

Woodlands of Woolley Limited

Woodlands Residential Home

Inspection report

Woolley Low Moor Lane
Woolley
Wakefield
West Yorkshire
WF4 2LN

Tel: 01924830234

Date of inspection visit:
22 March 2016

Date of publication:
08 June 2016

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place 22 March 2016 and was unannounced.

Woodlands Residential Home provides care for up to 27 older people and people who live with a diagnosis of dementia. Accommodation is offered over two floors with the first floor accessed by a lift. The majority of bedrooms are single occupancy and all have en-suite facilities. The home is situated in its own grounds in a rural setting on the outskirts of Wakefield. The service was taken over by a new registered provider following the sale of the home in October 2015.

The service did not have a registered manager; however there was a manager in post who was in the process of registering with the Care Quality Commission. 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.

Staff had a good understanding of safeguarding and had undertaken regular training, however staff were unclear about the organisation's whistle blowing policy and the protection given to staff by this.

We found that there were only two bathrooms in the home, and both of these had been out of service for a period of time at the beginning of 2016. The bathroom was functional at the time of our inspection however the shower room was still not safe and was out of service.

This was a breach of Regulation 15 Premises of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were risk assessments in place for the people who used the service. The risk assessments were generic and were not risk specific. There were no measures described to lessen the risks which had been identified.

The recruitment processes were safe and the registered provider was carrying out the necessary pre-employment checks.

We found the management of medicines was mostly safe; however we did identify one issue where a person

had not been given one of their medicines as it was recorded as not in stock, when this was checked during the inspection the medicine was found to be in stock, this had not however led to any harm to the person.

Deprivation of Liberty Safeguards were in place to protect the rights of people who used the service, we saw the manager had appropriately assessed the mental capacity of the people who used the service.

There were regular meetings held with people who used the service, their relatives and staff. The meetings ensured people were kept up to date with changes which were taking place in the home.

People had access to a good range of food and drinks to meet their nutrition and hydration needs, however there was little evidence of people being given choice for the main meal of the day (lunch) despite the menu showing there was a choice offered.

There were no locks on the toilet doors on the ground floor, which meant people were at risk of being disturbed when using these facilities.

This was a breach of Regulation 10 dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were kind, caring and patient in their treatment of people who used the service. There were positive relationships evident between staff and people who used the service and in peer groups in the home. Staff encouraged people to be as independent as they were able.

There was no documented consent to care being sought or gained from people who used the service or their appointed representatives.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act (Regulated Activities) Regulation 2014.

The care plans which were in place had some very person centred information within them, however the way in which they were written did not give a clear picture of the care which needed to be given or how the person preferred to be supported. Care plans were regularly reviewed and information from other health professionals was included in the reviews.

There was an activity coordinator in place and people had access to a good range of activities. People had recently been given more opportunities to go out of the service which had proved to be very popular.

There was management presence within the home throughout the day, and staff told us this was always the case. Staff were clear about their roles and responsibilities.

There was a new set of processes for the auditing and oversight of the service which had newly been implemented as there had previously been no systems. There was evidence that auditing had commenced and there were clear processes to ensure the analysis of the information which was gathered and for action to be taken based on the findings.

Daily records and bathing records were very basic and did not fulfil their purpose, as they did not allow the reader to gain any insight into the events which had taken place over a period of time.

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?

Requires Improvement ●

The service was not always safe.

Medicines were managed safely.

There were risk assessments in place; however these were not risk specific and did not demonstrate how risks should be managed.

There were no personal emergency evacuation plans in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were appropriate Deprivation of Liberty authorisations in place or applied for.

There was no evidence consent to care had been gained

Staff were appropriately trained and supported.

The toilet doors did not have locks to ensure people's privacy.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and patient.

People were treated with dignity and respect.

Staff were considerate and discreet in maintaining people's confidentiality

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans had person centred elements, but were not detailed in their descriptions of how people should be supported.

There was an activities coordinator who ensured people had a good range of activities and were able to go on outings.

