Care Quality Commission

Bupa Care Homes (BNH) Limited

Alexandra Nursing Home - Nottingham

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 20 and 21 April 2015 and was unannounced.

At our last inspection carried out on 14 May 2014, the provider was not meeting the requirements of the law in relation to the management of medicines. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that they had.

Alexandra Nursing Home - Nottingham is registered to provide accommodation, personal care and nursing care for up to 39 older people. The accommodation is provided on two floors which are accessible via a passenger lift. There were 38 people living at the service when we visited.

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

Summary of findings

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.

People told us they felt safe living at Alexandra Nursing Home and felt safe with the staff who looked after them. Their relatives agreed.

An appropriate recruitment process had been followed when new staff had been employed. This included the collection of references to check that they were suitable to work at the service. Staff had received training relevant to their role and on going support through supervision sessions and team meetings had been provided.

Staff had received training on how to keep people safe from abuse however, we observed practices that didn't always keep people safe from harm. This included one person being transferred in a wheelchair without the use footplates.

People told us there were not always enough staff around to meet people's needs and staff members agreed. This was confirmed during observations carried out during our visit and the checking of people's records.

People had been involved in making day to day decisions about their care and support and staff understood their responsibilities with regard to gaining people's consent.

Throughout our visit we identified concerns regarding the lack of interaction between the people who used the service and the staff working there. Some staff were very good at interacting with people, others not so. We saw a number of occasions where care workers were in attendance in the lounges but there was little or no communication between them and the people who used the service. Staff focussed their time on completing paperwork instead.

People received their medicines as prescribed by their doctor. Their medicines were being handled in line with national guidance and the required records were being kept. On the first day of our visit we did note that the morning medicines round took an excessive amount of time (medicines were still being given out at midday) which then impacted on the rest of the days medicine rounds.

People's needs had been assessed before they moved into the service and plans of care had been developed from the assessment. People's likes and dislikes had been identified to assist the staff in providing the care and support that people preferred.

People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being provided. For people assessed to be at risk of not getting the food and fluids they needed to keep them well, appropriate records had been kept showing their food and fluid intake.

People felt that overall, the service was appropriately managed and the management team were available to talk with when needed. Some of the staff we spoke with felt supported by the management team but others felt less supported.

We found the service was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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 was not consistently safe.

People told us they were safe. However, some people were put at risk because equipment was not always used correctly. An effective recruitment process was in place so that only suitable people worked at the service. There were not always enough staff on duty to effectively meet the needs of the people who used the service.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Staff had the skills and experience to meet the needs of those in their care, though communication and support was not always effective. Staff obtained consent before providing people's care and support. A balanced and varied diet was provided.

Requires Improvement

Is the service caring?
The service was not consistently caring.

People were supported and encouraged to make choices about their care and support. Although people's privacy and dignity were respected their care and support needs were not always met in a caring way.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

People's needs were assessed before they moved into the service to make sure that they could be properly met. They were supported to maintain relationships with family and friends and family and friends were made welcome at all times. People were not always provided with care that was centred on them as a person.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

Staff were aware of the aims and objectives of the service though these were not always carried out in practice. Not all of the staff working at the service felt valued by the management team. Auditing systems were in place to monitor the quality of the service being provided.

Requires Improvement

Alexandra Nursing Home - Nottingham

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 20 and 21 April 2015 and was unannounced.

Before our inspection, we reviewed information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We were able to speak with two people living at Alexandra Nursing Home and eight visitors. We were also able to speak with 13 members of the staff team, three members of the management team and a visiting professional.

The inspection team consisted of two inspectors 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. The expert by experience who accompanied us on our visit was experienced in dementia care.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care they received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, people's medication records, staff training records and the quality assurance audits that the registered manager and regional manager completed.

Requires Improvement

Is the service safe?

Our findings

At our inspection in May 2014 we were concerned about the medication records. This was because the records had not always been signed by the nurse in charge to confirm that people had received their prescribed medication. We set a compliance action as Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been breached.

At this inspection we found the required records had been signed on all but one occasion.

We looked at a sample of Medication Administration Record charts (MAR). Photographs were in place for identification purposes and details of any allergies the person suffered from were identified. We checked to see that medication had been appropriately signed for when it had been received into the service, which it had. We also checked to see that unwanted medication returned to the pharmacist had been appropriately handed, which again it had.

