

Haywood Oaks Limited

# Haywood Oaks Care Home

## Inspection report

Kirkby Close  
Blidworth  
Nottinghamshire  
NG21 0TT

Tel: 01623 795085  
www.haywood-oaks.co.uk

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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

We carried out an unannounced inspection of the service on 23 June 2015.

Haywood Oaks is a care home for older people and people living with dementia. On the day of our inspection there were 13 people using the service.

Haywood Oaks is required to have a registered manager in post. 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. At the time of the inspection an acting manager had been in post for two weeks and two days. At the time of our visit they were unable to tell us what their plans were about applying for the registered manager position. We will monitor this situation.

People we spoke with told us they felt safe and cared for appropriately. This included sufficient staff to meet people's individual needs.

There were limited systems in place that checked the safety of the environment. Fire risk assessments and

# Summary of findings

personal evacuation plans were out of date or information was missing. People's individual needs had not been appropriately assessed, planned for or effectively monitored. The procedure in place for the storage and management of medicines required some attention.

Immediate action was taken by the provider to ensure appropriate qualified staff were available at night to administer medicine if required. Additional staff recruitment was ongoing. Safe recruitment checks were in place that ensured as far as possible people were cared for by suitable staff.

People told us they found staff to be competent and knowledgeable and that staff gained consent before care and support was provided. People were satisfied with the food choices available. People's dietary and nutritional needs had not always been assessed or planned for.

Staff had not been appropriately supported or received opportunities to discuss and review their learning and development needs. Training opportunities to develop staff's skills and knowledge had been limited. Permanent staff received an induction but agency staff did not. These issues were being addressed by the acting manager.

The acting manager understood their role and responsibility in ensuring the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was fully

adhered to. Staff involved people as fully as possible and gained consent before care and support was provided. There were some shortfalls in terms of procedures being consistently followed.

People were positive about the approach of care staff. Some people were supported to pursue their interest, hobbies and pastimes but this was limited. The lack of information available to staff impacted on their ability to provide a personalised service.

Staff told us that they felt the acting manager had made a positive contribution to the service and that they felt supported, valued and included in how the service was developing. The provider was in the process of sending out feedback questionnaires and meetings to enable people to share their views about the service.

The provider had insufficient checks in place that monitored the quality and safety of the service and had failed to notify us of important events registered providers are required to do. The acting manager had developed an action plan that identified the areas that they had assessed as requiring improvements.

We found the service was in breach of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service is not consistently safe

There were no written plans in place that monitored the safety of the environment including fire risks. Individual risk plans for people were not available or lacked detail. People were not fully protected from the risks associated with infection control.

People received their medicines as prescribed, but some issues were found with the medicine procedures in place.

Accidents, incidents and safeguardings were not always clearly recorded to show how these had occurred or what action had been taken to reduce risks.

Staff had been properly recruited and there were sufficient numbers to meet people's individual needs.

Requires improvement



### Is the service effective?

The service is not consistently effective

Staff had not been appropriately supported or had received training to update their knowledge, skills and awareness. The induction for staff was being reviewed to ensure it was provided for all staff.

The provider's procedure in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 legislation had not always been consistently followed.

People were supported to maintain their health and received sufficient to eat and drink, however records did not always clearly demonstrate this.

Requires improvement



### Is the service caring?

The service is caring

People told us care staff supported them appropriately and were kind and respectful.

Personalised care and support was limited due to a lack of information about people's individual preferences, histories and what was important to them.

People's confidential information was managed appropriately. People had access to advocacy information.

Good



### Is the service responsive?

The service is not consistently responsive

Requires improvement



# Summary of findings

People had not always been involved in contributing to the planning of their care and support. Opportunities for people to pursue interests and hobbies were limited.

The lack of assessment, recording and monitoring affected how responsive staff were in meeting people's individual needs.

People had access to the provider's complaints procedure.

## Is the service well-led?

The service is not consistently well-led

The provider had not always notified us of all relevant incidents that they were required to do.