Care plans were reviewed and the reviews involved relevant information from other health professionals.

Is the service well-led?

The service was not always well-led.

The manager was visible in the service and was available to support the people who used the service and the staff team.

The daily care records were very basic and did not give any insight into the daily routines of people who lived at the home.

The auditing processes were in the process of being put in place, and there was some evidence auditing had started to establish oversight of the quality and safety of the home.□

Requires Improvement ●

Woodlands Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 March 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed the information we held about the home and gained feedback from commissioning authorities, and other agencies who visit the home to assess standards in relation to environment and infection control.

As part of the inspection we observed staff interactions with people who used the service, lunchtime and the daily routines which were in place. We spoke with the manager, the operations manager, the maintenance person, one senior carer, three care staff and the activities coordinator. We also spoke with five people who lived at the home and four relatives of people who used the service.

We reviewed the care records for six people, including their daily records and bathing records. We looked at all current safety certificates for the building and equipment, all records relating to the quality monitoring of the service and records of meetings which had taken place for people who lived at the home, their relatives and staff meetings.



Our findings

All the people who used the service and their relatives told us they were safe at Woodlands. One person said "I do feel safe here, but sometimes when I press the buzzer I seem to have to wait a very long time." A relative told us "Some days there seem to be enough staff and other days they are rushed off their feet."

Staff we spoke with told us they had received training in how to safeguard people from abuse and mistreatment and were able to demonstrate their understanding of the types of abuse and the signs which would raise concerns. Staff knew the process for reporting their concerns and told us they were confident they could approach the manager who would act appropriately. We asked staff if they understood the organisation's whistle blowing policy, staff were unclear about the policy and we recommended to the manager that this be further explained. Whistle blowing is a process under which staff can report any concerns they may have about their colleagues whilst remaining anonymous

We looked at the environment in the home and found there had been areas of concern identified by the registered provider, who had commenced a programme of refurbishment. The work which was required to the roof had been extensive and this had slowed the progress of more cosmetic improvements as leaks had been identified and rectified. We saw the dining area, which we were told had previously been unused as people who used the service found it dark and unwelcoming, had been refurbished into a light pleasant room, which was now being used at every meal time.

We found there were only two bathrooms in the home. One of these had an assisted bath, and the other had a shower. The manager told us the assisted bath had been out of order for a period of several months as the seat had been broken and had taken a long time to successfully repair. The shower room was also out of order which we were told had been the case since approximately January 2016, the shower was not in use at the time of our inspection although the bath was functioning. The reason the shower was out of use we were told by the manager was due to the tiled floor being slippery and posing a significant risk to people. This meant there had been a period of several months where there had been no access to either a bath or a shower for any of the people who lived at the home. During this period we were told staff had been ensuring people were assisted to wash thoroughly in their rooms. There was no timescale for the work to be completed to make the shower room safe for use. We discussed this with the manager and advised them this work must be undertaken as soon as possible to ensure there are sufficient bathrooms for people who use the service.

This was a breach of Regulation 15 premises and equipment of the Health and Social Care Act 2008

There were risk assessments in place in the care files we reviewed. We found whilst the risk assessments did include relevant questions to identify risks, they did not identify the level of risk (for example low, medium or high) which had been identified nor was there any guidance on the measures which should be in place to minimise those risks. We found the risk assessments were generic and were not decision specific, for example there was no choking risk assessment for people who had difficulties swallowing and needed soft or pureed diets. This meant that whilst the regular staff knew the needs of the person and how to keep them safe, if there was a need to bring in other staff they would not have access to this information to keep the person safe.

We looked at the recruitment files for three members of staff. We found the recruitment process was safe. However there was one file where the disclosure and barring check (DBS) was from a previous employer, this was historical from 2003. There had been no staff recruited recently as the staff team were longstanding and there were no vacancies at the time of our inspection.

