

Stumpwell Housing Association Limited

Alde House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 5 March 2018 and was unannounced.

Alde House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Alde House can accommodate 17 people across two floors, each of which has separate adapted facilities. The service cares for older adults, including people living with early stages of dementia. The premises are a converted building, set on acreage. People live in their own bedrooms and have access to communal facilities such as a dining room, lounges and bathrooms. At the time of our inspection, there were 15 people living at the service.

The provider is required to have a registered manager as part of their conditions of registration. 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 our inspection, there was a registered manager in post.

People safety was not always adequately protected. There were risks from fire and Legionella which were not satisfactorily assessed and mitigated. However, people were protected from the risks of abuse, neglect, discrimination, injuries and accidents. People's risk assessments and the support they received from staff ensured their safety. There were sufficient staff deployed to meet people's needs. People were protected from the risk of infections. The service was clean and well-maintained. The management of people's medicines was robust. We made a recommendation about incident and accident reviews.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practise.

Staff training, supervision and performance appraisals ensured workers had the necessary knowledge and skills to effectively support people. We made a recommendation about staff induction. People's care preferences, likes and dislikes were assessed, recorded and respected. We found there was appropriate access to other community healthcare professionals. People were supported to maintain a healthy lifestyle. People had adequate nutrition and hydration to ensure their wellbeing.

There was complimentary feedback from most people who used the service and their families. They said staff were kind, friendly and committed. People told us they were able to participate in care planning and reviews and there was evidence that the service promoted people's independence. People's privacy and

dignity was respected when care was provided to them. People's care records and confidential operational information was appropriately secured away.

The service provided person-centred care. Care plans were suitable and contained information of how to support people in the best possible way. We saw there was an appropriate complaints system in place. The complaints policy and signage required updates. People and their families had a say in the everyday decision-making and operation of the service.

The provider had failed to notify us, without delay, of certain events that were related to people's care. This meant between our inspections, we could not effectively monitor the governance of the service. The service and provider had a clear and credible strategy that included person-centred aims and objectives for the operation of Alde House. There was positive feedback about the registered manager from people who used the service, staff, relatives and community agencies. A small number of audits were used at the service to monitor the effectiveness of the care. Investment was made in the premises to ensure refurbishment and redecoration over time. There was good oversight from the provider's board of trustees. Communication methods for people with cognitive and sensory impairments required improvement.

We found three breaches of the Regulations.

Full information about our regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

People (and others) were not always protected from risks related to the premises and equipment.

Staff protected people from the risks of abuse or neglect.

Appropriate risk assessments about people's care were completed and regularly reviewed.

There were sufficient staff deployed to meet people's needs.

People's medicines were safely managed.

People's injuries were recorded, but management did not complete notes after events.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training and support. However, new staff had not completed the Care Certificate.

There was a good workplace culture and team spirit amongst the staff.

People's nutrition and hydration needs were effectively met.

The service was compliant with the requirements of the Mental Capacity Act 2005.

The premises and decoration were suitable for older adults in a residential environment.

The service worked well with other community healthcare professionals.

Is the service caring?

Good 

The service was caring.

People and relatives told us staff were kind and friendly.

People's independence was promoted.

People's choices about care were sought and respected.

People received care in a dignified way and with privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care was tailored to their needs.

People's care was reviewed and changed, when required.

People and relatives knew how to make a complaint. However, further information about how to make a complaint was required.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Events concerning people's safety and welfare were not reported to us in line with the relevant regulation.

The service had not adopted the principles of the Accessible Information Standard.

People and relatives provided positive feedback about the management team.

There was a good workplace culture with clear organisational goals and objectives.

Relevant audits were completed to ensure safe, quality care.

Alde 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.

Our inspection took place on 5 March 2018 and was unannounced.

Our inspection was completed by an adult social care inspector and a specialist advisor.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked feedback we received from members of the public, local authorities, Healthwatch and clinical commissioning groups (CCGs). We checked records held by Companies House, the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We spoke with two people who used the service and two relatives who visited during our inspection.

We spoke with the nominated individual, the registered manager, head of care and a cleaner. We also spoke with three care workers about people's support and treatment.

We looked at six people's care records and other records about the management of the service. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Is the service safe?