The provider did not have sufficient governance systems and processes in place that monitored the quality and safety of the service.

The service was without a registered manager. However the acting manager had a clear direction for the home and had started to make improvements.

**Requires improvement**



# Haywood Oaks Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 23 June 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse specialising in tissue viability (skin care) and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us plan our inspection we reviewed the previous inspection report, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with seven people who used the service for their experience of the service. We spoke with the provider, acting manager and seven staff which consisted of care staff, senior care staff, cook, domestic and maintenance person.

We looked at all or parts of the care records of six people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the visit we contacted the GP and district nursing service for their feedback about the service. We also had contact with the fire and rescue service and the community infection control matron.

# Is the service safe?

## Our findings

Individual risks associated to people's needs had not been appropriately assessed or planned for. Risk plans either lacked sufficient information or had not been completed. For example, information stated for a person that they were at risk of falls, but a risk plan was not in place. We saw some examples where body maps had been used to show when a person had injured themselves. However, there were no risk plans in place to advise staff of how to reduce further injuries. Personal evacuation plans that advised staff of people's support needs in the event of an emergency were not up to date. For some people these were not present.

Staff recorded accidents and incidents. However, information was not detailed and it was not clear what action had been taken to reduce the likelihood of further reoccurrence. Nor was there a system in place that showed the provider analysed incidents for patterns or triggers. This meant there was a potential impact on people's safety due to insufficient monitoring and evaluation of accidents and incidents.

The provider had not completed a written risk assessment of the environment. However, on the day of our inspection external contractors were present changing the flooring in the lounge. The lack of a written assessment meant we could not be certain that the provider had fully assessed for risks that may impact on the health and safety of people.

The fire risk assessment was not suitable or included sufficient information of how to protect people. Fire drills were not taking place and staff had not received refresher training on fire safety. The provider's business continuity plan was not up to date. This information is important to advise staff of the action to take in the event of an emergency affecting the service. After our inspection we contacted the fire and rescue service to inform them of our findings. The fire and rescue service visited the service on 2 July 2015 and advised the provider to take some immediate action to ensure people's safety.

People we spoke with did not raise any issues or concerns with respect to the cleanliness, hygiene or equipment available to them.

We found that there were concerns with regard to the cleanliness and hygiene of the service and that these included some concerns with infection control. The

provider had a policy and procedure advising staff on the prevention and control of infection control. However, this did not include all relevant information such as hand hygiene practice. Cleaning schedules were in place and up to date. However, we found equipment such as wheelchairs, bed rails and handles on commodes were dirty. A bath panel was found to be loose and revealed peeling hardboard underneath; this was splinted and posed a risk to people of skin tears. People did not have hand dispensers or paper towels in their rooms. Some carpets were dirty and had an odour. Where cleaning schedules identified when action was required, it was not clear who was responsible for ensuring action had been taken. Additionally, there were no checks to ensure action had been completed.

People told us that they received their medicines safely. We looked at the management of medicines including a sample of medicine administration records for people. These are used to record when people have taken or refused their medicines. We observed a senior member of staff administer medicines. They were organised and followed safe practice guidance. We noted they were patient and stayed with the person to ensure they had taken their medicine safely.

These examples show that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the provider's administration, storage and management of medicines. All medicines were stored securely. Stock control records did not match the number of tablets in the medicines cabinet. We checked that people had received their medicines correctly which they had, this was therefore a recording issue. We found that the medicine policy and procedure did not include protocols for PRN medicines (medicine administered as and when needed to manage pain) or variable doses to advise staff of individual circumstances for administration. We also found several creams for different people were stored together in a box in the bathroom with dressings which had been prescribed. These were not in the original packaging so it was not clear who they were intended for. This meant there was a risk that people may not have received the correct dressings as prescribed by the GP for their needs.

People told us they felt safe living at Haywood Oaks and were confident they were suitably cared for. One person said, "I feel safe living here."