The MAR charts had been appropriately signed by the nurse when people had received their medication. For people who required creams to be applied, body charts were used. These advised staff where and when to apply the creams and staff were required to sign these to confirm this task had been completed. We checked the records held and found the majority of these had been signed appropriately, though creams had not always been dated when they had been opened.

There were protocols in place for PRN medicines (medicines taken as and when required). When we checked the protocols we noted they did not always include individualised information such as why these medicines should be given and when. This was important as the service sometimes used agency nurses at night and they would not necessarily know this information. This meant that there was a risk that some people may not have received their medicine when they needed it.

We looked at the controlled drugs (CD) held at the service. These were correctly stored and appropriately recorded in the CD register. MAR charts had also been double signed when controlled drugs had been administered.

The temperature of the treatment room and the fridges used for storing medicines were recorded daily. The temperatures of the fridges were within required limits though the temperature of the treatment room was not. This meant that the provider could not guarantee that medicines were being stored in line with manufacturers' instructions. We noted that some of the equipment within the medical room needed cleaning. This included the extractor fan and the stool used to reach in the medicine cupboards.

We recommend that the provider reviews the current system for keeping the treatment room cool in order that medicines can be stored in line with manufacturers' guidelines.

On the first day of our visit the morning medicine round on the first floor of the service was not completed before midday. This meant that the lunch time medicine round also started late. We spoke with the one of the nurse's with regards to time critical medication. They explained that this was given at a similar time at tea time but varied in the mornings depending on when people woke up. This raised the question as to whether the people who used the service were getting their medicines at the times prescribed by their GP.

We observed the nurse's administering people's medicines to see if this was done safely. We saw that it was. The medicine trolley was kept locked when unattended. People were offered their medicines discreetly and the nurse only signed the MAR charts when the medicine had been taken.

People told us they felt safe living at Alexandra Nursing Home. Relatives and friends on the whole agreed. One person told us, "I do feel safe, they look after me." A relative told us, "She seems safe enough here." Another explained, "Yes [their relative] is definitely safe, I have never seen any major faults."

The registered manager was aware of their responsibilities for keeping people safe and was aware of local procedures for reporting allegations of abuse. Staff had been provided with training in the safeguarding of adults. They told us what they looked out for if they felt someone was at risk of harm or abuse and told us the actions they would take. One staff member told us, "I would go straight to the nurse

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Is the service safe?

in charge, then I would go to the manager and if nothing was done, I would go further." Another explained, "I would report it straight the way, I know they [the management team] would take it seriously."

Although staff knew how to keep people safe from abuse, we observed some practices that did not keep people safe from harm. On one occasion we observed a care worker transporting a person in a wheel chair without the use of foot plates. The care worker was instructed by a colleague that foot plates must be used and these where quickly located and re attached to the wheelchair. On another occasion we observed staff inappropriately transferring a person into a wheelchair using a hoist. The staff members did not ensure that the person's arms were securely within the sling and we observed on two occasions during the manoeuvre when the person's arms were hanging out of the sling. Once in the wheel chair, the person was taken to their room. No footplates were used and we observed the person's feet dragging on the floor. When we brought this to the nurses attention we were told, "They [the footplates] are probably in their bedroom." These practices were not in line with good moving and handling techniques and there was a risk that people could be seriously harmed by using these techniques.

People told us there were not always enough staff on duty to meet the needs of the people who used the service. The staff we spoke with agreed. A relative told us, "They're very busy, [the staff] they have a lot to do, I think they could probably do with some more it depends on the shifts. It's a good job the family are involved, I think they'd really struggle if they didn't." Another relative told us "They are short staffed all the time, [their relative] doesn't look cared for. I came in on Friday at half past four and there were two carers and a nurse. [Their relative] had been to the toilet and it was ten past seven before someone came."

The majority of staff spoken with told us that there were not enough staff on duty to meet people's needs. One member of staff told us, "There are not enough staff because of the complex needs of the residents. Lots of people need a lot of time, personal care takes a long time. I do feel rushed as there just does not seem to be enough hours in the day. There's pressure between the people in their rooms and the lounges. Today there are pressures as there are still people who need breakfast and personal care [10.45am] and I don't feel good about that." Another member of staff told us, "There is a lot to do and you get moaned at if you can't do it all. There's just not enough staff on duty to meet their [people who used the service] needs." Another told us, "Service users need more care than we can give."

This was also an issue at mealtimes which were protracted due to low staff numbers. A member of staff told us, "If it wasn't for the relatives assisting at lunch time, it would go on for three to four hours."