Our findings

Risks from the premises and equipment were assessed, but not always mitigated to protect people, staff and visitors. A Legionella risk assessment was completed in February 2018. At the time of our inspection, a copy of the Legionella risk assessment was not in the possession of the registered manager. This was obtained after our inspection. One of the actions from the risk assessment was to create a scheme of control for the management of Legionella. This should have been in place prior to the risk assessment and prior to our inspection. There was no bacteria present in the water system, although a number of remedial actions, some urgent, were noted in the contractor's report. We also examined the fire safety systems in place. The management of the risks from fire required improvement. This included failure to act promptly with the fire inspector's requirements from 2015, staff training, fire drills, ensuring electrical inspections did not lapse and changes to the building were completed to ensure compliance with the relevant legislative requirements. The failure to satisfactorily mitigate the risks from fire meant people, and others, were placed at risk of harm. We have shared our findings about fire safety with the fire inspectorate.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service trained staff in safeguarding vulnerable adults and whistleblowing procedures. This equipped staff with the knowledge to protect people from the risk of abuse or neglect. Local authority safeguarding team contact details were available in the registered manager's office. The registered manager made referrals to the local authority safeguarding team, as required. There was a whistleblowing policy in place and staff knew the principles of speaking up if an issue was detected. A staff member told us they had undergone training in relation to abuse, safeguarding and managing difficult situations. They said if they, "...witnessed anything untoward I would have no hesitation in reporting to the manager."

People's needs were assessed before they began using the service and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health.

The service used a number of standardised evidence-based tools to assess people's needs, such as the malnutrition universal screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. In all of the care records reviewed, risk assessments included falls risk, MUST, moving and handling, nutritional, and risk of pressure ulcers (Waterlow tool). These were reviewed on a monthly basis. Risk assessments for people with diabetes showed information regarding hypoglycaemic (low blood glucose) or hyperglycaemic (high blood glucose) signs and symptoms. The risk assessments also covered diet, foot care and the need to have regular retinopathy (eye screening).

There were enough staff deployed to meet people's needs. The building was arranged in two floors and staff were allocated specific people to care for on each shift. At the time of our inspection, fifteen people used the service. People had a range of needs, including those related to the early stages of dementia. Most people were semi-independent and only one person stayed in their bed continuously. Some people required the

support of two carers, for example to transfer. The service had three care workers during the day and afternoon, and one care worker on the night shift. The service had a system in place for monitoring the night care worker's status, and the registered manager lived a short distance away. The service used a high volume of agency workers, due to recruitment challenges. The registered manager told us strategies were in place to offer permanent roles to new applicants and to manage the use of agency staff. Agency staff were treated the same as permanent workers, and required to wear the service's uniform.

There were systems in place to ensure that people consistently received their medicines safely and as prescribed. The service had a comprehensive medicines policy which gave guidance to staff on the safe management of medicines. Medicines were stored securely and medicines stocks were well-managed. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature and so would be safe to use. Controlled drugs (those subject to more stringent management) were stored appropriately and were signed by two staff when administered. There were appropriate arrangements for the receipt and disposal of medicines. District nurses visited the service in order to administer insulin and if required, manage syringe drivers. 'As required' (PRN) medicines and 'homely remedies' (medicines which can be purchased over the counter) were administered safely following clear protocols. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people received their medicines as prescribed and any reasons for not giving people their medicines were recorded.

All areas of the service were clean including communal areas, bathrooms and toilets. There were appropriate handwashing facilities and signage was displayed in toilets and bathrooms. Staff wore personal protective equipment (like gloves and disposable aprons) when they delivered personal care and at meal times. Staff said they received training on infection control and the registered manager said they conducted regular checks to ensure that infection control procedures were being followed correctly. We observed no malodours and that cleaning occurred during the day and was correctly recorded.

Accident and incident reports were completed on the computerised care system when injuries occurred to people. Copies were kept by the registered manager. There were a small number of incidents, given the number of people who used the service. We saw the registered manager had not completed sufficient investigations and made appropriate changes to systems, processes and people's care to prevent the recurrence of incidents.

We recommend that the provider reviews the documentation completed by the management team following incidents and accidents.

Is the service effective?

Our findings

People's needs and choices were assessed and the care was provided in line with their desired requirements. People were also treated equally and made to feel comfortable wherever they were situated within the building. People's care was effective as they were healthy at the time of our inspection, enjoyed living at the service and provided positive feedback about the staff's knowledge of their needs.