## Is the service safe?

Staff told us about their role and responsibilities and the preventative measures that were in place to protect people from abuse and avoidable harm. They said they had received safeguarding training and felt confident that the acting manager would respond appropriately if concerns were reported to them.

Whilst the provider had a safeguarding policy and procedure, this did not include multi-agency contact details to report safeguarding allegations or concerns. This is a requirement to ensure all safeguarding concerns are correctly reported to the right agency. We were aware that at the time of our visit the provider was working with other agencies with regard to ongoing safeguarding investigations.

Staff told us that appropriate checks were carried out before they began working at the service. For example, criminal record checks were completed and staff's work history and employment references were requested and reviewed. We looked at staff records that confirmed what we were told. This meant people using the service could be confident that staff had been screened as far as possible for their suitability to care for the people who lived there.

People told us they were confident that there were sufficient staff available to meet their individual needs. One person said, "I think there are enough staff here. There's always someone here for you even during the night."

Staff told us that they felt there were sufficient staff available to meet people's individual needs. The provider told us that they had recruited a new senior staff member and they were actively recruiting additional staff. We were concerned that there was not always a member of staff that worked nights that could administer medicines if this was required. In response to this the provider agreed with immediate effect, to use an agency that could provide a suitably qualified member of staff whilst a permanent senior staff member was recruited.

We observed there were sufficient staff available to meet people's needs and keep them safe. Staff were seen to respond to people's needs promptly.

# Is the service effective?

## Our findings

People we spoke with felt their needs were being met and were satisfied with the care and support they received. One person said, "I think the staff are well trained." However, we found staff had not received training since early 2014, nor had they received opportunities to review their work and discuss their training and development needs. The staff training matrix confirmed that staff required refresher training to update their skills, knowledge and competency. The acting manager told us about the training they had booked and were in the process of arranging for staff. This included moving and handling, skin care, dementia care and end of life care. Staff that had been identified as requiring their medicine management refresher training had received this.

The acting manager provided daily support and supervision to staff. In addition, they were in the process of developing a formal supervision structure. This would enable staff to receive opportunities to meet with their line manager on a one to one basis. Staff were positive about the level of support provided by the acting manager. They said they were supportive and approachable and gave staff good guidance and advice.

The provider had an induction process that included support and training for new staff to learn about their role and responsibilities. We saw new staff had received an induction. However, we did not see evidence that agency staff received an induction to familiarise themselves with the building, service and people's needs. The acting manager told us that they were in the process of reviewing the induction agency staff received. They said that this would include the new care certificate that was introduced in April 2015. This is a nationally recognised induction for health and social care staff and is seen as good practice.

People told us that the staff gained consent before they provided care and support. One person said, "They [staff] always explain what's going on and what they are going to do and ask me if it's ok."

We observed staff positively interact with people to gain consent before they provided any care and support. This included an explanation and choice that enabled people to make a decision if they agreed with the support or not. For example, we watched the interaction between a staff member and a person who had forgotten to wear their

glasses. The staff member gently reminded them and suggested their glasses may be in their bag. Before they assisted the person to look for the glasses they asked permission, waited for a reply and respected what the person said.

The Mental Capacity Act (MCA) 2005 is a law providing a system of assessment and decision making to protect people who do not have mental capacity to give consent to their care and support. The acting manager had a good understanding of the principles of the MCA and there were policies and procedures in place in relation to this. Some records we looked at showed that where people lacked mental capacity to make a decision about their care or support, mental capacity assessments had been completed and people's best interests established. However, these procedures had not always been consistently followed for all people using the service who may have lacked mental capacity to make decisions.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. Whilst there was no person who was subject to an authorisation that restricted them of their liberty, the assistant manager was aware of their role and responsibilities.

People were satisfied with the choice of food and drink available at the service. One person told us, "We get plenty of food, a good choice and it's wonderful." Another person said, "The food is very good, too good, I'm putting on weight."

We saw that people were offered a choice of drinks and snacks during both the morning and afternoon of our visit.