We asked the manager how many staff they had on duty at various times throughout the day. The manager told us, and the rotas confirmed, there were two care staff, a senior carer and the activities coordinator on duty through the day. This was reduced to two care staff overnight. The manager told us there was a period between 14:00 and 16:00 when there was an additional member of staff available to allow care staff to assist people to have baths. People who used the service and their relatives told us there were usually enough staff, but sometimes staff appeared to be exceptionally busy, although people did not say they had to wait long periods for attention.

We found accident and incidents were recorded appropriately and were stored in people's care files. The reports were detailed and there were records of follow up actions which had been taken, for example in the case of falls, where medical assistance had been sought.

We reviewed the processes which were in place for the management of medicines and we observed a member of staff administering medicines to people in the home. We noted the room where medicines were stored was of an appropriate temperature and the temperature of the medication fridge was within normal limits. We discussed with the staff member how they ensured people received their medicines in line with the prescriber's instructions and they were able to demonstrate this was happening, for example one medication had to be given 30 minutes before food or drink, we saw there were arrangements in place for this to be carried out.

We saw medicine packages were dated when they were opened, for example eye drops which have a limited life once opened, to ensure medicines were not used beyond this date. We checked the stocks of medicines compared to the records and found these were correct. We noted one medication administration record (MAR) which had been handwritten. When handwriting MAR's two members of staff should check and sign to verify the information, however there was only one signature in this case. This was raised with the manager who assured us they would rectify this and remind staff of the correct process.

There was an error identified which related to one person not being given one of their medicines for a period of three days, which was due to the medication being out of stock. On further investigation it was found the medicine had been delivered and was available. This was discussed with the manager who told us they had already spoken to the staff involved about this matter and would ensure there were no further incidences of this nature. There was in this instance no harm caused to the person who did not receive their medication for this period.

We asked to see the personal emergency evacuation plans (PEEPS), we were shown a one page document which gave a risk rating (red, amber or green) and the support people usually needed to mobilise. We discussed with the manager this was not adequate as a PEEP and an individual document needed to be created for each person detailing how staff would need to assist them from the premises in case of an emergency. The manager agreed this would be completed as soon as possible.

We had received information prior to our inspection in relation to concerns about the standards in the home of cleanliness and the measures which were in place to protect people from infections being spread. We saw there was an action plan in place to address the issues which had been raised. There were new cleaning schedules in place and there had been improvements made to policies and processes to improve standards. We found the home was clean during our inspection and staff kept areas which had been used clean and tidy. For example staff ensured people's rooms were left tidy when they assisted them with personal care, and tidied up as they went when serving food and drinks.

The service was going through a period of refurbishment, seven bedrooms had been completed at the time of our inspection and there was another in progress. The work had been carried out one room at a time so as to minimise disruption to people who lived at the home.



Our findings

People who used the service and their relatives told us the staff were knowledgeable and knew how to care for people.

Staff told us, and records confirmed, training was up to date and was regularly refreshed. We saw from the records staff had undertaken all mandatory training. Staff told us they received regular supervision sessions with the manager, and records confirmed this was the case since the manager came into post in November 2015. We saw staff had also received an appraisal with the registered provider when they took over the home in October 2015. This demonstrated staff were adequately trained and supported to carry out their roles. The manager told us they were in the process of arranging for all care staff to undertake the Care Certificate. The Care Certificate is an identified set of standards health and social care workers need to adhere to in their daily working practices.

We asked staff if they had completed an induction when they had started work at Woodlands, and staff confirmed they had. Staff told us this was a long time ago as the staff at the service had all worked at the home for a number of years. There was no newly appointed staff for us to review records for.

We reviewed the minutes of meetings which had taken place in the home since its new ownership. We found there had been two residents' and relatives' meetings and two staff meetings. The registered provider had explained to both groups the changes they were planning. They had begun a process of consultation with a designated relative to look at the plans they had for the refurbishment of the building and new measures which could be looked at to improve the day to day living of people who used the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. 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 were being met.

