

Tracey Hope

Hope Residential Care

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection visit took place over two days on 16 and 21 July 2015 and was unannounced.

At the last inspection on 20 May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Hope Residential Care Home is situated on Waterloo Road in the residential area of south shore Blackpool. Off street parking is available for visitors. The home is registered to provide accommodation for a maximum of twelve people. At the time of our inspection visit there

were seven people who lived there. Bedrooms were located on the ground and first floor. Communal space comprised of a lounge and a dining room on the ground floor.

We found recruitment procedures the service had in place were unsafe. This was because the registered manager had employed people before appropriate checks had been completed. These checks were required to ensure staff working at the home were safe to work with vulnerable people. This was a breach of Regulation

Summary of findings

19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

It is a requirement of the Care Quality Commission (Registration) Regulations 2009 that the provider must notify (CQC) without delay of the death of a person who lived at the home, any allegations of abuse and any application to deprive a person who lived at the home of their liberty. This is so we can monitor services effectively and carry out our regulatory responsibilities. During our inspection visit we found that the required notifications had not been submitted to us. This was a breach of Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required.

During our inspection visit we looked at how the home was staffed. We found sufficient staffing levels were in place to provide the support people required. We saw staff members were responsive when people required assistance. People spoken with told us staff were available when they needed them. One person visiting the home said, "Absolutely no issues with the staff. They are very friendly and helpful when I visit. I am confident my [relative] is in good hands."

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure they received adequate nutrition and hydration. Staff responsible for meal preparation had information about people's dietary needs and these were being met.

We looked at the care records for three people. There was information in place about the

support needs for each person and how these were being met.

We found people were having their healthcare needs met. They told us they had access to their doctor's when they needed to see them. One person said, "Just had an operation on my eye. It has made such a difference to my life and I have my independence back."

We found medication procedures in place at the home were safe. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

People told us they were happy with the activities arranged to keep them entertained. One person said, "They organise trips out including visits to the library. I am happy here and never get bored."

The home was well maintained, clean and hygienic when we visited. The people we spoke with said they were happy with the standard of accommodation provided.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires which were issued to people to encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were receiving.

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 consistently safe.

Recruitment procedures the service had in place were not safe. Safety checks had not been completed before staff commenced working at the home.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

Good



Summary of findings

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

The service was not consistently well led.

The registered manager had not fulfilled the services regulatory responsibilities and submitted required notifications to the Care Quality Commission.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Requires improvement



Hope Residential Care

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 visit took place on 16 and 21 July 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector.

Before our inspection visit on 16 and 21 July 2015 we reviewed the information we held on the service. This included checking to see if we had received notifications from the registered manager, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, three members of staff, two people who lived at the home and three visiting family members. We also spoke with the commissioning department at the local authority and an Independent Mental Capacity Advocate (IMCA). This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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 the care records of three people, recruitment procedures followed for three recently employed staff members, the duty rota, training records, menu's, records relating to the management of the home and the medication records of four people.

Is the service safe?

Our findings

The registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn't hesitate to use this if they had any concerns about their colleagues, care practice or conduct. One staff member said, "I fully understand my responsibility to report any unsafe care I may witness."

We spoke with one member of staff about safeguarding incidents at the home. They informed us the service had responded to a safeguarding concern following an incident between two people who lived at the home. This included making a referral to the local authority for a safeguarding investigation. Following the incident one person had their care needs re-assessed by the local authority. The outcome of the assessment identified the person required a more appropriate residential setting which could meet their needs.

The registered manager did not inform (CQC) about the safeguarding incident as required by law. This meant that we did not receive information about the service when we should have done. It is a legal requirement that providers notify the CQC without delay of any allegations of abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We looked at the recruitment procedures followed by the registered manager for three recently appointed staff members. We found documentation required by regulation wasn't in place before two staff members commenced working at the home. The service is required to have robust recruitment procedures in place. This is to ensure the people they employ are of good character and are fit and appropriately qualified to do their job.

One person had gaps in their employment history and no references had been requested by the registered manager. This meant the registered manager did not have a full employment history for the person or satisfactory evidence about their conduct in previous employment.

We found another member of staff had recently commenced working at the home without any recruitment checks being made. This meant the person hadn't completed an application form and Disclosure and Barring

Service checks (DBS) and references had not been requested. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The registered manager removed this person from the duty rota during the inspection visit and is no longer employed by the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered manager had not ensured that persons employed by the home were safe to work with vulnerable people.

People who were able to speak with us told they felt comfortable and safe. One person said, "I love it here. The staff are all kind and friendly and treat me with compassion. I have no concerns about my safety."

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the Inspector. The people we spoke with said they were happy with the standard of hygiene in place. One person we spoke with said, "No issues with the standard of hygiene. The place is spotless."

