Care Quality Commission

Ogwell Grange Limited

The Grange Residential Hotel

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 27 and 28 April 2015 and the first day of the inspection was unannounced.

The Grange Residential Hotel is a care home which is registered to provide care for up to 17 people. The home is arranged on two floors and situated in the small Devon town of Ipplepen. The service also provides staff to care for people in their own homes, or in an adjoining supportive living house. The service does not provide nursing care. The care workers access the community nursing service for this.

At the time of this inspection the registered manager was on maternity leave but was in contact with the home regularly. 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.

Summary of findings

A senior member of staff had the responsibility for managing the home on a day to day basis, supported by the registered provider and a registered manager from one of the registered provider's other homes.

We found some inconsistencies in people's care records. Some held out of date information, or at times conflicting guidance for staff. Changes identified at reviews were not always transferred onto the care plan. This meant information about people's current care needs and guidance for staff was not easy to access.

Records of people's fluid intake were not always accurate and it was not possible to assess if people were receiving enough to drink to maintain their health.

Senior care staff had received training in the Mental Capacity Act 2005 (MCA). However, we found one person's capacity to make a decision about their future care and treatment had not been assessed in line with the MCA principles.

People's liberty was being restricted to maintain their safety by the use of locked external doors. However, authorisation from the local authority's Deprivation of Liberty Safeguards team had not been sought for those people who were not able to consent to their use: this was addressed immediately following the inspection.

Some staff felt the home was short staffed and they were unable to fully meet people's care needs. They said they were unable to provide sufficient supervision of people who were at risk of falling or spend time with people in conversation or individual activities. The registered provider confirmed staffing levels were reviewed in line with people's care needs, and the local authority's guidance. We saw people's care needs were met in an unhurried and timely way.

Staff had received training in topics relating to the care and safety of people such as moving and handling, safe medication practices and dementia care. Records were available of staff being assessed for their safety and competence in medication administration. Changes to medicine prescriptions were not always accurately recorded on to medicine administration records. Medicines were stored and administered safely.

We saw pleasant interactions between people and staff, and staff provided kindly reassurance to people who were unsure of what was happening due to their memory loss.

People who were able to share their experiences with us told us they felt well cared for and people seemed cheerful. They said The Grange was homely, they could get drinks and snacks whenever they liked and they enjoyed social activities at the home. We saw people enjoying games with staff and singing along to a musical film. Care plans held information about people's preferred routines and staff were knowledgeable about these.

People had access to health care professionals such as GPs and the Community Nursing team.

Staff said concerns and complaints were dealt with as soon as possible and visitors told us they had no concerns, but had confidence in raising issues with the staff and registered manager.

We found a number of breaches of regulations and 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?

Requires improvement

The home was not always safe.

Some care records did not include up to date information about how to manage risks to people's safety.

Some manual handling practices were seen to be unsafe.

Changes to people's medicines were not always recorded accurately.

Staff knew people well and were able to describe their needs in detail.

Staff knew what action to take should they suspect someone is at risk of abuse.

Is the service effective?

Requires improvement

The home was not always effective.

Some staff lacked an understanding of the principles of mental capacity assessments and best interest decisions. Some people's liberty was being restricted to maintain their safety without the required authorisation.

Newly employed staff had not received training relating to the care needs of the people living in the home.

Staff competence, knowledge and skills were periodically assessed to identify training and support needs.

People who were able to share their experiences with us told us they felt well supported by staff.

People told us they enjoyed the food.

People had access to health care professionals such as GPs and the Community Nursing team.

Is the service caring?

Good

The home was caring.

People were supported by kind and caring staff.

Staff provided kindly reassurance to people who were unsure of what was happening due to their memory loss.

People's privacy was respected and staff were aware of issues of confidentiality.

Visitors were able to visit without restriction and were made welcome.

Is the service responsive?

Good

The home was responsive.

Summary of findings

Staff were aware of people's care needs and their preferences.