We checked people's daily records and it was evident that people's needs were not always being met. One entry stated, '[name] has been asking to go to the toilet for about an hour but she needs two carers to assist her and this was not possible due to staff levels, so [name] was assisted at the earliest possible moment.'

Another person's records showed us they needed more one to one support from staff because of their behaviours. This wasn't always possible because of the staffing numbers and this resulted in them and others being put at risk of harm.

A relative told us that they were concerned that there were times when their relative may not have been checked on in the way that they needed.

Throughout our visit we observed people being left alone for long periods of time waiting in the dining room and lounges for assistance or support.

This demonstrated a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient numbers of staff . Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed in order to meet the needs of the people who use the service.

People's plans of care showed us the majority of risks associated with the care and support they received had been assessed. We saw risk assessments in place in the records we looked at and these were relevant to the individual. We did note for one person who was using bedrails on their bed, that a bedrail risk assessment had not been completed. This should be completed to assess the risk of using these. Risk assessments had been reviewed on a monthly basis to confirm they were accurate and up to date.

Requires Improvement

Is the service safe?

Checks had been carried out on both the environment and on the equipment used to maintain people's safety. This enabled the management team to identify, act on and monitor any incidents and accidents that occurred at the service.

Appropriate recruitment procedures had been followed including checking to make sure the nurses who worked at the service had an up to date registration with the Nursing and Midwifery Council (N M C). People can only practice as nurses if they are registered to do so with the NMC. People's safety was taken into account when employing new members of staff.

Requires Improvement

Is the service effective?

Our findings

We were told the staff knew the care and support needs of the people who used the service and they had the relevant skills needed to look after them. One person told us, "Yes, I think the staff have enough training and skills, the only problem I have about that is if there's someone new, they should have someone to mentor them but sometimes they [the experienced staff member] are too busy." Another explained, "They know what they are doing and what he [their relative] needs."

Staff told us they had received a period of induction when they first started working at the service and appropriate training courses had also been provided.

A training programme was in place. We looked at the training records and found staff had received training relevant to their role within the service. Staff felt supported by the management team overall. They were provided with regular supervision sessions with a member of the management team and team meetings were also held. This provided staff with the opportunity to discuss working practices and share any day to day concerns they may have about the service that was provided.

We observed the staff supporting the people who used the service. At times they showed us they had the skills and knowledge to meet people's individual needs, at other times they did not. We observed one person hunched over in their wheelchair. This was not noticed by a number of care staff who walked past them. Finally a care worker saw how uncomfortable the person was and instructed another care worker to get a pillow, which they did. The person was then made comfortable in their wheelchair.

People had been involved in making simple day to day decisions about their care and support and staff gave examples of how they obtained people's consent on a daily basis. A relative told us, "Sometimes he [their relative] likes to stay in bed, and that's OK, he has the choice." A staff member told us, "I ask him if he wants a shave and if he doesn't I respect that." Another told us, "I talk to them [the people who used the service] I explain what I am doing and why, I offer them choices every day, like what they would like to drink or what they would like to wear. It's important that they are able to make these decisions."

Training records showed us staff had received training on Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe. MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. When we asked staff about their understanding of this, it was clear that they understood their responsibilities under DoLS and MCA.

The management team understood their responsibilities within DoLS and we saw mental capacity assessments had been completed and best interest decisions had been made in accordance with the legal requirements.

People told us that the meals served were good. One person told us, "The foods very nice, they always know what you want, I always ask for two portions of meat because [their relative] is a meat man, and it comes." Another explained, "Yes, they have good food and they certainly present it nicely. There is a good variety of things and they offer two to three choices."

We observed mealtimes during our visit and we noted that some people's experiences of mealtimes were better than others. This depended on where their meals were served and which members of staff were assisting them.

We observed one staff member assisting a lady with her lunch. The lady was taking a long time to eat and the staff member took the meal away when it was only half eaten and replaced it with a pudding. For most of the meal the staff member assisted the lady in silence and did not converse with them. She looked bored and sat part of the time either looking at the pudding, the lady she was assisting or out of the window. Another staff member was seen assisting someone slowly and carefully and talking with them throughout.

In the upstairs lounge we observed staff assisting people with their meals. Again there was little interaction or conversation. One person was observed helping themselves to another person's meal. This was not identified immediately as the staff were assisting others.

In the downstairs dining room. Cuban salsa music was playing. Several relatives were assisting people to eat on one table. They were chatting to themselves and their relatives and there was a sociable atmosphere at this table.

Requires Improvement

Is the service effective?

