Mr & Mrs Y Charalambous

Westcott House Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Westcott House is a nursing home providing care for up to 60 people with a past or present mental illness and people living with dementia. The home is owned by Mr and Mrs Charalambous. Mrs Charalambous is also the registered manager. Accommodation is provided over several units and there are several communal lounge and dining areas provided. Bedrooms are mainly single ensuite with five large shared rooms. The home is located in Westcott Village and within easy access to local amenities. There were 59 people living in the service on the day of our inspection.

A registered manager /provider is a person who has been registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility

Summary of findings

for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service also had a deputy manager and a head of care nurse in post.

People who were able to told us they were treated well by staff who were kind and caring.

When risks had been identified not all risk assessments were in place with guidance for staff to follow to minimise risk to people. For example manual handling, skin integrity, and a smoking risk assessment needed to be updated.

Care was not always provided for people according to their agreed care plan. We found some concerns around the management of pressure area care and wounds.

People said they were safe and had "Nothing to worry about." A relative said the service was caring and they would be able to tell if their family member felt unhappy or worried. Staff told us they would be able to recognise signs of abuse and would be able to escalate this to the nurse in charge. They were aware of the safeguarding procedures in place and knew where to locate this if they were required to do so. However we found not all staff had undertaken training regarding safeguarding adults and when staff had been trained this had not been updated regularly.

People's privacy and dignity was maintained and we saw staff knocked on people's doors before they entered.

Visitors were welcome in the service and people were supported to maintain links with family and friends. Relatives said they visited frequently and were always greeted with a warm welcome.

People had their needs assessed before moving into the service and care plans were drawn up from the information obtained at these assessments. People and their relatives were involved in planning their care whenever possible.

People's health care needs were being met being met. People were registered with a local GP and had visits from other health care professionals. Regular health checks were undertaken and appropriate referrals made when required.

The provider and staff had a good understanding of how to apply the Mental Capacity Act 2005. However we found not everyone who required a deprivation pf liberty safeguards (DoLS) authorisation had one in place. We recommended that the provider reviewed the DoLS arrangements in place.

People had sufficient food and drink and there were good comments made regarding the food.

We looked at the medicine policy and found staff gave medicine to people in accordance with this policy. Medicines were managed safely and people received their medicine in a safe and timely way.

There were enough staff working in the home on the day of our inspection. Staffing levels and deployment of staff was calculated according to people's needs and occupancy levels.

Staff recruitment procedures were safe and the employment files contained all the relevant checks to help ensure only appropriate staff were employed to work in the home.

The service had a day centre on site. There was an activity coordinator who provided a range of activities in the day centre for people who were able to attend. However we found several people who did not attend the day centre or who were being nursed in bed lacked stimulation and were socially isolated.

Systems were in place to monitor the service being provided. Regular audits were undertaken and annual surveys carried to monitor the quality of service provision.

People had been provided with a complaints procedure and were confident that any complaints would be handled appropriately.

Procedures were in place to manager foreseeable emergencies.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulates Activities) Regulations 2014. You can see what we told the provider to do at the back of the full 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 service was not always safe.

Risk assessments were not always in place for identified risks.

There were appropriate arrangements in place to safeguard people from potential harm or abuse. However some staff had not undertaken training in safeguarding adults from abuse and other staff had not received updated training regarding this.

Medicines protocols were effective and people received their medicines safely according to their medicines plan.

Staff recruitment procedures were robust to ensure the safety and welfare of people.

There was sufficient staff employed to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective.

Staff did not have up to date training and supervision to undertake their roles.

The provider and staff had a good understanding of the Mental Capacity Act 2005. However some people who required a DoLS authorisation did not have one in place.

People received adequate nutrition and hydration which included people's choice, preference and met their assessed need.

People were registered with a GP and had access to health care professionals

Is the service caring?

Good

The service was caring.

People were cared for a staff team who were caring and kind.

People were involved in decision making whenever possible.

