# The Abbeyfield Society

# Westall House

## Inspection report

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## Ratings

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

## Overall summary

Westall House is registered to accommodate up to 21 people, they specialise in supporting older people whose primary need is assistance with personal care. There were 18 people living at the service at the time of our inspection. The property is a detached house situated in a rural setting on the outskirts of the village of Horstead Keynes. There is a communal lounge, library and dining room and all bedrooms have en-suite facilities. All areas are easily accessible including the garden and grounds.

The service had a registered manager. 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.

The registered person is legally obliged to inform the Care Quality Commission (CQC) if the registered manager will be absent from work for more than 28 days and what the arrangements for managing the home will be whilst they are away, but had failed to do so. We also found providers' processes and systems had not identified that

# Summary of findings

the registered manager and staff employed at the home were not aware of the full implications of the recent changes in legislation and how this affected their responsibilities. Accidents and incidents had been recorded but we were not assured that the provider had analysed the information to identify whether any emerging themes, patterns or trends had been identified. These are areas that we identified as requiring improvement.

People were supported to be as independent as possible and live the lifestyle of their choice. They could choose for themselves when to get up, how to spend their time and where to eat their meals. People led active lives and were supported to participate in a range of activities provided by the activity organiser volunteers and staff which they enjoyed. They were supported and encouraged to maintain relationships with people that mattered to them and their visitors were welcomed into the home. People were able to bring their own furniture and belongings to furnish their rooms and had a say in the way the home was run for example what food was on the menu.

Staff knew the people well and were aware of their personal preferences, likes and dislikes. Person centred care plans were in place detailing how people wished to be supported, and people were involved in making decisions about their care. A member of staff said “Its people’s own choice to do what they want and we do whatever we can to help them”. People were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required. Two visiting health care professionals and a social care professional told us they had no concerns about the home and gave positive feedback about the care people received.

Feedback about the registered manager and staff was positive. One person referred to them as being “Warm and kind”. Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to the registered manager or the person on call. A relative felt their loved one was safe and was confident their family member would speak out if something was wrong. The registered manager had responded appropriately when concerns had been raised and the relevant people had been informed. Systems for recruiting new staff made sure they were suitable to work at the home. They included security and identity checks and references from previous employers.

Staff felt supported and received regular training. They had obtained or were working towards obtaining a nationally recognised qualification in care. They were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed and emergency procedures were in place in the event of fire.

The provider had quality assurance and monitoring systems in place to measure and monitor the standard of the service. Areas identified as in need of improvement had been detailed in an action plan with planned dates for completion.

We found one area where the provider was not meeting the requirements of the law. You can see what action we have told the provider to take in the back of the full version of this 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 was safe.

There were sufficient numbers of staff on duty to keep people safe. Staff knew what action to take if they suspected abuse was taking place and the provider had systems in place to respond to concerns raised.

Recruitment systems ensured staff were suitable to work at the home.

Risks to people's safety were minimised and incidents were recorded and responded to appropriately.

People received their medicines safely.

Good

**Is the service effective?**
The service was effective.

Staff supported people with their health care needs and associated services and liaised with healthcare professionals as required.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people.

Staff understood the requirements under the Mental Capacity Act (MCA) 2005 and their responsibilities with regard to Deprivation of Liberty Safeguards (DoLS).

Good

**Is the service caring?**
The service was caring.

People were supported to be as independent as possible by kind and caring staff. They were treated with dignity and respect.

They were encouraged to express their views and to be involved in decisions about their care.

Good

**Is the service responsive?**
The service was responsive.

People were supported to live the lifestyle of their choice and visitors were welcomed into the home

Personal centred plans provided staff with information about how to support people in a person-centred way. Staff were knowledgeable about people's support needs, interests and preferences and supported them to participate in activities that they enjoyed.

There were systems in place to respond to complaints.

Good

# Summary of findings

**Is the service well-led?**

The service was not consistently well led.

The provider had not fulfilled their legal obligation to send a statutory notification to inform the CQC when the registered manager was absent from the home for more than 28 days.