A nutritional assessment had been completed when people had first moved into the service. This identified any nutritional or dietary requirements including their likes and dislikes. It also identified whether they required a normal, soft or pureed diet and any other dietary requirements such as a vegetarian or diabetic diet. Kitchen staff were aware of people's dietary needs. They explained that they spoke with people on a weekly basis to identify people's personal preferences with regards to food. This meant that they could provide people with meals that they enjoyed.

Menus showed us that a varied and balanced diet was offered. People were offered a choice of meal at meal times and other alternatives were also available. Drinks were provided through the day, some people were provided with jugs of juice in their rooms, others were served drinks from a trolley at set times during the day.

For people who had been assessed at risk of dehydration or malnutrition, monitoring charts were being used to monitor their food and fluid intake.

We checked to see that people were being supported with their healthcare needs. We found that whilst the majority of people were, including support from the local Speech and Language Team and the tissue viability nurse, others were not. We identified one person who had not been supported to see the Chiropodist. Their toe nails were in extremely poor condition and foot care had not been provided for some time. None of the staff who had been supporting this person had brought this to the attention of the nurse in charge. This was addressed once brought to the registered manager's attention and an appointment with the chiropodist was made.

Requires Improvement

Is the service caring?

Our findings

People told us the staff who looked after them were on the whole, kind and caring. One person told us, "We are happy with the care, there are some lovely carers." Another person explained, "I would say 98% [of the staff] are wonderful, it's just the odd percent! You always get a few very friendly, very caring ones and they are very important, they make the effort you know, it's like a family really, a little extended family."

When we asked one person their thoughts on whether the staff were caring, they told us, "They need more awareness of dignity. I came in two weeks ago and a lady was naked to the waist. I alerted the staff member to this, they were doing paperwork. They said I can't do anything as I'm on my own. I went down the corridor and found another member of staff who came and dealt with the situation. Also, constant requests for going to the toilet are not met immediately."

Another person told us, "The care is good most of the time. There are some members of staff who are really hands on and others who do the bare minimum. Sometimes you have to nag to get things done how you want them!"

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I can come any time, the staff are friendly and I'm always made welcome." We noted that a number of relatives visited at lunch time so that they could assist their relative with their main meal of the day.

We observed support being provided throughout our visit. Whilst we saw that positive caring relationships had been developed between the staff and the people who used the service, we didn't always observe caring or respectful interactions between them. We saw a number of occasions where care workers were in attendance in the lounges but there was little or no communication between them and the people who used the service. On one occasion a member of staff leant on the back of the chair, watching but not conversing. On another occasion, we observed staff talking with each other but not with the people who were in the room.

Some staff seemed unable to spot what assistance people needed at times and needed things bringing to their attention. After breakfast people were left with aprons on long after eating. There were four people in the upstairs lounge wearing just socks and no slippers. When someone who was wearing slippers took one off, staff didn't attempt to intervene. Two people had stained clothing on and staff made no attempt to assist them to change .

During the inspection it was brought to the attention of a member of staff that one of the people who used the service wanted to use the toilet. The staff member assisted them to the toilet and on returning to the lounge announced to everyone, "She wouldn't go in the end." This person's dignity was not promoted by the member of staff who assisted them.

We observed some staff members interacting with people in a respectful way, others did not interact at all, merely carrying out the task in hand. We also noted that some staff spoke over people and spoke about them in front of others. One staff member was heard saying, "I'll just have to put this down as I have bibs for them all."

On the whole staff seemed to be aware of people's needs, but time constraints meant that they didn't always have time to carry out the support that people required. One person returned to their room from lunch at 1.40pm to find that their bed had not been made and their dirty clothes were still on the floor.

Staff gave us examples of how they promoted people's privacy and dignity whilst supporting them. One member of staff told us, "When I am helping with personal care, I cover them with a towel. A green one for the bottom half and a white one for the top half." Another explained, "We always make sure that staff speak to people in a dignified manner."

Visiting relatives told us they were involved in making decisions with, or on their relatives' behalf. One relative told us, "They help [their relative] to make decisions and if he isn't able, they know him well enough to help him decide." Another relative told us, "We are asked our opinion [about their relatives care] I also give them my opinion! I might have to sometimes say it twice, but it is taken care of."

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed when they first started using the service. An initial assessment of their needs and a personal history had also been completed prior to them moving in. One relative told us, "They went through her needs and personal history when she first came in."

