Vijay Enterprises Limited

Le Chalet

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

The inspection took place on 12 March 2015 and was unannounced. Le Chalet provides care and accommodation for up to 12 older people who require personal care. The home does not provide nursing care. On the day of inspection there were 12 people living in the home.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 and associated regulations about how the service is run.

At our last inspection on 13 November 2013 we found the service was compliant with all regulations covered in the inspection.

Some aspects of the service needed to be improved to ensure people's safety and well-being. Staffing was not always maintained at safe levels. This was because the home looked after people with increasing care needs; some of whom need two members of care staff to assist them. As the home only had two members of care staff during the day, there were times when no staff were present in the communal areas. The registered manager had not used a dependency tool to review the number of staff needed to meet people's changing needs. The home's recruitment processes did not in all cases

Summary of findings

question gaps in employment history or ensure references were sufficient to demonstrate staff were suitable for employment. These issues were discussed with the registered manager at the time of the inspection and we were told they would be addressed.

On the day of our inspection there was a homely and friendly atmosphere at Le Chalet. People were relaxed and happy. People, their relatives and health care professionals all spoke highly about the care and support provided. One person said "I love it here" and another said "I've got no worries about anything". One health care professional said it was "home from home".

People said they felt safe. Staff undertook training to ensure they understood how to recognise and report abuse. All the staff said they would not hesitate to raise any concerns.

Care records were comprehensive and up to date. They contained detailed information about how people wished to be supported. People's risks were managed, monitored and reviewed to help keep them safe. People had choice and control over their lives and were supported to take part in activities both inside the home and outside in the community. Activities were meaningful and reflected individual interests and hobbies.

Staff were caring and compassionate towards people. They respected people's privacy and dignity. People were complimentary of the staff. Comments included "Everyone is nice to me and I'm safe" and "I've got no worries about anything; I know I'm being looked after." One relative said the "Staff are fine; dedicated" and another said "I am impressed" at how their relative was looked after.

Staff received on-going training to help them develop their skills. One health care professional said staff took advantage of any training offered. The registered manager was intending to introduce an improved induction training programme for new staff.

The service followed the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who were not able to make important decisions themselves. The registered manager was organising enhanced MCA training for all staff.

People had their medicines managed safely and received them on time. Staff knew people well; they recognised changes in people's health and took prompt action when required. Good communication networks had been made with health and social care professionals. Where specialist advice was sought, one health care professional said "They follow correct procedures and advice". Other health care professionals said "If staff are worried about anything, they get in touch" and "They call appropriately."

The home used a specialist frozen food service for main meals. People received balanced and nutritious meals but gave mixed views about whether they liked the food. Comments ranged from "Food is excellent" to "Food is not too bad."

People and their relatives were able to talk to staff and the manager about any concerns they had and were confident they would be dealt with. Staff felt supported and valued. There was strong leadership in the home but it was not clear who took charge of the home when the registered manager was on leave. This could affect the continuity and consistency of care to people.

There were effective quality assurance systems in place that monitored people's satisfaction and improve the quality of the service. Investigations following incidents and accidents were recorded and audited so that any learning for future practice could be considered.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at 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?

Requires Improvement

Some aspects of the service were not safe.

People were not always protected by sufficient numbers of skilled and trained staff at all times.

Recruitment practices did not in all cases check gaps in employment history or ensure references were sufficient to make sure staff were suitable to be employed in the home.

People were protected from abuse and staff understood their responsibilities.

Medicines were stored and administered safely to promote people's health.

Is the service effective?

Good

The service was effective.

Staff were well trained, supported and supervised to carry out their roles effectively.

Staff recognised changes in people's health and sought specialist advice when needed.

People were protected by staff who had received appropriate training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff displayed an understanding of the Act.

People received an adequate and nutritious diet from a specialist frozen meal food service which took into account their choices of meals.

Is the service caring?

Good

The service was caring.

People were supported by staff who promoted independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of the people they supported and had formed caring and positive relationships.

People received support from staff who had the knowledge and skills to meet their needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their care needs. The plans were reviewed regularly.

Activities were planned and organised to suit people's individual interests and hobbies.

Summary of findings

People's views and opinions were regularly sought and people felt they would be listened to.

Is the service well-led?

Good

The service was well led.

Staff understood their roles and responsibilities. They felt valued and supported by the registered manager.

People benefitted from good communication between the home and health or social care professionals.

Quality assurance systems drove improvement and raised standards of care.

The service was supported by the provider who undertook regular monitoring visits.