The provider had not made sure the registered manager and staff were fully aware of their responsibilities under legislation that came into force in April 2015. Accidents and incidents had not been analysed so as to identify and emerging themes.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising concerns.

The registered manager monitored the quality of the service provided and regularly checked people were happy with the service they were receiving.

**Requires Improvement**

# Westall House

**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 the 16 and 20 July 2015 and was unannounced and was carried out by one inspector.

At our last inspection of the service November 2013 we did not identify any shortfalls.

Before the inspection we reviewed the information we held about the service, including the statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people who lived at the home, one visitor, two visiting health care professionals, a visiting social worker, the registered manager, the deputy manager, two senior health care assistants, two care assistants and the maintenance person. We observed staff supporting people in communal areas of the home and lunch being served in the dining room and in the lounge.

We looked at a range of records relating to people's care and the management of the home including: four people's care plans and risk assessments, seven people's medication administration records, the home's newsletter, people's daily records, records of activities, residents and relatives meeting minutes, staff meeting minutes, accident and incident records, quality assurance documents two staff recruitment files, staff training records, records of complaints, staff supervision and appraisal records, records relating to the servicing of equipment, maintenance records, staff communication book, staff diary, staff duty rota's and a selection of policies and procedures.

Good

# Is the service safe?

## Our findings

People and their visitors told us they felt safe and raised no concerns about their safety. We observed staff supporting people to keep them safe. For example we saw staff made sure that people's walking frames were placed within reach when they wanted to leave the dining table. We heard staff passing on information from one shift to another about issues relating to people's safety. For example we heard a member of staff tell the coming staff team "(person's name) would like a lightweight mug for hot drinks, only half filled." They explained this was to reduce the risk of them spilling a hot drink on themselves. We heard staff throughout the day reminding people to carry their personal alarms with them. Staff wore protective clothing and equipment when needed to protect people from the risk of infection and cross contamination.

People we spoke with and visitors to the home told us they felt there were enough staff to meet people's needs. One person explained "We have an alarm bell we can ring when we need staff. We can talk to them through it. They ask you what you need and if they can't come straight away they let you know how long they will be. I've never had to wait long, no more than a couple of minutes". A visitor said they felt there were enough care staff to meet their relative's needs and the health care professionals we met with had no concerns about staffing levels.

Staff felt there were enough staff for them to respond to people's needs in a timely and safe way. A staff member said "Most people only need a bit of support so we have time to see to everyone" and "The call bells are answered straight away and if we can't come immediately we let them know what the wait will be. We prioritise the calls, if two people were calling at the same time we'd go to see the person who needed personal care before we'd go the person who wanted a cup of tea". Another staff member said "If someone calls in sick we call around to see if anyone wants to pick up the shift. If none of the regular staff can cover it, then we get agency but it is a last resort". The registered manager explained they had increased the staffing levels when people's needs had increased and had decided to keep those staffing levels despite having vacancies. They said they would reassess the staffing levels as new people moved in based on people's needs.

The registered manager told us they based the number of staff deployed each shift on an assessment of people's needs and the skills staff needed to support them. They told us they oversaw the planning of the staff duty rotas and worked closely with the senior members of staff to make sure the staff skill mix and staff numbers deployed were sufficient to meet people's needs. There was a senior member of staff on duty and a member of the senior management team on call at all times.

Steps had been taken to minimise risks to people wherever possible without restricting their freedom. These included nutrition and hydration assessments to establish whether a person needed specialist equipment to eat and drink independently. Skin integrity assessments to assess the risk of a person developing pressure areas (pressure sores) were completed and preventative measures such as pressure relieving equipment was in place for people at risk. Falls risk assessments had been completed for each person and details of how the risk of each person falling could be reduced were detailed. Moving and handling assessments to establish whether people needed support to move had been completed and identified equipment people needed to move as safely and independently as possible. People told us and we saw equipment being used to help some people to move. Staff were knowledgeable about this equipment and how to use it safely.