People were treated with dignity and respect. Staff spoke with people in a polite and kind way.

Privacy was respected and staff knocked on doors before they entered.

Visitors were welcome in the service and people were supported to maintain links with family and friends.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People were not always encouraged to participate in activities leaving them at risk of isolation.

People did not always receive received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

Is the service well-led?

Requires improvement

The service was not always well led.

The management team had a good understanding of the home's aims and objectives and the needs of the people who lived there.

There were not always systems in place to monitor the quality of the service being provided and regular audits were not effective.

Westcott House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was an unannounced inspection, which took place on 8 October 2015. The inspection team was made up of three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. The provider sent us Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make.

During the visit we spoke with eight people, nine relatives, 10 staff, the registered manager, the assistant manager, and the chef. Following our visit we spoke with six health care professionals to obtain their views about the service provided and looked at feedback people left on our website regarding the service. We used the Short Observation Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the care experience of people who could not talk to us.

We looked at five care plans, six risk assessments, four staff employment files and records relating to the management of the home and the quality of the service.

The last inspection of this home was on 22 October 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at Westcott House. One person said "I feel safe and there is always someone to help me." A relative said "It was such a relief to find this home, my family member is safe at last, it was as if all my prayers were answered." Another relative said "I don't know how I would manager without this home, the support my husband and I have had is second to none, and he is safe here". Despite these positive comments we found there were areas that required improvement to make sure people were as safe as possible at all times.

General risk assessments were in place but these were not always up to date. Personalised and specialist risk assessments were not always in place. The registered manager said some people displayed behaviours that challenged others such as "wandering", verbal aggression and shouting. There was no evidence of behavioural management plans or records kept although incidents had occurred. Staff did not have the appropriate guidance for distraction techniques or how to identify limitations on people's behaviours that challenged others within the home. We noted people's moving and handling risk assessments were not updated to reflect the most recent procedure agreed to keep people and staff safe. We noted that when people were at risk of developing pressure ulcers skin integrity assessments were not always up to date to prevent people from developing pressure ulcers. We saw there was a smoking policy in place but people who smoked did not have an assessment specific to them which could place them at risk.

We found concerns regarding management of people's pressure areas and wounds. The registered manage told us there were four people currently in the home receiving care and treatment for pressure ulcers. We looked at two people's care records for wound management and saw there was not a consistent approach to monitor this. For example there was no size recording no photographs or records of wound progression or deterioration. Repositioning charts and fluid balance charts had not been completed accurately which meant staff would not know when these people were last turned to alleviate pressure or given a drink. We noted a period of five hours where no entry had been made in three people's charts. There were also gaps in recording for the previous day. This did not promote best practice in providing effective care for people who had pressure ulcers. Although dressing types to be used and the frequency of dressings changes had been documented they had not followed the advice of the tissue viability nurse. The registered manager acquired a copy of National Institute of Clinical Excellence (NICE) guidelines published April 2014 "Pressure ulcers prevention and management of pressure ulcers, while we were in the service. This included the most up to date guidance for staff to follow Including taking photographs and maintaining body maps to ensure consistency and help minimise and further prevent pressure ulcers in the home.

Failure to identify and minimise risk to people is a breach of Regulation 12 of the Health and Social Care Act 200 (Regulated Activities) Regulations 2014.

People were protected from abuse. Staff told us if they suspected abuse was taking place they would report this to one of the management team. There was a safeguarding policy in place which provided staff with step by step guidance to follow and staff were familiar with this policy. Staff told us they would be able to recognise the signs of abuse and were able to tell us the different types of abuse. We observed that people would not be able to raise concerns themselves due to their dementia but staff told us they would not hesitate to raise any issues on people's behalf. For example if they saw a member of staff acting unkindly or if they saw one person hit another person they would report this and record details appropriately. However we saw that staff safeguarding training was not up to date. We noted some staff had not received safeguarding training and others required their mandatory safeguarding adults training to be updated. The registered manager gave us their undertaking that all staff would receive safeguarding adults training as soon as possible.