We spoke with the cook and looked at the food stocks available and viewed the menu. The acting manager told us that they were in the process of reviewing the menu for its variety and to ensure it was nutritionally balanced. The cook did not have written information to advise them of people's dietary and nutritional needs. Information about people's food likes and preferences were limited. They told us that the acting manager had informed them of a change to a person's dietary needs. However, there was a risk that without this information recorded, people may not have had their needs met.



## Is the service effective?

People were confident their health needs were being met and they told us they had been supported to see relevant health professionals when it was appropriate. One person told us, “I see the doctor down the road who is marvellous.”

Staff spoken with showed they had an understanding of people’s healthcare needs and said that if they had any concerns about people’s health, they raised them with the acting manager.

Healthcare professionals told us that staff made referrals when advice and support was required. From people’s care

files it was difficult to see when people had accessed healthcare services. However, a person had prescribed supplements from the GP due to concerns about their weight. Whilst we could not find written information about when the doctor had visited, appropriate action had been taken to support this person to maintain good health. Before our inspection we were aware that the district nursing team regularly visited people at the service to meet their healthcare needs.

# Is the service caring?

## Our findings

People spoke positively about the staff's approach and said that they were caring and kind. One person told us, "It's quite a hard job with such a mix of people. My relationship with the staff is very good." Another person said, "I'm definitely well cared for."

We spent time in communal areas observing how staff interacted with people who used the service. Throughout our visit we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that all the staff took the time to speak with people as they supported them. We saw many examples of positive engagement where staff responded to requests and ensured people were comfortable. For example, one person sat in the lounge in their dressing gown. A staff member sat next to the person and asked if they would like support to get dressed which the person accepted. Another staff member gently reminded a person that they may have found it better if they wore their glasses.

We also observed staff interact with people in a kind and respectful way during the breakfast and lunch time meals. Staff were considerate of people's individual needs with regard to their food and drink, and promoted choice making throughout the meal. Staff were seen to encourage people to eat their meals. Staff gave people a choice of where to sit and ensured people had a good seating position that promoted their comfort and independence.

Staff supported people appropriately with their mobility needs ensuring dignity and respect was maintained. For example, we saw two staff supported a person to walk from the lounge to the dining area. The person's clothes had become dishevelled; one of the staff discreetly adjusted the person's clothing. On another occasion a person was supported by two staff to move by using a mobile hoist, explanation and reassurance was given to the person throughout the transfer.

Staff showed limited knowledge and awareness of people's personal histories. General preferences were known about day to day needs but information about what was important to people were limited. This was because staff did not have written detailed information available about people. The acting manager told us of the action they had

taken to improve the information recorded to assist staff to know people's needs. We saw an example of a plan of care the acting manager had completed that was detailed and informative.

People said staff encouraged them to make decisions about their care. One person said, "They [staff] ask me what I like and don't like." Another person told us, "I get up when I want to and go to bed when I want to."

We observed staff involve people as fully as possible in day to day decisions about their care and support. Staff used good communication skills by talking to people at eye level, waited patiently for a response and checked with the person that they had understood the person's reply. For example, staff consistently were observed to say to people, "Is that alright for you?" And waited for the person to respond.

The acting manager had begun a programme of meeting with people and their relatives to review the information the service had recorded about people. This was to update information held about people and to ensure people were included in discussions and decisions about their care and support.

People told us how staff showed them dignity and respect. One person said, "They [staff] knock on my door before entering." Another person told us, "They always talk to me privately."

Staff were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. The acting manager told us that they were planning to enrol staff on training to become dignity champions so practices in relation to this could be continually improved.

People spoke about their relatives and friends that visited and said that there were no restrictions about visiting. People also said that their independence was encouraged and respected. One person told us, "I go out with my family, we go shopping and to get my hair cut. Staff let me be independent."

Information about independent advocacy support was available in the reception area. This meant should people require additional support or advice, the service had made this information available to them.