Newly-appointed staff did not complete Skills for Care's Care Certificate (which is a national set of fifteen modules for staff in social care). The registered manager was not aware that staff new to adult social care work were required to complete the Care Certificate (or a suitable equivalent). However, staff completed site-specific inductions. Staff were required to attend a range of training which included safeguarding people, moving and handling, infection control and health and safety. The training was repeated at regular intervals. Staff also had regular supervision sessions with the registered manager, and yearly performance appraisals. The example supervision record we viewed was suitable and constructively recorded. Staff told us that informal discussions also occurred regularly with the registered manager and head of care, regarding particular issues or difficult situations. The registered manager told us that some staff had achieved or were undertaking diplomas in health and social care.

We recommend that the provider reviews the requirements for induction of new care workers.

People received appropriate nutrition and hydration. People's weights were monitored on a monthly basis and where necessary on a weekly basis, and where needed there was involvement of a GP and dietitian. A range of fresh, nutritionally-balanced meals were prepared at the service. People were offered their choice of meal and staff told us alternatives, such as sandwiches or omelettes were prepared in lieu when necessary. The dining experience was observed during lunch time on the ground floor. This was a social time, and completed by staff in a relaxed manner. One person told us, "Look at this; I hate mashed potatoes and they have given me roast potatoes instead." Another person said, "The meals are OK, but I prefer the other chef." At lunchtime there was good interaction between the staff and people who used the service.

Staff worked well together as a team and had a positive rapport with the registered manager. The registered manager explained there was a good workplace culture at Alde House. The nominated individual visited the service regularly to check the quality of people's care and speak with them and families. Community stakeholders we contacted told us the service worked proactively with them. One commented, "The home in general is in very good order, the staff are local and most have been there for some time, which has enabled a good level of consistency. Overall, in my opinion, it's a good home that is managed well and the care given is of a very good standard. It's small enough to be very person-centred and in a lovely part of the county, which considering a lot of the residents have a reasonable level of capacity, is an added bonus."

People were supported to live healthier lives, have access to healthcare services and received ongoing healthcare support. Care records showed input from health and social care professionals including an optician, audiologist, mental health team, occupational therapist and palliative care nurse. Two paramedics visited during the inspection to assess a person's health condition. The GP visited the home for a regular

session each week. The service had a good working relationship with the supplying pharmacy, who visited when needed. The clinical commissioning group had offered training to staff in diabetes management, however this was on the day of our inspection and staff did not attend. We were told this training would be rescheduled so that staff developed further knowledge and skills in the management of people with diabetes.

The premises were part-refurbished to provide a comfortable and pleasant environment. The registered manager and provider explained further investment would be made to update more rooms and communal areas. They also told us they were considering other options regarding the location, due to the age and style of the building. Despite this, the premises were suitably adapted and decorated for the people who used the service. There was a beautiful garden and outdoor areas for people to enjoy during warmer months. Inside, there was a large communal area with smaller private spaces for people who wanted a quiet spot to relax. There was access to a large-screen computer and keyboard for people to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

No one was subject to a DoLS authorisation at the time of our inspection. People's consent was correctly obtained where they had the capacity to make a specific decision themselves. Information about people's lasting and enduring powers of attorney was recorded in the care records, but the service had not obtained proof that these were valid. The registered manager explained they would complete this after our inspection.

Is the service caring?

Our findings

There were a number of compliments about the care at Alde House. The registered manager showed us numerous examples they had on file. One relative had written, "Thank you so much for the excellent care you gave our mum..." People we spoke with provided complimentary comments about the service and staff. People told us they received "kind" care and that they "loved" the staff. A care home information website contained numerous positive reviews. One example of feedback was, "My mother has been a resident for seven months. She has a beautiful room overlooking the lovely garden and view. The staff and manager are wonderful, kind, caring and very attentive. My mother is very happy and is eating very well. The food is excellent the family feel very blessed to have found such a lovely care home for our mother." Another comment on the website was, "My family are all extremely impressed with the high standard of care and dignity exercised by all the staff towards my mother and it is very reassuring she's being so well cared for. Nothing is ever too much trouble and we're all encouraged to visit her at any time. The home has a most welcoming atmosphere and is very clean and orderly. All the staff are very polite and friendly, always offering visitors tea or coffee upon arrival." Respondents on the website rated the service highly.

People's independence and right to choice was respected and promoted. A staff member explained how this was put into practise with one person. They told us the person was able to do most things for themselves when getting ready in the mornings. The only thing the person couldn't do independently was put their socks on. The staff member explained they allowed the person to do everything slowly and waited to be asked for help. This ensured the person's independence was not taken away unnecessarily. We observed that people in communal areas were also encouraged by staff to be as independent as possible. This included whilst walking, eating, drinking or completing other tasks associated with daily living.