Staff were aware of what constitutes abuse and had completed relevant training. The registered manager explained they were aware there had been changes to the local protocol and had obtained a copy of the most up to date guidance to refer to should they need to. They said the changes that came in with the introduction of the Care Act would be covered in the next safeguarding adults update training.

People, their visitors and health care professionals told us they had no concerns about the administration of people's medicines. One person told us that staff managed their medicines for them, they said "They come around in the morning with the medicines" and "If I want any pain killers I just ring for them". We observed a member of staff administer people's medicines as per the home's medications policy and completed the relevant records. We saw that medicines were stored securely and that the procedures for ordering and checking of medicines were safe. When errors in administering or recording of medicines had occurred these had been identified and appropriate action had been taken. At staff handover we

Good

# Is the service safe?

heard a member of staffing informing the oncoming staff team that one person had an infection and had started taking a course of medicines the evening before and this was indicated on their medicine administration record.

The provider had taken steps to make sure the environment and the home's equipment was safe for people. A full time maintenance person was employed who oversaw all the practical health and safety aspects of the home. A personal evacuation plan was in place for each person in case of an emergency. One person told us "The fire alarms are tested every week, X (person's name) does that, he does all the maintenance". Safety checks had been completed for the home's equipment which had also been serviced as needed. There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. Investigations into recorded accidents and incidents had taken place and the information was used to update risk assessments to reduce the risk of reoccurrence.

Checks had been completed to make sure staff were suitable to work with people living at the home. Staff recruitment processes included the completion of identity and security checks. At least two references were in place, one of which was from a previous employer, and all checks were completed before people started work.

Good

# Is the service effective?

## Our findings

People received effective care and support. People told us they got the help they needed and said they were looked after well by the staff. One person said, "They do really help you". Visitors also told us they thought the staff were capable and were able to meet people's needs. A relative told us in their opinion the staff were "excellent".

People told us they enjoyed the food and that there was always a choice. One person said "You can have anything you want, I have a cooked breakfast sometimes". We noted most people came to eat in the communal dining room at lunch time but some people had chosen to be served their food on a tray in their own rooms. We heard a choice of meals being offered and there was lots of interaction between people and staff. When staff were handing over information from one shift to another we heard them saying that one person needed their hot meals to be cut up small so they could use a spoon to eat but that they were able to manage food they could eat with their fingers by themselves. At lunch time we had seen staff do this. The latest newsletter contained a 'weather reminder' to remind people to keep safe in the hot weather and reminded people of the importance to drink plenty of water and that ice lollies were available as an alternative way of keeping hydrated.

Each person's nutrition and hydration needs assessment was available to staff and to the cooks who were aware of people's special dietary needs and preferences. A visitor told us the cooks were aware of people's likes and preferences and that there was a list up in the kitchen detailing what drinks people preferred and whether they took sugar. Hot and cold drinks were provided at set times throughout the day as well as when requested. Staff told us people's views on the food provided were sought on an ongoing basis through general discussion and at residents meetings. We could see from the minutes of these meetings people were asked if they would like to try different foods. They had been fully involved in discussions about meals, the quality of the ingredients and in making suggestions for where to buy ingredients.

People's health care needs were monitored and support from relevant healthcare professionals was sought when needed. Two visiting health care professionals confirmed that the staff contacted them when needed and carried out any instructions they gave. Each person was registered with a GP. The GP from the local surgery visited every month to visit all their patients and as and when requested. The GP told us that staff contacted the surgery in advance to let them know who needed a visit and what their medical need was. They explained a member of staff always accompanied them during their visits to the home to record any advice and instructions given. They confirmed that district nurses from the surgery also visited the home and said they had no concerns about the delivery of care. At staff handover we heard a member of staff informing the oncoming staff team one person had phoned their GP themselves that morning.

We saw daily records detailed how people were feeling and any changes to health were noted and acted on. For example one person's records detailed they had sustained a small pressure area. The district nurse had been contacted, visited them and applied a dressing to the wound. It was clear that referrals had been made and input sought from a range of health care professionals such as a Speech and Language Therapist, the district nursing team and a Physiotherapist.