We saw there were enough staff on duty to meet people's needs. The number of staff working in the home was calculated on how many people live in the home and their dependency. We looked at the staff duty rotas for the previous month and we saw there were sufficient staff provided to meet people's needs. There were three registered nurses allocated throughout the day and two registered nurses for night duty. They were supported by 14 care staff for the morning shift, 13 care staff for the afternoon shift and 6 care staff for night duty. Holidays, sickness and absence were covered by the home's own permanent staff members. People and relatives said there

Requires improvement

Is the service safe?

were enough staff provided and they did not have to wait for assistance when they required this. Staff felt there were sufficient staff employed in order for them to undertake their roles efficiently.

They were ancillary staff which included housekeeping staff, laundry staff, maintenance staff, administration staff, catering staff, and an activity coordinator to further support people and ensued people lived in a clean and safe environment.

There was a safe recruitment process in place and the required checks were undertaken before staff started work. We noted that the provider had obtained two written references which provided information about the person's character and experience. There was also a completed application form with full employment history and a photographic identification in place. We saw satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. These checks identified if prospective staff had a criminal record or were barred from working with children or adults. Systems were also in place to check personal identification numbers (PIN) for qualified staff.

People received their medicines safely. There was a policy in place for medicines administration. Staff who had responsibility for the administration of medicines had signed this policy indicating they had read and understood it. Qualified staff undertook medicine administration in accordance with this policy and the Nursing and Midwifery Counsel's (NMC) Code of Professional Conduct. Medicines were stored safely and securely. A fridge was available for medicines that had to be stored below room temperature, for example insulin, eye drops and creams. A daily record of fridge temperature was maintained to make sure these medicines remained fit for use. .

Appropriate arrangements were in place in relation to the recording of medicine. Staff used the medication administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.

For example, if they refused medicine or if they were in hospital. This was also recorded in people's care plans and nurses took appropriate action for example they would inform the appropriate medical staff when necessary. The MAR charts included information about people's allergies, if they required PRN (when required medicines) and a photograph for identification. These details about each person reduced the risk of medicine error.

We saw appropriate process were in place in relation to the safe recording and auditing of medicines which included how medicines were ordered and counted in to and out of the service. These processes explained were safe and effective and provided clear audit trails.

The service had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. For example, staff had undertaken emergency first aid training and fire safety and were aware of the procedures to follow if required. Protocols were in place for staff to follow in the event of utility failure, adverse weather conditions and an outbreak of infection.

Requires improvement

Is the service effective?

Our findings

A relatives told us their family member received care and support in a way they could not provide. “They understand him and know how to manage difficult situations.” One person said “I have everything I need and staff manages my care well. “However people were not always supported to have their needs, preferences and choices met because staff did not have up to date training in place.

We looked at the staff training programme which confirmed this. A staff member told us they had undertaken a full induction training programme in addition to completing an induction workbook. They said they worked with a senior member of staff until they were assessed as competent to undertake their role.

However we saw mandatory training including first aid, manual handling, continence care, food hygiene, safeguarding adults, dementia awareness, fire safety awareness, infection control and management of challenging behaviour was not up to date. Training was delivered either by distance learning, face to face by an external tutor or in house by qualified staff. We saw that the staff member who was responsible for manual handling was not in possession of a current “train the trainer certificate” and therefore not qualified and up to date with current legislation to teach staff moving and handling procedures. This put people who used the service and staff in danger of injury when undertaking moving and handling procedures.

Failure to have sufficient training in place was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Qualified staff told us they were supported to update their clinical skills and knowledge in line with the Nursing and Midwifery Council’s (NMC) Code of Professional Conduct. They said they had recently undertaken training relating to medicines awareness, catheter care and venepuncture (taking blood). Staff told us they had regular group supervision with their line manager. They also told us they had received one to one supervision and appraisal.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the changes in DoLS practices and had policies and procedures regarding the Mental Capacity Act (MCA) 2005 and DoLS. We saw that DoLS applications had been submitted to the local authority for some people. We saw that two units had key codes on the main door to prevent people from leaving without staff support. We did not see a rationale in place for this nor did we see mental capacity assessments, best interest meetings or DoLS authorisation requests in place regarding these restrictions.