There was an informal requirement, stemming from the foundation of the service that people who moved into Alde House were from the surrounding area of Penn, Buckinghamshire. The registered manager told us that prior to admission, they visited people to provide information about the service and assess the person's needs. There was then a discussion with the management team about a person's suitability for Alde House and whether care could be provided in the right way. Due to the location of the service, staff often knew people in the local community who expressed an interest in moving in. Where this occurred, and to prevent bias, a different staff member would be assigned to complete a person's pre-admission assessment.

People that moved in had their rights respected. The registered manager told us, "Our greatest concern in this (Alde House) is not an institution." This was evident in the care people were provided. For example, a person with an eating condition was encouraged to have meals but staff respected their right to refuse food. Another example of people having a say in their care was a person who wanted a medical device for their care discontinued. The service's staff liaised with medical professionals and the device was disconnected. The registered manager told us once this occurred, the person's care needs improved. People were actively involved in making decisions about their care, support and treatment, as far as possible.

People's privacy and dignity was protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering

personal care and ensuring that people were covered up as far as possible. We observed that people's doors were closed when staff were in the room to provide care. We also noted staff knocked on closed doors before they entered and announced their arrival and asked permission if a person's door was open.

Confidential information about people who used the service and staff was protected. Care records were kept on a computer system. Access was restricted to staff using single passwords. Where paper records were used, these were locked away to prevent access from unauthorised persons. At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We informed the registered manager that the provider must register with the ICO, as the service holds confidential personal information. They informed us they would take action after our inspection to ensure this occurred.

Is the service responsive?

Our findings

People's care was personalised. There was evidence of a pre-admission assessment completed in all of the care records. These plans were very comprehensive and contained all of the information the service's staff needed to provide care tailored to individuals' needs. Activity recommendations along with people's likes and dislikes were in the care records. The registered manager explained one person's lunchtime requirement, where they did not wish to eat. This was documented in the care records. This was the person's preference based on their beliefs system. Instead, the person had a large supper. The registered manager explained this ensured the person's needs were met according to their individual requirements.

People's bedrooms were decorated according to their wishes and were very individual. We toured the building and met several people in their bedrooms. We saw that some people had brought their own furniture with them. For example, one person was previously an antiques shop owner and wanted all of their own furniture in the room. The service respected this and removed all of the standard items from the room. The registered manager explained that rooms were provided fully furnished for people, especially if they did not have their own to bring on admission. The registered manager showed us a room that was recently vacated. They explained how they were redecorating the room for the next person, and people often chose paint colours they preferred.

People had access to social stimulation and contact within the local community. Visitors stopped by the service regularly and these included family, friends and representatives of other organisations. People were assisted to visit locations in the areas such as pubs, cafes, restaurants and shops. There were no restrictions to people's liberty and no curfew on visiting hours. Buckinghamshire Healthwatch completed an "enter and view" visit in May 2017. The report showed predominately positive feedback. It was noted that the service should provide more focus on reminiscence for people. The report stated, "We recommend that Alde House: continues its work to create reminiscence boxes, perhaps asking for relatives to provide a selection of photographs and objects, both for the boxes and to display around the building and/or on the residents' doors. We suggest that wedding photos of the residents and other items such as clothing, could be used to create a display board. This could inspire relatives and give residents, relatives and staff a shared talking or communication point." The service took action based on the Healthwatch report. At the time of our inspection, reminiscence boxes were located inside seven people's bedrooms.

Staff had a good understanding about person-centred care. Staff knew the people who used the service well, and did not need to refer to care records to understand their needs. This included the agency workers, as they had completed numerous shifts and over time developed a good knowledge of each person. The head of care had devised a folder which noted people's choices and a "this is me folder" which gave sufficient, portrait-styled information to new staff.

People told us they were satisfied with the standard of care and had no concerns or complaints. Staff knew what action to take if a person or relative raised an issue. They said, "We always encourage our residents to say if they are not happy, and can advise them on what to do if they wish to complain." The registered manager explained they preferred to manage informal concerns before they escalated and thereby prevent

formal complaints. An appropriate complaints management system was in place. This consisted of a complaints book where all details about an issue were recorded. The registered manager was able to explain how complaints were handled and showed us examples of how they dealt with concerns or complaints. There was a complaints policy and sign in the reception hallway, however these did not state details for how to make a complaint or who to make a complaint to. We pointed this out to the registered manager who said they would update the document and sign.

There was evidence within people's care records that end of life care plans were in place. Advanced-decision care plans were in place and showed the involvement of family, the person and other important relevant people. One person had a pre-arranged funeral plan in place and information relating to this was readily available to staff.