At a staff handover we heard staff informing the next shift that one person had had a visit from a physiotherapist. They described in detail what the physiotherapist had advised on how best to support this person. This demonstrated that people's health was being monitored and information about their health and wellbeing was being communicated effectively between staff.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. They went through an effective induction programme which allowed new members of staff to be introduced to the people living there whilst working alongside experienced staff. The registered manager said new members of staff didn't work unsupervised until they were competent and felt confident to do so. Staff confirmed this.

Staff completed the training they needed to support people safely and effectively. The majority of the care staff had obtained a nationally recognised qualification in care and had completed training in a range of subjects to help them meet people's specific needs such as supporting people living with Parkinson's disease. Staff were supported to complete training in subjects that were of interest to them and would help them meet the needs of individuals living at the home. One member of staff told us as part of their personal learning and development they had researched

Good

# Is the service effective?

muscular degeneration due to Parkinson's. They told us this had really helped them to understand how Parkinson's affects people and why it is different from one person to another. They said they now realised that a person with Parkinson's may be able to do something one day but not the next. Staff told us they completed written knowledge checks to assess their understanding of the training.

Staff told us they felt supported and could speak with their line manager to request training or to have a private discussion about their own welfare and personal development. The registered manager confirmed this but told us they did not keep a record of these discussions as formal supervision. They told us there was a system in place for staff to receive an annual appraisal of their performance. They explained the provider was in the process of introducing a new format for this but there had been a delay in this becoming operational and so the staff appraisals for were overdue. The registered manager said they would be introducing the new system as soon as possible.

Staff understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made decisions that may place them at risk. One person had been identified as at risk of choking and had been advised by a Speech and Language Therapist to have their drinks thickened to reduce this risk. The person confirmed they were aware of the risk and that this had been explained to them but that sometimes they chose not to have their drinks thickened. The registered manager and staff told us they always offered thickened drinks but were aware that if the person chose not to follow the advice they had been given this was their prerogative.

Management and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty they are authorised by the local authority as being required to protect the person from harm. People had their mental capacity assessed when needed and did not deprive people of their liberty unlawfully. Other staff demonstrated they followed the MCA code of practice and told us they had received training on the MCA and DOLS.

Good

# Is the service caring?

## Our findings

People and their visitors were all extremely positive about the management and staff saying they were supportive and caring and knew people well. We saw staff interacted in a meaningful way and had a rapport with people which they enjoyed and responded to. A relative said "The staff are very patient. They enable mum to do as much as she can still do for herself". Visiting healthcare professionals were positive about the warm atmosphere and friendliness of the staff. Comments from recent relatives meetings included; 'X said that her father says it is the best thing they ever did and is so happy here,' and 'Y said her dad had been here nearly a year and it was a welcoming and lovely place'.

People were treated as individuals and were able to do what they wished and make their own decisions. One person told us "We can do as we please; the staff are here to help us if we need it". Another person said "We get up and go to bed when we feel like it. I get up early, I always have done". A relative told us they thought the staff were "Very caring and some exceptionally so". One person told us "They are kind the staff". Another person told us "They (the staff) always pop in to see how I am and have a chat." A member of staff told us "I like the fact we can spend 'human' time with people, quality time and get to know them". Several people commented on how homely Westall House was and it was described as 'home from home' by three people we spoke with.

People's rooms were personalised with their own furniture, belongings and memorabilia. Staff spoke about people's life history, likes and dislikes. People told us they were able to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. Throughout the inspection we observed friends and family coming and going and being welcomed by staff. A relative explained they were able to spend as much time as they wanted to with their loved one. Staff explained and people confirmed people's visitors were welcome to come in and join them for meals, activities or visit at any time of day. At staff hand over we heard staff saying that one person was expecting a visitor that afternoon and would be eating with them in their room. Another visitor confirmed to us they could order a meal if they wanted to eat with their relative.

