always made himself available to people to speak with. We saw that satisfaction surveys were completed by people's families annually. The results from the most recent survey demonstrated no concerns. Relatives we spoke with also told us that the provider asked them about the care and support that was provided to their family member. This enabled the provider to monitor the service that was being provided.

The provider told us that staff meetings were held as and when required. We saw records which showed that staff meetings were taking place. Staff told us that staff meetings took place, where they were able to discuss issues such as practice issues, care plans and it was an opportunity to share information. Records showed that the last meeting for staff had been held July 2014.

Staff told us that they were supported by the provider and by the nurse in charge and felt that if they had any concerns they would be listened to and issues would be acted on by the provider. They told us that they worked well as a team and they enjoyed their work. Staffs told us about the processes in place for reporting incidents and accidents.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment  <b>The registered person did not have suitable arrangements in place for—</b>  (a) obtaining, and acting in accordance with, the consent of service users who lacked capacity to consent  (1) Section 4 of the Mental Capacity Act 2005 (best interests) applies for the purposes of this regulation as it applies for the purposes of that Act
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  <b>The registered person did not —operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person—</b> (a) (i) is of good character, (ii) has the qualifications, skills and experience which are necessary for the work to be performed, and (iii) is physically and mentally fit for that work;  (b) ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  <b>18 (1)The registered person was not always notifying the Commission of-</b>

This section is primarily information for the provider

## Action we have told the provider to take

(2)(e) any abuse or allegation of abuse in relation to a service user.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

**The registered person must protect people against the risks of inappropriate or unsafe care by the means of an effective operation designed to identify, assess and manage risks relating to the health, welfare and safety of people.**