We recommend that the provider reviews their DoLS applications in line with current legislation to ensure people were not at risk of having their freedom restricted unlawfully.

People told us they received appropriate health care support. One person said “My doctor is good and will always tell me what’s wrong with me”. Another told us “I cannot fault the care I get from my doctor”. Relatives told us the support their family member got from visiting health care professionals was excellent. One relative said “I couldn’t ask for anything more”

Care records showed people’s health care needs were monitored and action taken to ensure these were addressed by the appropriate health care professionals. People were registered with a local GP who visited the home weekly or more frequently when required. A relative said the registered manager was very proactive when it came to seeking medical support for their family member when they were ill. For example when antibiotics were required, “There was no delay in starting this treatment.” We saw an example of this during our visit. Appointments with other health care professionals were arranged through referrals from the GP. We saw records were kept in care plans of visits from health care professionals. This included any medicines or treatment prescribed and details of any appointments made. We saw people had access to a dentist, chiropodist and optician when required. The health care professionals we spoke with following our inspection all had positive feedback and comments about the service. They were satisfied with the level of care and support people received at the service.

When we spoke with staff they all had a good understanding of people’s physical care needs. We watched staff support people throughout the day with various aspects of their daily routine. For example, walking people to the toilet with support, helping people with personal care and supporting people with their food. A member of staff told us that they were made aware of any changes to people’s needs during daily handovers.

Requires improvement

Is the service effective?

People told us the food was good and they enjoyed their meals. Comments included "I can choose what I want and it is usually well cooked". A relative said "I visit every day to help feed my family member and the food always looks lovely".

We saw lunch being served in several dining areas. Some people chose to sit at dining tables while others sat in arm chairs. Other people sat at a long table in the main dining room and others stayed in their bedrooms. Staff provided help and support for people who required help to eat. We saw staff had a good understanding of people's dietary needs. For example when people required soft food or pureed diet this was provided. Staff were aware of what action to take in the event of someone choking. Menus were displayed in the dining rooms and we saw there was a choice of three main courses for lunch. Staff supported people to choose what they liked as some people had difficulty choosing. People's nutritional needs and preferences had been assessed using a Malnutrition Universal Screening Tool (MUST) so that people's nutrition could be managed. Weight was recorded monthly and a nurse told us any issues were brought to the attention of the registered manager and action taken. We did not see any significant weight loss or gain recorded in the care plans we looked at. People and staff had access to a dietician and a speech and language therapist for further guidance when this was required.

We spoke with the chef who explained there was a four week menu plan which was changed according to seasons. They said they tried to involve people in planning whenever possible.

Good

Is the service caring?

Our findings

Not all people were able to answer direct questions from us in relation to their care and welfare due to the nature of their dementia or mental health issues. We were able to see from observation and short interactions with people that some people were content living in the home and some people were not. People told us staff were very good and knew how to help them. People said the staff were very "caring and kind". One person said "I am well looked after here and everyone is so kind". Another told us, "There are enough staff and they all work hard to keep us happy".

Some staff provided care and support in a kind and caring way. We saw a member of staff sitting with a person and talking to them about their family. The staff member had a good understanding of that person's life history and was able to promote a good conversation. We saw other staff did not interact with people effectively and were more task orientated.

A relative said "I looked at several homes before I chose this one. I was the atmosphere that attracted me it is so welcoming and the staff seem to know what there about." "The staff are always polite and offer tea and coffee with a smile. That means a lot."