We found equipment in use by the home had been serviced and maintained as required. Records were available confirming gas and electrical appliances complied with statutory requirements and were safe for use. Equipment including wheelchairs were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found water temperatures were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. The risk assessment for one person had recently been reviewed and updated to ensure the procedures in place helped to maintain the persons safety. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to

Is the service safe?

support people in their care. We looked at the duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people. We saw people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. We noted staff were able to support people without feeling rushed and were kind and patient. People told us they were happy with staffing levels and staff were available when they needed them. One person said, "I chose to live here because it is a small home with a small staff team. I am looked after very well and the staff support me when I need them. I do feel safe here."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and

stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check that people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed medicines being administered at lunch time. We saw medicines were given safely and recorded after each person had received their medicines. The staff member informed people they were being given their medication and where required prompts were given.

When we undertook this inspection visit no controlled drugs were being administered by the service. Discussion with the registered manager confirmed she had procedures in place for controlled drugs to be handled safely.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection one application had needed to be submitted. Appropriate procedures had been followed but the Care Quality Commission (CQC) had not been informed about the application as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager must notify the Commission without delay of any application to deprive a person who lived at the home of their liberty.

During the inspection visit we spoke with an Independent Mental Capacity Advocate (IMCA). The IMCA told us there had been problems with the service complying with the DoLS authorisation. The IMCA informed us during their last visit to the home they had been satisfied restrictions were being applied as agreed in the DoLS.

People told us they received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestricted movement around the home and could go to their rooms if that was their choice. When we arrived one person was just leaving the building to spend the day with

friends. The person said, "I am free to come and go as I please. I am meeting friends in Cleveleys and will be out all day. I also like to spend time in the garden weather permitting."

People we spoke with including visitors told us the care and support staff provided was good and they were happy. Staff spoken with showed they had a good understanding of the care needs of people they supported. One staff member said, "We have access to people's care plans and know what support each person requires."

We spoke with staff members and looked at individual training records. Most had achieved or were working towards national care qualifications. These qualifications are provided for staff working in adult social care as part of their learning and development so they can carry out their role effectively and deliver high quality care. In addition we saw the service had provided training for staff on safeguarding vulnerable adults, dementia and challenging behaviour and medication administration. One staff member we spoke with said, "We have access to some good training. I am presently attending training sessions facilitated by Blackpool Council regarding dementia awareness. The training is specifically for staff working with people living with dementia. It was really interesting and informative."

Three people visiting the home told us they found the staff very professional in the way they supported their relatives and felt they were suitably trained and supervised.

Discussion with staff and observation of records confirmed they received supervision from the registered manager. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff spoken with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection we saw staff encouraging one person who had been identified as being at risk from poor nutrition and dehydration to eat

Is the service effective?

and drink. We observed staff completing records confirming the persons fluid and nutritional intake. Two people visiting the home said, "Our [relative] is nursed in bed. Whenever we visit their turning and nutritional charts have been completed by the staff. This enables us to monitor how often they have been turned and what they have eaten and drank since we last visited. We know our relative is encouraged to eat and they tell us the food is enjoyable."

We spoke with the person responsible for meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. When this inspection visit was undertaken one person required a soft diet because they experienced swallowing difficulties. The staff member said a referral had recently been made for a dietitian to visit the person because staff had identified the person was losing weight. The dietitian contacted the home during the inspection visit to make arrangements to visit the person the following week.

At lunch time we carried out our observations in the dining room. Lunch consisted of fish and chips with an assortment of sweets for people to choose from. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We saw people were able to eat independently and required no assistance with

their meal. The staff were attentive but did not rush people allowing them sufficient time to eat and enjoy their meal. We observed tables were not cleared until everyone had finished their meal. This meant people who were slow eaters did not feel under pressure and were allowed to eat their meal at their pace. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

People spoken with after lunch told us the meals were very good. One person said, "I really look forward to meal times. We get plenty to eat and are provided with a choice of meals. Every plate I get is emptied with enjoyment."

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. For example we saw on one care plan the person had attended hospital appointments with support of a staff member. The outcome of the appointment was recorded on the care plan and any changes required to their care.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. One person said, “I love it here. I get on with all the staff who I find kind and caring. I wouldn’t stay if they weren’t.” One person visiting the home said, “I am very impressed with the care provided. The staff are really friendly people and go out of their way to make you welcome. I have no concerns about my [relatives] care.”

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they were receiving the best possible care.

Staff spoken with were knowledgeable about the needs of people in their care. They were able to describe the assessed needs of people and how these were being met. They told us they were involved in the reviews of people’s care and knew when a care plan had been updated to reflect a person’s changing needs. One staff member said, “We are a small staff team looking after a small number of people. We all know each other very well and know what support people require and how they like this to be delivered. I really enjoy working here.”