Leisure and social activities were provided each day by the staff or by people coming into the home.

Concerns or complaints raised by people living in the home or their visitors were addressed and resolved immediately if possible.

Is the service well-led?

Requires improvement

The home was not always well led.

Inconsistencies in record keeping and the lack of ease in accessing current information about people's care needs placed people at risk of not having their needs fully met fully.

Staff meetings did not record actions or outcomes nor staff's involvement in the development and improvement of the home.

Staff demonstrated a good understanding of the home's philosophy of person-centred care.

The home welcomed comments and suggestions from people living at the home, their relatives and the staff team. Recent comments were complementary about the care and support provided at the home.

The Grange Residential Hotel

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 27 and 28 April 2015 and the first day of the inspection was unannounced.

Prior to the inspection we reviewed information we had about the home such as previous inspection reports, any concerns or complains raised with us and notifications sent to us. A notification is information about important events which the home is required to send us by law.

We met and spoke with all of the people who lived at the home, and four of the people receiving support at North Grange, the adjacent supported living service, as well as three visitors.

A number of people were unable to communicate in detail their experience of living at the home as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people.

We spoke with six staff, the interim manager, the registered manager providing support and the home's registered manager as well as the registered provider who both attended the second day of the inspection. We looked in detail at the care provided to three people living at The Grange and the support records for one person living in the supported living service. We looked at three staff records and at staff training and supervision records. We also looked at a range of quality monitoring information.

Following the inspection we spoke to the Community Nursing team and the registered provider sent us further staff training information and copies of documents to demonstrate the actions that had been taken in response to the inspection findings.

Requires improvement

Is the service safe?

Our findings

The home was not always safe.

Risks to people's health and welfare had been assessed and included health and safety issues such as the risk of developing a pressure ulcer, the risk of falls as well as nutritional assessments. Staff were able to described people's care needs in detail and as well as risks identified. However, we found this information was not reflected in some of the documents we looked at. Some records were out of date, or provided conflicting information, and changes to people's needs were not easy to identify. For example, one person's manual handling assessment dated August 2010 and reviewed in August 2014 indicated this person could "walk with support" and their mobility was "slightly limited". Another undated manual handling risk assessment indicated the person required the assistance of two care staff and the use of a hoist as they were no longer able to walk. Staff told us they had previously had a concern over the size of the sling they were using on the hoist for this person. The registered provider said as a result of this a referral had been made to an Occupational Therapist for an assessment of this person's needs and new slings were purchased following their advice in March 2015. This person's mobility support needs were not recorded on the information the home provided to the emergency services in the event of a fire to aid evacuation of the building.

In some instances there was insufficient guidance for staff on how risks should be managed. Staff had taken action to manage the risk to one person who was falling repeatedly, with referrals to their GP and the community falls support team. There was a plan in place to minimise falls, however staff had not analysed this to show if there were any trends or patterns. Records did not include a plan as to how staff should support the person when they had fallen. The plan in place referred staff to another document rather than giving them information on how to manage the situation safely. We saw staff supporting this person after falling. They used an underarm lift which is no longer recognised as good practice as it can cause damage to people's shoulders. By the second day of the inspection, the registered manager had amended the manual handling guidance for staff to the use of a hoist if the person was unable to lift themselves from the floor.

Accidents and incidents were recorded in people's care plans along with any medical attention or advice sought. A monthly review of individual people's accidents was undertaken and recorded on the care plan review record.

Staff had received training in the prevention of pressure ulcers. One person required their position to be changed to reduce the risk of developing a pressure ulcer. Records showed this person had their position changed regularly during the night, but records were not kept of their change of position during the day. The registered provider confirmed the documents would be amended to provide staff with the ability to record day time changes of position.

We looked at how the home managed people's medicines. We saw a change to the prescribed dose of one person's medicine had not been recorded accurately. This person's insulin dose had recently been changed twice but this had not been recorded correctly on their MAR: the first change had been recorded but not the second. Staff responsible for giving the insulin were aware of the changes and had recorded the new dose on the information held with the insulin.