We saw staff treated people with kindness and respect. People were addressed by their preferred name which was usually their first name. We saw staff knocked on people's doors before they entered their rooms. Personal care was undertaken in the privacy of people's rooms or in bathrooms that were provided with lockable doors. We heard a member of staff encourage someone to keep their buttons fastened when they were at risk of exposing themselves. The staff member suggested changing their clothing for a jumper which went well. We saw the shared rooms were fitted with full length curtains for privacy while personal care was being undertaken. Relatives were very complimentary of the staff. One relative said "Staff are so patient and respectful and nothing is too much bother". Another relative said "The staff are very professional and show so much kindness to my relative."

A relative told us their family member received care and support from staff who understood their needs. They said staff knew how to manage people's behaviour and said if their relative was being aggressive staff understood how to approach them in a calm and reassuring way.

We observed a member of staff offered to paint nails for some ladies in the lounge. We noted that people enjoyed this. We saw one person attempt to take the polish away from the staff member and put it in their mouth. The member of staff was calm and gentle and took the polish back. Staff explained it was not food and they would try again later. The person did not appear upset by this and remained settled.

One relative said "Staff are so kind when they care for my relative. I tried for as long as I could at home but feel I made the right choice when I chose here". They went on to say "They are very good."

People were able to personalise their rooms. Some people had pictures of their family in their room and were encouraged to bring ornaments and other personal possessions into the home to make their bedrooms more personal to them. This varied according to people's cognition and their ability to tolerate objects and possessions. Bedrooms were cleaned daily and were well maintained.

People who were able were encouraged as much as possible to make choices about their daily routines. Some people chose to spend time alone while others participated in activities in the day unit. Other people spent most of the day unoccupied. This was because there was on activity plan in place for people who required extra support to participate in activities. We saw people were offered the choice of drinks throughout the day and staff helped people with their drinks.

Relatives told us they were welcome to visit at any time during the day and always found their family member well cared for. They could visit their relative in the privacy of their room or designated areas were available throughout the home where people could meet in private. One relative told us "I like to sit in the company of others as I get little response alone." Another relative said the registered manager and staff were very supportive to the family when their relative moved into the home. "They were always ready to listen and give advice when we needed this."

End of life arrangements had been discussed with relatives and the multidisciplinary team. We saw that advanced care plans were in place where appropriate and these were amended regularly with input from other health care professionals.

Requires improvement

Is the service responsive?

Our findings

People had needs assessments undertaken before they moved into the home in order to ensure the service had the resources and expertise to meet people's needs. Relatives told us that the registered manager or the deputy manager visited their family member in hospital to undertake these assessments and asked questions about their health, what they did when they were younger and what mattered to them. We looked at four pre admission needs assessments which were comprehensive and included all the information necessary to help ensure staff make a decision regarding the placement. Some people were admitted to the service with the support of a care manager if there were additional needs to be considered such as mental health issues.

Care plans were written based on information from the needs assessments and other information obtained from medical reports or discharge information. We saw care plans were well maintained and reviewed regularly. Each care need were mainly supported with a plan of care and objectives people wanted to be achieved. Relatives told us they were consulted and invited to take part in reviews of care. Care plans were person centred regarding physical care. Social and emotional needs were more generic, for example they did not include people's past life history that would enable staff to build a picture of the person and ensure that the care was delivered in a person centred way. Staff recorded daily entries in the care plans about how care was delivered on each day and how that person was feeling, if they had any visitors from either family or health care professionals. This information was communicated to the staff team at handovers to ensure continuity of care and that no important information was missed.

The service had a day unit situated between the main home and the annex. This was used daily by some people who lived at Westcott House and this was managed by a full time activities coordinator over seven days. We spoke with the activities coordinator who showed us a sample of the activities in place. These included seated exercise class, quiz and reminiscence group, craft classes, and film shows. Relatives said when they visited they took part in activities which were fun. Some relatives took an interest in the garden outside the annex and planted flowers for people's enjoyment.

People who spent time in the lounge areas of the home were not provided with activities. People were sitting in chairs with the television on but few were watching this. Staff were present in all communal areas of the home but did not instigate activities. Most of the time staff were involved in attending to people's physical care needs rather than having the time to encourage activities.