# Is the service responsive?

## Our findings

People could not recall if they had been involved in the assessment and the development of their support plans. We could not find evidence of how people had contributed to the assessment and planning of their care.

From the six care files we looked at, we found pre-assessments were poorly completed. Information lacked detail or was missing what people's individual healthcare needs were. This included people's history, individual preferences, interests and hobbies. Additionally, people's religious, spiritual, social and emotional needs had not always been considered. A pre assessment is important to establish if the service can meet people's individual needs or if staff required specific training or additional equipment was needed.

The service had not consistently developed plans of care or risk plans. In the majority of records that we looked at this information was missing or was poorly recorded. There was no system in place that consistently and clearly monitored and evaluated people's needs. Whilst staff showed a general level of knowledge about people's day to day needs they had limited awareness of information that was important to people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received information of concern before our inspection about the care and treatment of people's skin care with regard to pressure ulcers. On the day of our inspection there was no-one living at the home with a pressure ulcer. However, we looked at the care records of five people that indicated they were at risk of developing pressure ulcers. We found the support plans to inform staff how to meet people's skin care needs either lacked sufficient detail or information was not present. This may have impacted on people's health, safety and welfare and the ability of staff to provide a responsive service.

For example, three out of five people's care records we looked at where people had a risk of developing pressure ulcers did not include a specific skin care support plan or risk plan. These documents were essential to advise staff of what measures were required to reduce the risk of pressure ulcers developing. Information for three people stated what equipment was required, such as a pressure relieving mattress and cushions. We found one person did not have

this equipment. Two people did have the required equipment, but there was no written record to inform staff of what settings the mattress should be on. Staff told us they did visual checks but there was no documentation to record this. Pressure relieving mattresses require monitoring to ensure they are set specifically to meet the person's individual needs.

Some people required repositioning as a measure to reduce pressure ulcers developing. One person was supported to move from one seating place to another. However, this did not provide relief to the most common place for a pressure ulcer to develop. Whilst one person had a repositioning chart in place, it did not show that this person was being repositioned at the frequency stated as required. Another person did not have a repositioned chart that could confirm that this person was repositioned as required. This showed the provider did not have accurate and complete records of how to meet people's needs.

Staff were able to tell us what signs they would look for that would indicate changes to the skin. However, staff did not have written guidance of what to look for and what action to take when concerns were identified. The training matrix showed that staff had not received training on the prevention and assessment of pressure ulcers. The acting manager told us that the district nurse had agreed to provide staff this training in July 2015.

Some people had specific needs that meant it was important for their food and fluid intake to be monitored to maintain good health. The provider used a nutritional needs assessment that identified if a person was nutritionally at risk. However, this assessment tool was not routinely used where there were concerns. Additionally, when the assessment tool had been used and the outcome indicated special assistance was required, we could not see from care records if correct action had been taken. Nor did all people that had been identified as nutritionally at risk have a nutritional support plan to advise staff of their needs. This meant the provider had not appropriately assessed, monitored or recorded people's needs.

We looked at a sample of food and fluid intake records. For one person it was documented that this person 'eats everything' however; this person's weight showed they had lost weight over a four month period. We saw another person's food and fluid chart that showed whilst staff had been offering food and fluid, they had taken a minimal amount. Records did not show that staff had

## Is the service responsive?

taken any action. We discussed this with the acting manager who requested the GP visited.

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

People told us about how they spent their time. Some people told us they attended a community club once a week. On the day of our visit we saw that some people had attended this club as described. People told us there were activities in the afternoon they could participate in if they wished. This included cards, bingo and arts and crafts. People said occasionally they had an outside entertainer visit and that they had visitors that provided opportunities to worship and sing hymns.

Staff told us that they tried to provide an activity in the afternoons. They said that they asked people what they would like to do and that bingo was a favourite. Another staff member told us that some people liked to dance and do chair exercise as they did this in their earlier life. They told us they supported people with these pastimes which people agreed they did.

On the day of our visit the flooring in the lounge was being replaced. This affected the space people had use of.