Medicines were administered by senior staff to both the people living at the home and the supported living service, and they confirmed they had received training and had their competency assessed in safe administration practices. Records of competency assessments were available in individual staff files.

The pharmacist from the local pharmacy that provided medicines to the home had undertaken an audit of the home's medicine practices in February 2015. They had identified gaps in the medicine administration records (MAR) and recommended information about people's allergies be added to their records. Action had been taken on this and we saw records were clearly completed with no gaps evident.

People received their medicines as prescribed. We observed people being given their medicines and this was done unhurriedly. Medicines were stored and administered safely, in both the care home and the supported living service. Medicines requiring refrigeration were stored in a dedicated locked fridge and staff recorded the temperature of this each day to ensure medicines were kept within the recommended range

Requires improvement

Is the service safe?

Staff told us they did not always feel they had enough time to meet people's needs. Comments included "I think we are understaffed" and "we are not able to spend time with people." The registered provider confirmed staffing levels were reviewed regularly in response to people's changing needs as well as in line with the local authority's guidance. Although staff were busy on the day of our inspection, we saw them attend to people's needs in an unhurried and timely manner. On the two days of our inspection there were three care staff, (one in a senior position), one care/laundry staff, a cleaner, a cook on duty . In addition, there was a staff member who provided support for the people living at the supported living service. There was one waking care staff overnight and one sleeping care staff.

Staff said they were worried about one person who fell frequently and their ability to provide adequate supervision. We saw this during our inspection when staff were assisting people to use the toilet prior to going to the dining room for lunch. This person was in the lounge and they attempted to walk unaided, staff returned to the lounge in time to prevent them from falling. Better communication between staff may have reduced the risk of both staff members being away from the lounge at the same time.

We looked at the recruitment records of three members of staff including one staff who had recently started working in the home. Pre-employment checks had been undertaken, including disclosure and barring checks, with the exception of references being requested for the newly employed member of staff. We spoke to the registered provider about this at the time of the inspection and we were told this would be addressed as a matter of urgency. Following the inspection, we were notified of the outcome of the verbal references obtained for this member of staff and provided with copies of the requests for written references.

People who were able to tell us about their care said they felt safe at the home. Comments included, "I am happy here" and "they (the staff) are good." Visitors said they had no concerns about the safety of people they visited, one person said, "the girls are nice, I'm very happy with her care."

Staff understood how to recognise the signs of abuse and said they would report any concerns immediately to the senior person on shift or the registered manager, who remained in contact with the home throughout their period of leave. Although they were unsure who to contact outside of the home, such as the local authority, they said they would contact the police if they witnessed a serious incident. The home's training matrix and further information from the registered provider sent to us following the inspection showed seven staff had received training in safeguarding adults.

Communal areas of the home and people's rooms were clean with no unpleasant odours Staff had access to appropriate cleaning materials and equipment. Staff had access to personal protective equipment such as gloves and aprons. We saw staff wear aprons when they supported people to eat their meals. Window opening restrictors had been fitted to the windows above ground level to prevent these from opening too wide, thereby reducing the risk of falling.

Requires improvement

Is the service effective?

Our findings

The home was not always effective.

Senior care staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Within the principles of the MCA, when people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. When people were admitted to The Grange a general assessment of their capacity to make decisions was assessed However, we found no further assessment had been undertaken in relation to a recent significant change in one person's care and support. Although the home had involved family members in making a decision, neither the person's wishes nor a best interest decision meeting had been recorded.