Several people were being nursed in bed. We observed some of these people had a radio on in their room in the background and some had a television for company. We observed no other form of activity was provided which meant these people were socially isolated. There were no activity plans in place for these people to demonstrate the one to one time they had with activity staff or volunteer visits.

We heard someone in the lounge kept saying "What are we going to do now", the staff member just asked them to sit down saying lunch would be another hour. There was no offer to provide this person with a few moments of their time or an activity to pacify them or reassure them.

There were other times when we saw good examples of responsive care throughout the day. For example someone became disinterested in their food and a staff member waited until the person engaged again and encouraged them to continue with their meal having kept this hot in the meantime.

We recommend the activity arrangements for people who do not attend the day centre are reviewed.

People's spiritual needs were observed and visits from various clergy were arranged on request. A church service was organised in the home for people who wished to attend.

Staff did not always provide responsive care. We saw one person who had recently been discharged from hospital should have been wearing support stockings to prevent thrombosis. However because the person was confused they became distressed and would not wear these stockings. We saw no documentation stating this person refused to wear these stockings and how staff responded to this or if they sought alternative guidance on how to support this person.

We observed in the 'annex' the environment had not been adapted for people living with dementia. People's bedrooms did not have their names or any memorabilia to

Requires improvement

Is the service responsive?

remind the person where their own space was. We saw one person walking up and down the hallway most of the day going in and out of bedrooms with little support from staff. This was an intrusion of other people's privacy. There was little signage for example visual aids for people to direct them to the toilets and bathrooms which was not responsive in promoting independence.

We recommended to the provider that consideration should be given the design and layout of the annex to make it more suitable to the needs of people living with dementia.

People who were able to knew how to make a complaint or comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they moved into the home. There was also a copy of this displayed in the main entrance. People mainly would have to rely on relatives or staff to make a complaint on their behalf. Relatives and people who were able to had expressed satisfaction with the service and they had not needed to implement a formal complaints process. They said if they were unhappy with any aspect of the service they would talk to a member of the management team to voice their concerns. The provider had not received any formal complaints since our last inspection. We saw several thank you letters and cards from relatives showing their appreciation and gratitude for the care and support provided by the management and staff.

Requires improvement

Is the service well-led?

Our findings

Relatives spoke very highly of the registered manager and felt reassured by their experience and understanding of their family member's needs. They said "You will find little wrong here." Relatives said the management team were very professional and "The manager will go that extra mile to make sure all is well."

The home was being managed well by an experienced management team. The registered manager was also the provider and they were supported by a head of care during our visit. There was also a deputy manager who was off duty during the inspection. The manager had an MSC in dementia care and was the provider of the service for over thirty years.

Staff were aware of the organisation's vision and values. They said their role was to encourage people to be as independent as possible and to keep people comfortable, safe and happy. They told us "This was people's home and they must respect that." Staff told us the manager was very approachable and that they felt supported. They said they enjoyed working in the home and they worked well as a team.

Whilst the provider had systems in place to monitor the quality of the service these were not always effective. There were regular monthly audits completed by a member of the management team. Audits undertaken included reviews of care plans and risk assessments, audits of medicines, infection control and catering audits. Housekeeping audits were also undertaken. However these audits failed to identify shortfalls in risk assessments, care planning, lack of activities and staff training. The provider gave us their assurance that systems would be improved for undertaking more robust audits.

Staff meetings were also undertaken and these were based on safety and welfare of people and improvements required. Health and safety audits were undertaken to protect the safety and welfare of people who used the service, people who visited the service and to promote a safe working environment.

The service worked in partnership with other key organisations for example, the local authority, safeguarding teams and clinical commissioning groups to support provision of care, and service development. Local authority quality assurance monitoring took place.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had informed CQC of significant events that happened in the service in a timely way. This meant we could check that appropriate action had been taken.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider has failed to provide care and treatment in a safe way.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered provider has failed to assess the risk to health and safety of service users receiving carer and treatment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care needs.**