Following the initial assessment a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met. The plans of care included information on people's likes and dislikes and what they preferred to do on a daily basis. This provided staff working at the service with the information they needed in order to provide individual, personalised care. The staff we spoke with understood the needs of the people they were supporting.

People were supported to follow their interests and take part in a range of activities. An activity leader was employed and they did their best to include as many people as possible in some sort of activity. One to one activities and group activities were provided. During our visit we observed a group of people enjoying an exercise session and another group of people having a gardening session with the new gardener. Communion was being offered by the local minister and one to one sessions including hand massages were also provided.

We noted that the majority of activities were being provided on the ground floor of the service. This meant that the people who were residing on the first floor had limited activities provided. We observed little interaction or stimulation being provided on the first floor throughout our visit. A visitor told us, "For a lady who walks around, I recommended that they have boxes of things she can explore and books. Whilst visiting I haven't seen that implemented. It's a real bug bear the lack of stimulation. Anything to increase their well being."

People were not always being provided with care in a person centred way, particularly on the first floor of the service. People were left for long periods of time sitting in their chair or sleeping. People were left to constantly wander around the corridor and lounge with little interaction from staff. On the first day of our visit there was no stimulation through sound, by either a radio or television. When a staff member did try to encourage a person to watch the television they sat them in front of the television and then walked off without realising that the film was not running. Staff finally realised and the film was started 25 minutes later. It was noted that staff put more importance on completing paper work than interacting with the people who used the service.

People told us they knew what to do if they had a concern or complaint to make about the service. One relative told us, "I would go to the head nurse normally, for them to pass it on to the manager's." We were told that they had recently made a complaint that had yet to be sorted. They explained, "We are supposed to be going in to a meeting, but it keeps being changed because of the manager's availability." Another relative explained, "I have raised a concern but it couldn't have been very serious because I can't remember it. But before anything gets to be a concern I will mention it and it is responded to. Perhaps not as fast as I would like but I do try to tell myself that [relative] is only one of many here."

A complaints process was in place and a copy of the complaints procedure was displayed in the reception area of the service. Formal complaints that had been received by the provider had been acknowledged by the management team. They had been investigated and where necessary actions had been taken to address the concerns raised. This included concerns raised regarding the recently frosted windows on the first floor. The registered manager explained that these concerns had been taken on board and an alternative to the frosted windows was being sourced. This was being pursued by the registered manager at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us they felt the service was appropriately managed and overall, the management team were open and approachable. One relative told us, "We know who the manager is, but we never see her as she is shut away in her office." Another explained, "Whenever I have been to see her [the manager] there has always been a result." Another person commented, "Every morning she [the manager] goes to the resident's and says good morning, she never goes straight to the office, always comes to say hello."

People were supported to share their views and be involved in the service in some way. For those unable to share their views, their relatives and friends were able to speak up on their behalf. Meetings had been held and staff and management were available to speak with on a daily basis. One staff member explained, "I encourage them [the people who used the service] to talk to me, I encourage them to be open and honest. If we don't know about it we can't change it."

We talked to the staff and asked them if they felt supported by the management team. Some told us they felt supported, others not so. One staff member told us, "It would be nice to be praised, staff want to be praised and to be thanked for what they do." Another told us, "My manager is understanding, I have confidence to go to her and know that I will be listened to and she will always ask if there's something she can help with." Other comments received included, "I don't feel valued or appreciated, there is a lot to do and you get moaned at if you don't do it." And, "I feel supported most of the time." The registered manager had introduced a praise board where relatives or staff could leave a comment though we were told that this wasn't really used by the management team to offer praise or thanks.

Staff were aware of the aims and objectives of the service and a copy of these were displayed in the reception area for people to view. One staff member told us, "It's about providing people with good quality care and treating them with dignity and respect." Although staff were aware of the aims and objectives of the service, observations during our visit showed us that these were not always put into practice.

The registered manager had undertaken regular audits of the service. This was to check the quality of the service being provided. Both corporate and local audits had been completed. This was to make sure the service was safe and fit for purpose and running in line with the organisations policies and procedures.

Audits had also been carried out on the paperwork completed by staff. These included audits on the plans of care and the medication records. This provided the registered manager with the opportunity to check that records were accurate and up to date.

Regular checks had been carried out on the environment and on the equipment used to maintain people's safety. We found regular audits had been carried out and up to date records had been maintained. This showed us people who used the service, visitors and staff were protected by an environment that was properly monitored and well maintained.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff were aware of and followed these.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient numbers of staff . Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed in order to meet the needs of the people who used the service. Regulation 18(1).

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.