Le Chalet

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 checked 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.

Before this inspection took place we asked the provider to complete a report called 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. They completed the form and returned it to us with all the information we asked for.

We looked at all the other information available to use prior to the inspection visit. This included notifications sent to us by the service and other information received from other sources, such as health or social care professionals. A notification is information about important events which the service is required to tell us by law. This information helped us to plan our inspection.

The inspection took place on 12 March 2015 and was unannounced. Two adult social care inspectors undertook the inspection.

During the inspection we saw each person who lived in the home and spent time chatting with seven of them individually. We spoke with three relatives, four health care professionals and five members of staff. This included the registered manager, day and night care staff and the activities organiser.

We spent time in the communal areas of the home seeing how people spent their day, as well as observing the care being provided by the staff team.

We looked at the care records of three people who lived at the home. These records included care plans, risk assessments, health records and daily care records. We looked at policies and procedures associated with the running of the service and other records including maintenance reports, fire logs, quality assurance and auditing records. We looked at two staff files, which included information about recruitment, training and supervision.

We observed the midday medicines round and checked the recording and storage of medicines administered in the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Staffing was not always maintained at safe levels. The registered manager said in the past the home had mainly supported people with low level care needs but this had now changed. People's needs had become more complex due to their age and health conditions, such as dementia. The service admitted people who required a higher level of care and support, such as those with a challenging behaviour or a learning disability.

Two people needed assistance from two members of care staff at all times for their mobility and care needs. These staff members were required to support all transfers and give personal care such as washing and dressing. With only two care staff on duty from 7am to 7pm, this meant there would be periods when both staff members would be occupied, leaving people unattended or not monitored in areas of the home. We saw periods of time when staff were not present in the communal areas.

The registered manager was also on duty each day during the week. For three days they undertook management duties. On two days, they worked as one of the two members of care staff. A housekeeper worked three days a week for three hours (10am to 1pm) and spent most of their time away from communal areas cleaning people's bedrooms. An activities organiser worked 16 hours a week and spent their time organising activities in and outside of the home. Staff comments included "We have a cleaner now which helps. Most days it's fine, we manage", "There's enough (staff) usually, but today is different because of so many people visiting" and "We do our best".

During both the lunchtime and tea time meals staff were not present for long periods of time whilst people were eating. The home did not employ a cook and care staff had to reheat, prepare and serve meals. During lunch one person was agitated and physically aggressive at the dining table towards two other people. Staff were unaware of this incident as they were in the kitchen. This put people at unnecessary risk of harm due to a lack of supervision by staff.

We spoke the registered manager about the current staffing arrangements. They said they had identified staffing levels had become a problem, especially since a cook was no longer employed. However, they had not discussed this issue with the provider to date. No assessment or dependency tools were used to decide on staffing levels to reflect the changing and increasing needs of people.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not fully protected by the service's recruitment procedures. Although we saw most of the required checks had been undertaken before staff started work, the registered manager had not in both cases requested references from relevant previous employers and had not always checked any gaps in employment history. We spoke with the registered manager at the time of the inspection about these issues and they said they would address this as a matter of priority.

People felt safe at Le Chalet. Comments included "Absolutely safe", "If I felt unsafe – I'd turn to the matron" and "Everyone is nice to me and I'm safe." People could speak with the registered manager and were confident their concerns would be taken seriously and acted upon. For example, one person said "I know I'm being looked after, no worries about anything." One health care professional told us "If staff are worried about anything, they get in touch." Relatives told us they had confidence their loved ones were safe. For example, one relative told us they had "No concerns – it's been a relief."

Staff had received training on safeguarding adults and whistleblowing. They knew who to contact if they needed to report abuse or poor standards of care. They gave us examples of poor or potentially abusive care which showed their understanding of abuse and how it could be prevented. One member of staff said "I would report to (the manager)" and another said "I would report to (the manager), or if no action the Care Quality Commission (CQC). And Social Services too". The registered manager understood their safeguarding responsibilities. There were policies and procedures in place to direct staff members on the necessary action to take should they have concerns.

At the time of this inspection, the local safeguarding team were dealing with two recent safeguarding incidents at the home. These had been made by two healthcare professionals about unrelated incidents which had occurred at the home. The manager was working closely with the safeguarding team and providing the information required.

Requires Improvement

Is the service safe?