The registered manager and other staff were seen meeting with people's visitors throughout the day, providing emotional support and talking through any changes to people's health and wellbeing. Relatives were involved in their loved one's care and were kept informed of any changes. Feedback from people about privacy and dignity being respected was positive. Care staff knew they should keep the door closed when supporting people with personal care and knock on doors before entering and we observed they did this.

Staff told us about training they had completed in relation to how to preserve people's privacy and dignity whilst providing personal care. They demonstrated a good understanding of the embarrassment that some people feel when they need assistance with personal care and the need for them to be respectful, supportive and discreet at all times. They were able to explain how they delivered support to individuals in a way they preferred and how this differed from person to person.

Good

# Is the service responsive?

## Our findings

Each person had their needs assessed before they moved into the home. Pre-admission assessments were then used in the formation of the person's care plan. Care plans included the support people needed for their physical, emotional and social well-being needs to be met and were personalised to the individual. One visitor told us "The care plan has developed into quite a sophisticated tool. We (their relative and themselves) have been involved at every stage from the initial assessment to the reviews. Every aspect of the care has been discussed with us."

Information was readily available on people's life history, their daily routine and important facts about them. This included people's food likes and dislikes, what remained important to them and daily routines such as their preferred times for getting up and going to bed. Staff told us they were aware of these plans and used them to refer to when needed.

It was clear from what people told us, our observations and the records we saw there was a varied programme of activities on offer that people enjoyed. These included group activities such as word games, bingo and reminiscence, crossword puzzles, arts and crafts and reading with the activity organiser. There were also visiting entertainers such as singers and musicians. People told us they also enjoyed occasional outings to places such as the garden centre. One person told us "The activity lady gives us a calendar for the month so we know exactly what's going on. We do exercise videos, have entertainers sometimes, go out into the garden, sit and play cards in the summer house and we go out on trips if we can get enough people who want to go".

Everyone spoke highly of the opportunity for activities and social engagement. One person told us, "There's always something to do." The latest newsletter gave details of which staff were on holiday over the following month, and that the 'shop' which was run on a weekly basis in the home by a member of staff, would be closed for two weeks while the staff member was on holiday. It detailed films that would be showing in the lounge and a reminder that guests were very welcome to join people at any of the activities. People also told us they enjoyed the coffee mornings that were arranged on a monthly basis by a group of volunteers.

Each person had a key worker which is a named member of staff responsible for making sure the person's care records were up to date and who they could go to with any issues they needed to discuss. Staff told us and people confirmed, key workers met with people on a regular basis to go through their care plans and ask if they were happy with everything. One person told us their key worker had recently left but had been "Marvellous, really good." They said they were still getting to know their new key worker but was pleased with the way the system worked. They explained their key worker acted as co-ordinator, making sure they had everything they needed and arranged for any shopping they needed to be brought in for them.

A Holy Communion ceremony was held once a month and evening prayers fortnightly for those who wanted to attend. One person told us they always attended the hymn services and really looked forward to them. People's birthdays were celebrated and families and friends were encouraged to come in and enjoy these and other special occasions with their relatives. Events had taken place over the last 12 months that included the Christmas party, coffee mornings and birthday celebrations. It was clear from our conversations that these events and celebrations were something people both looked forward to and enjoyed.

The home's service user guide was detailed and informative. It was illustrated with pictures and photographs of the home and staff. It provided people with details of every aspect of the home and the service people should expect to receive. It contained a section on complaints and how to make a complaint along with the contact details of the CQC. It also contained the contact details for organisations that people could go to for sources of information and advice. People told us they felt able to raise concerns with the staff and management and felt they were listened to. Although no formal complaints had been raised there was a complaints procedure in place.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager told us that due to unforeseen circumstances they had taken an extended period of unplanned leave and only recently returned to work. Registered person(s) are required by law, by way of a statutory notification, to inform the CQC if the registered manager is absent or is likely to be absent from their responsibilities for more than 28 days. This notification should detail the management arrangements for the home whilst the registered manager is not working so that CQC can be assured that the service will continue to be properly managed whilst they are absent. CQC should also have been informed of the registered managers expected return date. The registered provider had had failed to submit this notification which means their legal responsibility to inform CQC had not been fulfilled.