We found the manager had undertaken appropriate mental capacity assessments to identify people who may lack the capacity to make decisions in relation to their care and maintaining their safety and well-being. Four people had a current DoLS authorisation and there were a further five people where an application had been made. This demonstrated the manager was working within the requirements of the Mental Capacity Act 2005.

We reviewed the care records and practices in the home, to identify whether consent was being sought from people who had capacity to make their own decisions and from a person acting on their behalf and in their best interests if they did not. We found there was no evidence of written consent being gained from people as part of their care planning. We did however see care staff ask people before they approached them to offer support. We noted the registered provider had identified the lack of consent in their auditing of care plans which was carried out in October 2015.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act (Regulated Activities) Regulations 2014 as records did not reflect that consent had been gained.

We saw there were Do Not Attempt Cardiopulmonary Resuscitation orders (DNACPR) in place for some of the people who used the service. We found whilst some of the documents were clearly originals some had been photocopied before being completed. We discussed with the manager the need to clarify the validity of these documents to protect themselves and the people who used the service from the potential risk of the document being rejected by emergency services.

We observed the service of lunch as part of the inspection. We saw people who needed a higher level of support sat in one half of the lounge area, where there was a dining table. People who were able to eat independently ate their lunch in the dining room. The manager told us they had implemented the 'dining experience' for people who required a higher level of assistance. The manager told us this had been a success and people's relatives had given positive feedback about the initiative.

We noted there was no menu displayed in the home, although there was a four week menu in operation which was located in a file. The menu showed there was a choice for lunch (which was the main meal of the day); however we did not see any evidence people were offered a choice of meal. One person told us "we don't get a choice for lunch; we do at tea time though." People told us they enjoyed their meals despite the lack of choice for the main meal. The meals were served ready plated and there was no conversation about whether people wanted all the components of the meal or only some, or if they wanted gravy to be added for instance. There was salt and pepper available to people on the tables to season their meal if they wished to do so. We discussed the lack of choice at lunchtime with the manager who told us they would need to revisit this as choice should have been given and assured us this would be addressed. We saw in minutes of meetings which had taken place that there had been some consultation with people and their relatives as to what meals people would like to be served.

We saw people were offered regular drinks, although they were not offered choices at every occasion. The manager felt this was because the staff knew people so well they knew what they liked. We discussed the importance of people being given choice as some people may change their minds about what they wanted depending on how they felt at that moment; the manager told us they would address this with staff.

We reviewed the records which showed the input from other health professionals to the care of people who used the service. We saw clear evidence the manager and senior staff made referrals to other agencies in a timely and appropriate manner and people had good access to health professionals, for example dieticians and opticians, in order to maintain their health.

The home was set in an old building; this had been added to over the years to create more rooms on the ground floor. The first floor of the building had multi-level corridors which had regular height changes which involved steps. This was a risk to people who had limited mobility as they found the stairs difficult, however there were no documented falls as a result of the multi-level landings, the number of people who could live on the first floor was limited by this factor however. The registered provider was in the process of exploring whether it was possible to level out the landings to create a safer environment for people. There was building work taking place on the first floor to create an additional bedroom and bathroom. It was however unclear whether the bathroom was communal or an en suite. We did however find the toilets which were used by people who lived at the home did not have locks. We brought this to the attention of the manager who agreed this did not promote people's dignity and assured us locks would be fitted immediately.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 as people were not able to lock the toilet doors and did not have a choice of the main meal of the day.



Our findings

People who used the service told us "The staff are wonderful, they are kind and caring." and "The staff here are all lovely." Relatives we spoke with told us, "The staff are great; they look after (relative) really well, they always seem happy."

We observed interactions between staff and the people who used the service throughout the day; we saw without exception staff were kind, caring and patient with people. Staff chatted to people as they went about their duties and included other people in conversations they were having. People chatted about their families and what they were doing and clearly knew staff well.