Individual risks to people's health and welfare were assessed and managed. Assessments were carried out before they moved into the home and any potential risks identified. These included the risk of falls, skin damage, nutritional risk and moving people safely. Where risks were identified, measures were in place to reduce the risks where possible. For example, one person was at risk from developing pressure damage due to their reduced mobility. This resulted in them using specialist equipment, such as a pressure relieving cushion.

Staff showed a good understanding of why pressure damage could happen and how to reduce the risk. They gave examples of what they would look for to show someone was at risk. Health care professionals told us the home would contact them if they thought people were at risk. One said staff would "speak to a nurse if there were any problems, they are proactive."

People received medicines when they were needed. One person said "I get my medicine on time". Medicines were managed, stored, given and disposed of safely. Medicines were supplied by a local pharmacy in monthly blister packs which reduced any risk of error. Staff had received appropriate training and confirmed they understood the importance of the safe administration and management of medicines. Medicines Administration Records (MAR) were in place and had been correctly completed. The home had the correct storage facilities for Controlled Drugs, should they be required. Staff were knowledgeable with regards to people's individual needs in relation to medicines and the correct procedure for reporting a medicine error.

Systems were in place to make sure people were safe in the event of a fire. A personal evacuation plan had been drawn up for each person. A copy was held in the fire log book. This meant in the event of a fire, if staff picked up the fire log book, they could quickly find the information they needed about safe evacuation of the home.

Measures were in place to reduce environmental risks such as the risk of fire. Regular safety checks and maintenance was carried out on equipment in accordance with the related legislation.

There was a secure entry door which led into the lounge area. This was not designed to restrict people from leaving the home, but to ensure visitors were unable to enter without staff's knowledge. This meant people were kept safe.

Good

Is the service effective?

Our findings

People felt well supported by staff who met their needs effectively. Comments included "Staff are very good", "I get on well with them all" and "The staff treat me well."

Staff used their knowledge and skills to help people overcome anxieties and settle into the home. For example, one person's life had significantly improved since moving to the home. One person said "It was difficult to adjust to moving in at first, but it's OK". Another person's well-being had increased significantly since they had come to the home by support and encouragement staff had given. One health care professional said one person " Fits in well, the transition was handled well – they (the staff) had risen to the challenge."

People, where appropriate, had been assessed in line with the Deprivation of Liberty (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provides legal protection for those vulnerable people, who are, or may become, deprived of their liberty. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed people's capacity was assessed and DoLS application had been made following the correct procedures. Records also showed a best interest meeting had recently been held for one person. All the relevant health and social care professionals had attended and agreed a joint decision based on the person's best interests.

Staff had received some training on the MCA but further enhanced training was in the process of being organised by the registered manager. This meant people would benefit from staff having increased knowledge of how it applied to their practice.

Staff were aware of which people lacked capacity and how they could be supported to make every day decisions. For example, one person was assisted to make daily decisions such as what they wanted to eat and wear. Staff knew important details such as what the person's favourite meal and colour was.

Staff completed appropriate training to effectively meet people's needs before supporting people on their own. This included 'shadowing' a member of staff until they were confident to work on their own. Induction training records had been completed but were very basic. This was based more on health and safety knowledge rather than competency based. The manager had recognised this and intended to improve the induction training. This would follow a nationally recognised standard in the future.

Seven of the 12 care staff held qualifications such as National Vocational Qualifications (NVQ's). Records showed what training staff had received. These also showed where further training was required. Training covered a range of topics relevant to the people living at Le Chalet, including diabetes, epilepsy, challenging behaviour, urinary tract infections and medicines. A healthcare professional said staff at took advantage of any training that was offered and welcomed extending their skills and knowledge.

Staff received regular supervision and dates had been fixed for the current year. Staff felt supported through their regular supervision. Supervision provides an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff issues around their performance.

People were supported to make decisions about what they would like to eat and drink. They ate their main meal at lunchtime. These cooked meals were supplied from a specialist frozen food company and required staff to reheat them. This process had been introduced since the cook had left six months ago. Comments from people about the food were mixed. These included "Food is good", "Food is next to excellent", "Quality is satisfactory" to "Food is not too bad", and "Prefer the food with the chef rather than the frozen food." One visitor said their relative had "No complaints about the food" and they were "Very happy" with it.

People had a choice of main meal each day from a large variety of meals available. These meals ensured people received a meal that was balanced and provided all the nutrients necessary. People did not require any specialised diets such as pureed or diabetic. However, if these types of diets were required they were readily available.