Throughout the inspection visit we saw people had freedom of movement both inside and outside the building and were able to make decisions for themselves. We observed routines were relaxed and arranged around people’s individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas.

We observed staff members enquiring about people’s comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For example we saw staff asking people if they required assistance to the toilet or would like a cold drink. One person we spoke with said, “The staff are lovely, caring and attentive. I get the best care possible.”

We looked at care records of three people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people’s needs.

Staff had received training and had an appreciation of people’s individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people’s doors and waited for an answer before entering. We spoke with people about how staff respected their privacy. One person said, “No issues whatsoever. They always knock on my door before entering.”

Is the service responsive?

Our findings

People told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, “The staff are always available when you need them.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process because of their dementia condition had been represented by a family member. A visiting relative said, “I am fully involved in my [relatives] care and kept up to date by the staff if they have been unwell or changes are required to their care plan.”

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People’s likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read them and understood the support people required. We found the care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed how the staff had responded to an identified weight loss. The person had received a visit from their General Practitioner (GP) who then made a referral to a dietitian. The person’s records confirmed their food and fluid intake had been monitored. The dietitian contacted the home during the inspection visit to make arrangements to visit the person the following week.

Although people told us there was no structured activity plan in place they did inform us they were fully occupied. Activities included various outings including visits to the local library and assorted games. One person we spoke with said, “I am satisfied with the activities they organise. They do ask us what we would like them to organise for us.”

The registered manager had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, “I have never had to make a complaint as I am quite happy. I would go to the manager if I had any concerns and I am confident she would listen to me.”

Is the service well-led?

Our findings

We reviewed the information the service held about a recent safeguarding concern raised with the local authority. We saw this had been investigated and concluded by the appropriate safeguarding authorities. It is a legal requirement that providers notify the CQC without delay of any allegations of abuse. During the inspection visit we found that the required notification had not been submitted to us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

When we undertook this inspection visit the registered manager had submitted one application to deprive a person who lived at the home of their liberty. We found appropriate procedures had been followed but (CQC) had not been informed about the application as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

It is a requirement of the Care Quality Commission (Registration) Regulations 2009 that the provider must notify CQC without delay of the death of a person who lived at the home.

We reviewed the information the service held about the recent death of a person who lived at the home. The registered manager had not submitted the required notification to us. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

We spoke with staff, people who lived at the home and visiting relatives about the registered managers leadership. Comments received were generally positive. One member of staff said, “The manager is approachable, very fair and understanding. We all know our role and what is expected of us. She makes me feel appreciated and I really enjoy coming to work.” Another staff member said, “There have been issues with the manager not always being available and this has caused some problems. However this now seems to have been resolved and she is now more visible in the home.”

People visiting the home said there was a relaxed atmosphere and they always felt welcome by the registered manager and her staff. One person said, “I have to say I haven’t been disappointed with the choice of this home for my [relative]. Always made welcome when I visit and find the manager very friendly and helpful.”

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was generally well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open. One person visiting the home said, “The staff are really organised and go about their work with no fuss.”

The registered manager had procedures in place to monitor the quality of the service being provided. Audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, , reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people about their care through meetings and surveys. We looked at a sample of surveys recently completed. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. We saw in the minutes of a residents meeting held in April 2015. Issues discussed included satisfaction with meals, the service provided by staff and activities organised. We noted changes to meal provision had been made following the meeting.

Before our inspection visit we received information from external agencies about the service. They included the social services and commissioning departments at the local authority. Links with these external agencies hadn’t been good and we received some concerning feedback from them about the management of the home. As a result of their concerns the local authority had placed the service on suspension until the registered manager had made the improvements requested. This meant that the provider could not admit any new placements funded by the local authority. When we undertook this inspection visit the registered manager was working with the local authority and a number of improvements had been implemented.

During this inspection visit we spoke with an IMCA who reviews the DoLS authorisation. They informed us during their last visit to the service they had been satisfied restrictions were being applied as agreed in the DoLS. The registered manager informed us she was making every

Is the service well-led?

effort to work with the local authority to have the suspension of admissions to her home lifted. The registered manager told us she has now included herself on the staff duty rota and would be working in the home normal business hours Monday to Friday.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered persons recruitment procedures were unsafe potentially placing people who use the service at risk. We found application forms were incomplete and Disclosure and Barring Service checks (DBS) and references had not been requested before staff commenced their employment.

Regulation 19 (1) (a) (2) (a) (3) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not notified us, without delay about allegations of abuse and also about an application to deprive a person who lived at the home of their liberty.

Regulation 18 (4A) (a) (c) (d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services

The provider had not notified us, without delay of the death of a person who lived at the home.

Regulation 16 (1) (a)