This is a breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people living at the home may have to have their liberty restricted to keep them safe, for example by the use of keypad locks on the exit doors. Deprivation of Liberty Safeguards (DoLS) provide legal protection for these people. The registered provider felt the use of the locks was the least restrictive measure to ensure people's safety as it allowed people to freely move around the home without the risk of them leaving unsupervised. On admission, people were made aware of the locks and their consent sought. However, for people who are unable to give their consent it is necessary for this restriction to be authorised by the local authority's DoLS team, regardless of whether people challenged the use of these locks or not. Applications for authorisation had not been made for these people, however following the inspection, the registered provider confirmed applications had been submitted to the authority for authorisation.

Some people's liberty was also being restricted in other ways. For example, one person was not able to recognise their need for staff assistance to walk due to memory loss related to their dementia. Staff attempted to reduce the risk to this person by keeping them under supervision as much as possible. This person sat with staff in the office area adjacent to the kitchen and in a chair in the lounge room directly opposite the door. Staff asked this person to sit in the office area during busy times of the morning as they were not able to supervise them in the lounge and wanted to keep them safe. We saw this person in the office area and they were seen in conversation with the staff and the cook, however this person had little or no choice of where they wished to be during these times.

Training records held in staff files and the home's training matrix, as well as information sent to us following the inspection showed the training the staff had undertaken. Recent training had been provided in topics such as health and safety, infection control, moving and handling and first aid, as well as those relating to the care needs of people living in the home such as dementia and diabetes care.

Staff competence, knowledge and skills were periodically assessed to identify training and support needs. The staff files we looked at held supervision records documenting performance reviews. Formal one-to-one supervisions had been undertaken regularly prior to the registered manager's leave. During their period of leave, staff were supported informally by the registered manager at their weekly visit to the home, as well as the registered manager from one of the other provider's homes.

There were no records to show how newly employed staff had been introduced to the home and provided with training. Staff said they were allocated shifts to shadow more experienced staff members until they and the senior staff felt they were competent to work unsupervised. One staff said "I did four shadow shifts and I learned a lot" and "it's a great team" but confirmed they had not seen the induction training DVDs available in the home. They had worked at the home for four months and had received fire safety training at the start of their employment and were due to attend first aid and manual handling training in May. We spoke with the registered provider about this. They felt the usual formal introduction to the home had been overlooked due to the registered manager being away and the carer being experienced prior to coming to work in the home. Following the inspection we received confirmation from the registered provider that an induction training programme for this member of staff had been implemented.

People's nutritional and hydration needs were not always appropriately monitored to ensure they had enough to eat and drink. Records did not provide staff with sufficient guidance about how much people should be drinking each

Requires improvement

Is the service effective?

day to maintain their health. Guidance included "6-8 glasses a day" but not how many millilitres this was. Over the past four days, one person's fluid intake was between 500mls and 1100mls. Their food intake record included comments such as "small dinner", "small supper" and "good supper", with no indication of how much this was. They had been prescribed nutritionally enhanced drinks but it was not possible to ascertain whether these had been taken in full as records included, "sips of (name of nutritional drink)". We saw this person had access to two drinks next to them, one of juice and one of the nutritional drink, and when asked this person said they enjoyed them both and we saw they could easily reach them. Staff said they had no concerns over this person's intake as they had maintained a steady weight, however they were unclear whose responsibility it was to monitor people's daily intake and whether this was satisfactory.

This was a breach of Regulation 14(1)(4)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the lunchtime meal and people told us they enjoyed the food. Comments included, "the food is very good, but I don't have much of an appetite. I can always have something else" and "yes, the food is good." Staff said that drinks and snacks were available throughout the day and we saw people being offered frequent drinks: jugs of juice and clean glasses were available by the lounge area and we saw staff top up people's glasses when they were empty. A guidance notice on maintaining a healthy fluid intake was pinned to the wall near the jugs of juice as a reminder to people and staff of the importance of drinking plenty particularly in warm weather.

Staff were also guided to offer drinks and something to eat to people who woke during the night as hunger may be the cause of them waking. Nutritional assessments had been undertaken and reviewed monthly up until the time the registered manager had taken leave from the home; however people continued to be weighed each month.