A light breakfast and light tea were also served and these were prepared by the care staff. One person said "prefer the supper" as opposed to the lunch. Two people said they

Good

Is the service effective?

would like a cooked breakfast; "No cooked breakfasts here – I would like one" and "Like a nice breakfast". The registered manager said cooked breakfasts were not served. However a 'breakfast-type' meal was sometimes served at tea-time, such as bacon sandwiches. Hot and cold drinks were readily available throughout the day.

We observed practice during lunch. People ate at dining tables, in lounge chairs or in their bedrooms depending on their preference. Dining tables had been laid attractively. Care staff served meals one by one to each person. This meant that some people had eaten their meal before some others had been served theirs. People ate their meals in almost silence. There was no chatting or banter with each other. Staff were back and forth to the kitchen to get peoples' meals. One person was able to eat their food unassisted, but required prompting and encouragement from staff. Each time the staff member passed, they would ask the person to have another 'spoonful' and then left them to carry on serving meals. This person sat back in their chair and disengaged until the next time the staff member passed. The process was repeated several times. This meant that people did not benefit from the lunchtime gathering and have an enjoyable experience. We discussed the lunchtime experience with the registered manager who said they were unsure whether this type of meal service would be continued in the future.

People were supported to maintain good health and when required had access to external healthcare services. People's care plans included information about their past and current healthcare needs. Information was available about other health care involvement such as specialist doctors, specialist nurses and GP's. One person said "I see my GP when I want to."

Care records detailed where health care professionals specialist advice had been obtained. For example, a speech and language therapist (SALT) had visited for one person who staff felt may have a difficulty in swallowing. Another person had been referred to a specialist doctor and another to a specialist nurse. These records gave a clear record of what advice and action had been taken.

A health care professional told us the registered manager had quickly contacted them when staff had noticed a change in a person's health care needs. Another health care professional said the home had noticed one person had a health condition which they had been unaware about. The staff had noticed this through close observation of the person. This meant people benefitted from staff who recognised changes in their care needs and who requested specialist advice when necessary.

All health care professionals spoke highly of the staff at Le Chalet and said appropriate and quick referrals were made to them. They gave very positive feedback about the home. Comments included "They get in touch as soon as possible", "They follow correct procedures and advice" and "They call appropriately". One health care professional praised the staff at Le Chalet and said they had "Bent over backwards" to ensure one person had received the right health care to which they were entitled, when at first it had been first refused. Another health care professional said the home regularly phoned and discussed any issues and that the staff are "Always open to suggestion". This meant people had access to specialist advice and guidance.

During our visit, a local GP attended the home to review people's care. This was done in consultation with the registered manager who gave relevant and up to date information to them. This showed staff knew each person's health and care needs well.

Good

Is the service caring?

Our findings

People said staff were caring and said they felt well cared for. Comments included "Staff treat me well", "Staff are sweet and kind" and "Staff help me". Two relatives said "Staff have been really good with my relative" and "We are happy with the care – staff are dedicated – (my relative) is looked after." Health care professionals were complimentary of the care and comments included "More than happy with the care", "People are looked after" and "I'd put a relative of mine in here."

There was a warm and homely atmosphere. People, relatives and health care professionals said they all felt welcomed when they came to the home. One relative said "I could turn up at 3am if I wanted to – staff have an open door policy" and another said "Always made to feel welcome here". Healthcare professionals said "It's just like being at home here and it's homely, always warm and welcoming."

Staff said they cared about people and wanted to spend time getting to know people more but did not always get the time. Comments included "We are a family here" and "We really care about people."

Throughout our inspection staff communicated and supported people in a friendly, dignified and caring manner. For example, a staff member noticed that one person was agitated. They whispered quietly to ask the person if they needed to use the bathroom. This was done in a very discreet and caring way. On another occasion a staff member asked a person what they would like to do and they explained "it's your choice". The person replied "You always say that" and laughed. This showed that people felt at ease and were comfortable with staff.

People said they were treated with privacy and respect from staff. One person said "I'm treated with dignity and respect; staff always knock on the door to come in". Health care professionals said "Staff are polite, helpful and they knock on doors." Staff gave examples of how they promoted people's dignity and independence. This included explaining to people what they were doing and encouraging the person to make choices. For example, a staff member gently assisted one person to choose a seat when they wanted to sit down in the lounge.

Staff provided gentle reassurances when people were distressed or unsure what was happening. A member of staff showed a clear understanding of the stress a person had due to a hospital appointment. They approached the person and reassured them in an understanding and gentle way until they became calm and relaxed again.