Is the service well-led?

Our findings

There were times when the provider and registered manager were legally required to notify us of certain events which occurred. This must be completed using our documents called statutory notifications. These are sent to us to aid the monitoring of the service between our inspections. During our inspection planning, we noted that no notifications were received from the service since November 2015. We checked this with the service as part of our inspection. We also spoke with the local authority safeguarding team and asked for further evidence to be sent after our inspection. The provider had failed to notify us, as required, of safeguarding events, a police incident and deaths of people who used the service. This meant we could not effectively monitor the governance of the service and were unable to track events that might impact on people's care.

This was a breach of Regulation 16 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the SoP for the service was appropriate and up-to-date. The SoP and provider's website set out a clear and credible strategy to achieve good care for people. For example, service objectives included that people be respected as an individual, be as independent as they are able, enjoy a peaceful and stimulating environment, be cared for in a way that meets their individual needs and feel part of an extended family. The registered manager and nominated individual were able to explain the service's and provider's care-related goals for the future and the progress towards them.

The registered manager was highly respected, both within the service and in the wider community. They had worked at the service for a lengthy period of time, knew people, staff and the community well. People, relatives and others we spoke with provided positive feedback about the registered manager's abilities and leadership. Staff sentiments about the registered manager were similar. One said, "The people I work with are supportive of one another." Another staff member told us, "I can speak with the manager at any time and if he is not available I can speak with the head of care." A third staff member commented, "He (the registered manager) is very approachable." There was a positive workplace culture amongst the staff team, and the registered manager was very involved in the day-to-day provision of care, as well as oversight of the service itself. There were regular staff meetings. The minutes of the November 2017 showed staff were asked for their ideas, suggestions and opinions about various matters and were provided the opportunity to give feedback.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's bedroom doors, bathrooms and other areas did not have appropriate signage that displayed the purpose of the room. We spoke with the registered manager about this and they were aware, and told us they had researched changing signage in the building. They told us they would take

this proposal to the provider's board of trustees. The provision of accessible information in alternative formats was also lacking in other ways such as large print or fonts and the use of more pictorial based materials as part of the care and support.

There was an underlying equality policy and procedure which staff were aware of. People were respected by staff regardless of their cultural, religious, or linguistic backgrounds. People's characteristics were protected by staff and the management team. The registered manager also told us the principles applied to the workforce and we observed this. Staff treated each other with respect and dignity. The service had satisfactorily assessed and implemented the principles of equality, diversity and human rights in the provision of care and the daily operations.

A small number of quality audits and checks were used to gauge the safety and quality of care. These were completed according to an agreed frequency set by the registered manager and head of care. We saw areas that were audited included medicines, infection prevention and control, staff training and people's care documentation. There was a daily "walkaround" where the registered manager checked each room's cleanliness, lighting, linen and appearance. Where necessary, actions for improvements were added to a service improvement plan. Any areas identified for improvement were always reviewed, and completed with a signature of the responsible staff member and the date. A health and safety visit was performed regularly by the provider's representative. The January 2018 audit result showed an extensive list of items that required attention or were noted for improvement. The audit and report required further information to ensure compliance with the Health and Safety at Work etc Act 1974.

In conjunction with the registered manager, the service was governed by the provider's board of trustees. There were regular visits of the service by representatives of the provider. The representatives provided both informal and formal feedback about the service to the registered manager. The registered manager explained that they were required to provide regular briefings at the provider's trustees meetings. The January 2018 "manager's report" showed an extensive overview was communicated with the provider. Topics included financial stability, people's welfare, the needs of staff, the registered manager's own development and performance and facilities or estates. The connection between the registered manager and provider was strong and ensured relevant care issues were communicated promptly and with sufficient detail.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not ensured that the premises used by the service provider were safe to use for their intended purpose and used in a safe way.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The registered persons failed to notify the Commission without delay of the death of service users whilst services were being provided in the carrying on of the regulated activity.

The enforcement action we took:

We took criminal enforcement action. A fixed penalty notice for £1,250 was issued against the provider. The provider paid the fixed penalty notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons failed to notify the Commission without delay of incidents which occurred whilst services were provided in the carrying on of the regulated activity, or as a consequence of the carrying on of the regulated activity. Such incidents included any abuse or allegation of abuse in relation to a service user and any incident which was reported to, or investigated by, the police.

The enforcement action we took:

We took criminal enforcement action. A formal caution was issued against the provider. The provider accepted the formal caution.