People had access to health care professionals such as GPs and the Community Nursing team upon request and when staff recognised a change in someone's health and well-being. For example, one person's daily care notes recorded "very confused" and a urine sample was obtained to monitor for a urinary tract infection. Another indicated the person was "very sleepy" and their temperature was taken and a urine sample was obtained. On both occasions the GP was contacted. The advice and outcomes from these referrals were not transferred to the care records to ensure changes were easily recognised and available. Another person had two referrals to the Specialist Falls Occupational Therapist and their GP for advice following a marked increase in falls, but this information was recorded on the care plan review form rather than being included in their care plan.

Visitors told us they had no concerns over the care their relative received. One visitor told us "I'm very happy with her care."

Some staff raised concerns over the lounge and dining room not being spacious enough to accommodate everyone, as three people from the supported living service used the facilities of the care home during the day. We saw the lounge and dining room had little or no spare seating at times. For example, one person had to sit in the seating area outside of the lounge as there were no spare seats. The registered provider described their plans to extend the lounge and dining room and the building work would commence in the summer.

Good

Is the service caring?

Our findings

The home was caring.

People who were able to share their experiences with us told us they felt well supported by staff. Comments included; “The staff are very nice, I’m very settled” and “yes, I’m well looked after.” Visitors told us the staff were very kind and caring, one visitor said “excellent care from lovely staff, he is always well cared for, there are never any problems.”

We observed positive interactions between people and staff. We saw pleasant conversations and laughter between people and staff while going about the home and during the SOFI period of direct observation. Staff sat next to people, or crouched down to make eye contact before they initiated conversations. During lunch we saw staff assisted people who required help with their meal in a respectful and unhurried manner. People were encouraged to take their time over their meal and were seen to be in conversation with the staff and each other.

Staff provided kindly reassurance to people who were unsure of what was happening due to their memory loss. We saw one staff member walk with someone who was confused about where they were, they spoke gently and provided appropriate physical touch and comfort.

Visitors told us they were able to visit without restriction, and were always made welcome. One visitor said “you can talk to the staff about anything.” We saw visitors being greeted by staff in a friendly manner and being offered refreshments.

Staff told us about their caring role. They told us they felt caring was “ to look after people the best you can, to protect their rights” and “I love this job, I try to make sure people are happy, as well as protecting their rights and dignity.” Staff spoke about people affectionately and respectfully.

People’s privacy was respected and all personal care was provided in private. When people received care in their rooms, doors were closed to respect their privacy. All rooms had en-suite facilities. One bedroom was shared by two people and there was defined space for each person and personal toiletries and clothing were clearly identified. Screening was available in the room should it be required to protect privacy.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. Staff spoke quietly and discreetly with people to ask them if they needed to go to the toilet or receive care. This helped to ensure people’s privacy and dignity were respected.

Good

Is the service responsive?

Our findings

The home was responsive.

Following an initial assessment of each person's care needs a care plan was created. This document provided staff with information about what the person could do for themselves, how their dementia affected them and how staff should offer support and assistance. For example, one person's care plan stated "I can wash my face and clean my teeth", and "I can dress my upper body". Another said "I can follow short conversations" and "I find it hard to find some of the words I want to say."

Care plans were reviewed monthly and people's involvement in the review and their preferences and wishes were recorded. For example, one person's care plan review included their request, "I want to go for a walk outside, go the village shop and post office" however there was no indication staff had supported them to do this.

Care plans held information about people's preferred routines which staff were able to describe to us. For example, one person's care plan said they "preferred their breakfast at 07:30" and their evening routine was described "a cup of tea at 10pm with 2 biscuits" and "all lights to be turned off." Another person's care plan gave their preferred times of waking and going to bed and "has breakfast in bed or the chair" and "has 2 wall lights left on overnight."