This is a breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009.

It was clear from conversations with the registered manager they were not aware of the full extent of the Care Act regulations and their responsibilities within the Act which came into force in April 2015. The registered manager explained that due to their recent return to work they, and the management team, were still in the process of getting up to date with these changes. They had obtained the CQC's publication 'Guidance for providers on how to meet the regulations' along with the local authorities' guidance in relation to safeguarding, for reference. However it was evident the registered manager and staff team had not been provided with any training in relation to the Care Act by the provider or that, in the registered manager's absence, these changes had been communicated by the provider to employees of the home. The provider's quality assurance systems and monitoring processes had failed to identify the home's management and staff were not equipped with this knowledge.

The registered manager had recorded the accidents and incidents each month and analysed them to identify any emerging trends, patterns and themes. They explained they also sent details of these accidents and incidents to the provider for them to analyse however they had never received any feedback from them in relation to this.

Whilst we did not assess the above issues had negatively impacted on people living in the home they were areas we identified as areas of practice which required improvement.

People, their relatives and the staff were involved in developing and improving the service at a local level. Resident, relatives and staff meetings were held throughout the year. These provided people with the forum to discuss any concerns, queries or make suggestions which were acted on.

There was a clear management structure in place. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and described an 'open door' management approach. The registered manager was seen as approachable and supportive, taking an active role in the running of the home. People appeared very comfortable and relaxed with the management and a relative referred to the culture of the home as being "Very open".

During the time the registered manager was not working at the home another member of the management team had been given the responsibility for the day to day management of the home in addition to their usual responsibilities. We were told that the area business manager had visited the home on two occasions during this three month period and had been available over the phone to give support to the management team. The person who had been in day to day control of the home during this time told us the area manager had been "Brilliant" and "Really supportive".

Staff told us they were happy in their work and were motivated. They felt able to approach the registered manager and management team if they needed to and said they enjoyed their work. One staff member told us, "It's like being part of a big family working here. I liked it from the minute I got here, it just felt right." Another said the registered manager was "Very warm and a kind person". All the staff we spoke with told us they were aware of the home's whistle blowing policy and felt confident they would be listened to if they raised any issues relating to poor practice.

The service user guide included a section entitled 'Our philosophy of Care' which contains details of The Abbeyfield Societies mission statement 'To enhance the

Requires Improvement

# Is the service well-led?

quality of life for older people'. It also detailed the organisational values which were 'caring, openness, honesty and respect.' All the staff including the registered manger told us people came first and it was apparent from our observations this philosophy governed the day to day delivery of care. One staff member told us, "We are here for them, to help them" Another staff member told us, "Its people's own choice to do what they want and we do whatever we can to help them". It was clear from our conversations with people and a relative that people felt Westall House was 'home from home' and that they felt well cared for.

There were various quality assurance systems in place to monitor the quality of the service provided. Regular audits were carried out including health and safety, environment and care documentation. Quality monitoring visits were completed by the business manager and included speaking to some people and staff to gain their views as well as reviewing records. Any shortfalls identified were noted, with a plan of action. Subsequent audits identified whether the shortfalls had been addressed and rectified.

Details of where and when people had fallen were maintained. This helped the management to establish whether there were any themes for example to the times and places people fell, learn and take action to reduce the risks of reoccurrence.

The registered manager recognised the importance of staff continuing to learn and develop and how this improved the quality and delivery of care and outcomes for people. They told us they actively encouraged staff to progress to more senior roles within the company and for staff to complete training in areas that interested them.

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 14 CQC (Registration) Regulations 2009 Notifications – notice of absence<br><br>**Regulation 14 (1)(a)(2)(a)(b)(c)(d)(e)(3)(4)(a)(5)**<br><br>**The provider had not fulfilled their legal responsibility to submit a statutory notification when the registered manager was absent from the service for more than 28 days.** |