There were positive relationships between people who lived at the home, with people sitting and chatting when they sat in groups. The operations manager told us they had introduced a sofa into the lounge to encourage people to sit together and have conversations. The operations manager told us this had been popular and they were planning to add more furniture which encouraged people to gather socially.

We looked at the information which was available to people who used the service and their relatives. There was information displayed in a visitors pack, this included the service user guide, complaints procedures, activities information and the menus which were currently in place. There had been some consultation about the creation of the menus with people who used the service and their relatives as part of the meetings which had taken place.

We observed people to be relaxed and happy during the inspection. Staff were attentive to people and asked people regularly if they were alright or needed anything. For example whilst people were eating breakfast staff stayed close by and kept checking people had what they needed and whether they required anything else.

We saw from the care records we looked at people were supported in their care planning and decision making by their next of kin in the cases we reviewed. We asked the manager about how people were supported particularly where they may be unable to verbalise their thoughts and wishes easily. The manager told us they involved people's families and if there was an instance where a person needed support and did not have a family member they would put them in touch with an independent advocate. An advocate is a person who acts independently to support a person to express their thoughts and wishes when they are unable to do so.

We found all records were stored securely. We saw staff were discreet in how they addressed people in relation to their personal care needs and staff were equally careful not to discuss confidential information in communal areas where they could be overheard.

We saw staff treated people with dignity and respect, for example when assisting them from their chairs they made sure they remained covered.

We noted care staff were encouraging people to do as much for themselves as possible. This was evident at lunchtime as staff were putting food on the fork for one person and encouraging them to feed themselves rather than assisting them fully. We also saw staff encouraged people to support their own weight when getting up from chairs by giving them clear and patient guidance.

There were no people who were at the end of their life living at the home at the time of our inspection. We did see in some people's care plans there was detailed information about their wishes for the end of their lives, the manager told us they asked people about their end of life wishes as part of their care planning, some people did not wish to discuss the matter, which was why it was not present in their care plans. We suggested to the manager to record if this was the case to make it clear people had been asked.



Our findings

People told us they were aware of their care plans, one person said "yes I know about my care plan, (manager) came to talk to me about it recently." A relative told us "I come in to be involved in the care plan, we did this recently as they have been re-writing them."

We reviewed the care plans for six people who lived at the home. We found whilst there was lots of information about people, the care plans were not written in a way which described the care and support which was needed or how the person preferred things to be done. We observed the care which was being delivered was person centred and was meeting people's needs; this was however not reflected in the records. We discussed with the manager and the operations manager the care plans. We expressed the importance of ensuring they would allow a member of staff who had not met a person to care for them correctly; as there may be times when unforeseen circumstances would require this to happen. The manager told us they would ensure the care plans were updated.

We looked at the evidence of the reviews which had been carried out each month for the care plans which were in place. We found the reviewers had taken into account key information from other health professionals, for example dieticians, and had incorporated their recommendations into the person's care plan. This meant whilst the original care plans were not as detailed as they needed to be, there was clear evidence of an evolving care plan which had been updated to reflect people's current needs.

We saw the registered provider had prioritised the implementation of an activities coordinator as part of the changes they were making in the home. The member of staff who was in post was enthusiastic and passionate in their desire to improve the lives of the people who used the service. There was an activities folder which had been created which showed time had been spent with each person finding out what they were interested in and what they would like to be involved in. There had been a regular activity programme put into place which involved regular opportunities for people to go out for a drink, afternoon tea or a meal in the local area. We saw there had been regular entertainers booked and an activity provider attended the home each week to provide chair based exercise and activities designed to stimulate people's minds.

The manager told us there were no people who remained in their rooms or were nursed in bed and we saw this was the case. We found people spent most of their time in the communal lounge mixing with other people who used the service. This meant people were not at risk of becoming socially isolated.

We found whilst people were offered drinks, meals and opportunities to take part in activities for example,

there was little choice being given to people. The operations manager told us they believed this was because people were so used to each other; they did not recognise the need for choice to be given. The manager and the operations manager told us they would work with staff to remember to encourage people to make choices and not to make assumptions.