"Comfort rounding" records were used by the staff to support people who, due to their care needs, required frequent monitoring. This was a record detailing issues staff should review regularly throughout the day and night. It showed assistance with continence needs, offering a drink and something to eat, changing the person's position to reduce the risk of developing a pressure ulcer and assessing the person for discomfort.

Leisure and social activities were provided every day by the staff or by people coming into the home. These included card games, bingo, chair exercises and fitness, musical entertainment from a guitarist and a harpist, local walks, singing, skittles, arts and crafts. During our inspection, we saw people enjoying a game of throwing and catching a large inflatable ball, with people laughing and chatting with each other and the staff, as well as enjoying a musical film, where people were singing along to the well-known songs. Staff said they would like to spend more time speaking and engaging with people. For example, the care plan for one person who remained in their room due to failing health, said "likes to have (name of magazine) read to her" but staff said they do not have time to do this.

Staff said any concerns or complaints raised by people living in the home or their visitors were addressed and resolved immediately if possible and were always referred to the registered manager. A record of complaints received by the home was available: this contained information from over a year ago and staff were unsure if this was current or if any additional records were maintained. Those concerns recorded had been addressed and outcomes identified. One visitor said they could easily raise concerns but didn't feel the need to do so. Another said they found the registered manager and staff very approachable and had confidence any issues would be resolved quickly.

Requires improvement

Is the service well-led?

Our findings

The home was not always well led.

At the time of our inspection, the registered manager was on maternity leave from the home, although they remained in contact each week. A senior member of the care staff team had the responsibility of managing the home on a day-to-day basis and they were supported by a registered manager from another of Ogwell Grange Ltd care homes, as well as the registered provider.

The manner in which care plans and risk assessments were reviewed and changes recorded did not ensure accurate records were maintained of people's care needs. It was not always possible to identify if people's needs had changed as the care files were cumbersome, with many documents, some of which related to the same issue. For example, one care file held four documents relating to moving and handling and it was difficult to identify which was the most up to date. Changes to people's care needs were not transferred from the monthly review form to the care plans and some plans remained dated from the time of admission. For example one person's care plan had been reviewed monthly, and changes identified, but the care plan remained as it was written in October 2014. This meant staff did not have access to the most current information about people's care needs, and people were at risk of not having their needs met.

This is a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that regular staff meetings occurred at which they were able to discuss care issues. We saw records relating to meetings for each designated staff group, such as senior care staff, care staff, general assistants and catering staff. A list of the agenda items was identified but minutes had not been recorded, therefore it was not possible to tell if the agenda items had been resolved, or to review staff's involvement in the development and improvement of the home.

Staff demonstrated a good understanding of the home's philosophy of person-centred care. One staff said "anything people want or need, we try our best to get it for them."

At our previous inspection of the home in January 2014, we saw the home had used questionnaires to obtain people's views of the quality of the care and support provided at the home. The registered provider confirmed they welcomed comments and suggestions from people living at the home, their relatives and the staff team. At this inspection, we saw people and their relatives had been consulted through the regular care plan review process. These reviews showed people's satisfaction with the care and support they provided. Shortly following the inspection the registered provider sent us information confirming formal questionnaires had again been sent to people and their relatives.

Recent communication between the home and individual relatives included, "we cannot believe how well he has settled in. A credit to you all at The Grange , you are all so caring", "we would like to thank you and the staff for looking after her so well over the past 2 and a half years" and "really do appreciate all you and your wonderful staff do for Mum."

Weekly reports by the interim manager gave the registered provider information about each person living at the home, enabling them to keep up to date with events or issues that required their attention.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had failed to act in accordance with the Mental Capacity Act 2005 to obtain the consent of the relevant person with regard to care and treatment. This was a breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People's nutritional and hydration needs were not monitored to ensure they received enough to maintain their health. This was a breach of Regulation 14 (1)(4)(a)(b)of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Care records did not provide accurate and up to date information about people's care needs.

This section is primarily information for the provider

Action we have told the provider to take

This was a breach of Regulation 17 (1)(2)(c) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.