However, staff worked well together and were responsive to people's needs. People sat relaxed and appeared to enjoy listening to music from earlier years that was played and the interaction with staff.

We looked at how staff at the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the service. One person said, "I've never made a complaint, everything is good here." Another person told us, "We have meetings that I can suggest things if I want to but I don't need to."

The home's complaints procedure was displayed in the entrance hall and a copy was given to people who used the service and their representatives when they moved into home. It made it clear that people could complain to the manager, provider and staff, or, if they wanted to, take their complaints to outside agencies such as the CQC. This meant people could raise their concerns both inside and outside the home if they felt they needed to.

The provider showed us that two complaints had been received during 2014 and 2015. The provider had responded to these in a timely manner and both had been concluded.

# Is the service well-led?

## Our findings

Providers are required by law to report significant events to us. We found the provider had failed to notify us of grade three and grade four pressure sores during 2015. Police incidents and safeguarding investigations had also not been reported to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found the provider did not have sufficient systems and processes in place that assessed and monitored the quality and safety of the service. There were no clear audits in place and systems used by the provider that analysed and reviewed the service provided. For example, there were no checks in place for the monitoring of records, including care files, cleaning schedules and medicine management. We discussed this with the representative of the company who agreed that the systems in place to monitor quality and safety had not been regularly completed. Whilst we acknowledge that the provider has taken recent action to improve standards; the provider had failed in their duty to have effective governance, including assurance and auditing systems and processes.

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

People told us that they were pleased that the service had a new manager and that they felt confident that they could raise any issues or concerns with them. One person said, "The manager has just changed, I think the new one will be a great improvement. She is easy to talk to and I know she will do her best." Another person told us, "I think the new manager is okay, I will definitely be able to speak with her." People also told us that they regularly saw the provider of the service. One person said, "I have seen the owners. She is pleasant."

Staff spoke positively about the changes within the leadership of the service. They described the acting manager as professional, knowledgeable and a good leader.

The acting manager was the third manager within the last 12 months. On the day of our inspection they had been in post for two weeks and two days. They had not yet submitted their registered manager application to us.

We found the acting manager had a clear direction for the home and had started to lay the foundations to achieve this. For example, they told us they had been helping staff to provide personalised rather than task-based care. They did this by working alongside staff, observing their practice, and encouraging them to engage with the people who used the service. They had also identified shortfalls and areas that required improvement and had produced an action plan to demonstrate how they would achieve this.

Staff told us they had not received regular staff meetings where they could raise any issues, concerns or make suggestions. The acting manager had made plans to meet with the senior staff to discuss and review their roles and responsibilities and a full staff meeting was planned.

The acting manager and provider had recently arranged a meeting with people, relatives and representatives. The provider and acting manager told us the meeting was arranged to inform people of the management changes and to give people an opportunity to raise any issues and concerns. People told us that they had attended this meeting and that they thought it was useful.

The provider told us that they were in the process of sending out a satisfaction survey to people that used the service, relatives and professional visitors as a method of seeking feedback about the service.

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 9 HSCA (RA) Regulations 2014 Person-centred care  The registered person had failed to carry out an assessment of needs and preferences for care and treatment. People are nutritional and hydration needs were not appropriately assessed or planned for. Regulation 9 (1) (a) (b) (c) (3) (a) (b) (l)

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The registered person had not assessed the risks to the health and safety of people receiving care and treatment. This included the proper and safe management of medicines and assessing the risk, prevention and control of infection control. Regulation 12 (1) (a) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person had not established effective systems to assess monitor and improve the quality and safety of the service. There were no systems and process that mitigated risks to the health and safety and welfare of people who used the service. Accurate records were not kept about people's individual and assessed needs. Regulation 17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

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

The registered person had failed to notify the Commission of incidents whereby a person has been injured, any abuse or allegation of abuse in relation to a person and an investigation by the police. Regulation 18 (1) (2) (a) (ii) (e) (f)