We looked at the complaints records. We saw there had been a very small number of complaints. The complaints which had been made were recorded in a detailed manner and there was evidence of the investigation that had taken place and the response to the complainant, in line with the organisation's policy. We saw there had been a number of compliments received from people whose relatives had been cared for, thanking staff for the level of care they had given.

We noted people were able to express their individuality in the way they dressed and how they chose to present themselves. For example there was a person whose appearance was of great importance to them and staff supported them to look their best.



Our findings

There was no registered manager in post at the time of our inspection. There was a manager who had worked at the home as a care worker and senior care worker for a number of years who was currently going through the registration process with the Care Quality Commission.

The manager was supported by the operations manager and a deputy manager who was on leave at the time of the inspection.

Staff told us "The manager is really good, their door is always open. We can talk to them about anything which is bothering us." A person who used the service said "They (manager) are lovely. I can talk to them whenever I want. They (manager) are always around."

There was clear leadership in the service and we saw the manager and the operations manager were visible in the service throughout the day. The manager told us they made sure they worked alongside all the staff to monitor their practice and the quality of the care being given. The manager told us they felt it was important to work with the staff team as this allowed them to keep up to date with what was happening in the service and how people who used the service were feeling.

The atmosphere in the home was positive, although staff, relatives and people who used the service told us there had been a lot of change over the past few months which had been unsettling, this was in relation to building works but also changes to how the home was run. The manager told us they were beginning to see improvements in relation to the refurbishment of the home which they told us had been needed for a long time, and in terms of the improvements to care plans and risk assessments, as risk assessments had not been in place prior to November 2015. Staff felt the home was more settled over the last few weeks and expressed they were confident in the ability of the manager to continue to improve the home. People we spoke with agreed the changes were positive and they could see the benefits from them.

The manager and the operations manager were keen to share with us the improvements which had already been made and their plans for the future. These improvements included the implementation of the risk assessments to ensure people using the service were protected from identified risks and regular resident and relatives meetings. The manager whilst new in post knew the home and the people who lived there extremely well. The manager was very enthusiastic in their willingness to take on board our findings and work to make the necessary improvements.

The registered provider had carried out audits to measure the quality and safety of the service when they had taken over in October 2015. There were clear plans in place to address the issues which had been identified as a result. The plans for the home had been shared with all interested parties and there had been some consultation with people who lived at the home in relation to the use of some rooms, the menu and the type of seating for example.

The manager told us there had been no auditing of the service in place when they came into post. The auditing processes had been implemented and there was evidence some auditing had been undertaken by the registered provider. The manager was clear it was now their responsibility to continue the process and ensure the information was available to ensure the quality and safety of the service. The manager assured us they would be commencing the completion of the auditing programme and maintaining this in line with the organisational policy.

We looked at records which were kept which included daily care records and personal care records. We found the records were extremely basic and did not fulfil their purpose as no insight could be gained by the reader of the events which had taken place. Daily records were single sentences for whole days for example "spent time in the lounge." The records which were kept to show when people had been washed, showered or bathed were incorrectly completed, which meant it was not possible to see when people had last bathed or showered as staff were putting their initials rather than stating what assistance had been given. We discussed the daily records with the manager who agreed they were not adequate and told us they would implement more detailed records as soon as possible.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as records were not of an adequate standard.

The manager had recently submitted notifications to us, which were not correct, as they had been submitted before the process they were telling us about had been completed. Registered providers and managers have a responsibility to inform us of specific events which have occurred or prevented normal service. We discussed the issues with the manager and confirmed their understanding of what they need to notify the Care Quality Commission of.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>There were no locks on the toilet doors and there was no choice given for the main meal of the day (lunch).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>There were only two bathrooms in the home. Both had been out of service and the shower room was still out of service at the time of inspection</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The daily care records were no detailed and did not give a picture of the care which had been delivered. There was no evidence of consent to care being signed for.</p>