A health care professional said staff worked hard to settle people into the home. They gave examples of three recent people who they felt had benefitted from coming to live at Le Chalet. Comments included "More than happy with the care; relatives are pleased too" and "They have encouraged (the person) to make friends and interact".

A visitor said they were pleased at how their relative was looked after. They felt the way their relative reacted when they returned to the home after an outing was "Relief and pleased." This showed them their relative thought "It must be alright" and "(My relative) is difficult to make happy but they must be."

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. The care files were organised, gave guidance to staff on how best to support people and how people preferred to be supported. For example, one care record stated a person liked to help as much as possible with their personal care and chose their own clothes. Another care record stated a person liked to be as independent as possible. This person said "I can wash and dress myself but staff give me a shower". This meant that people were supported to make individual preferences in their lives.

People were supported to follow their interests and take part in social activities. There was a broad and varied programme of activities on offer for people at Le Chalet. This included board games, hand massage, cake decorating, memory games, baking, visiting musicians and children's visits. People had trips outside of the home, such as visits to the local dogs' home, garden centre and the theatre. One person had individual time spent with them reading and discussing bible stories. The most recent activity people took part in was pottery making. People had enjoyed this and showed us what they had made. The activities organiser planned trips in advance and records showed that an Easter egg hunt, an outing, summer fete, fish and chip summer at a local pub, fireworks and parties had already been planned for the rest of the year. Two people living at Le Chalet had dedicated one to one support time in their activities plan. They had individual activities organised to suit their particular needs and preferences, such as shopping and visits to fast food restaurants.

We saw people reading newspapers, listening to music, doing jigsaw puzzles and chatting together. Staff knew people well and what their particular interests or hobbies were. For example, they knew one person liked to spend the day doing jigsaw puzzles on their own, whilst another liked to build models.

People were able to maintain relationships with those who mattered to them. Staff spoke to visitors and made sure they felt welcomed and comfortable while they were in the home. A relative told us the service had been particularly supportive to them recently. A health care professional said staff "Support others (people living in the home) to adapt to people" and "Bend over backwards" to support individual people. This meant staff recognised the importance of extending their role in relation to others that mattered to the people they supported.

Care plans were reviewed on a regular basis to ensure information remained accurate and up to date. During our discussion we saw discussions taking place between staff when people's needs had changed. This was reported to the registered manager who arranged any appropriate action such as calling the GP or district nurse. Staff were given a handover of the day's events at each shift and important information was recorded in daily records and the communications diary.

The provider had a policy and procedure in place for dealing with concerns or complaints. This was available for family, friends and other agencies. The policy was outdated with details of a previous regulatory body. It did not include all the names and contact details of the outside agencies people could contact if they were unhappy, such as the local authority. The registered manager said they would update the policy to include this information. People knew who they would first go to if they wanted to raise a concern or complaint. People told us "I would speak to the manager" and "Go to (the manager)." Relatives and health care professionals expressed their satisfaction with the service and were very positive about it. One commented "It's one of the better ones; no complaints here."

People had the opportunity to voice their views about the service. The home regularly sent out three types of quality monitoring surveys; one for activities, one for living at the home and one for care. People's feedback was looked at and any actions taken as necessary.

There were regular residents' meetings held; the last one had been held during the previous week. During this meeting people could bring up any concerns they had but they also had the opportunity to chat about other things that were important to them. During the last meeting, they had discussed two people who had lived at the home previously. People had chance to remember their lives and talk about them. The meeting ended positively with "a nice cup of coffee and some lovely chocolate biscuits".

Good

Is the service well-led?

Our findings

People, relatives and health care professionals said the home was well managed and they had confidence in the manager. People said "I love it here" and "All fine her." Health care professionals said it was "Home from home".

There were positive interactions, compassion and involvement shown to people by staff. People were spoken with in a dignified and respectful way. Relatives and healthcare professionals said the home had excellent communications with them.

The registered manager had worked there for many years and had been the registered manager since 2010. They spoke of their staff with positive regard and of people with warmth, respect and empathy. Staff felt their opinions mattered and their views welcomed. Staff said the manager "Had a good working relationship with the team" and they "Feel able to say what I want and make suggestions".

There were clear lines of responsibility when the registered manager was on duty. When off duty, the registered manager was permanently on-call seven days a week. The manager lived on the premises. However, when the registered manager was on holiday, and not available, there were no clear lines of who was in overall charge of the home. The registered manager said this would be whoever the senior was on duty in that day. This meant there was no leadership, guidance or clear decision to guide staff in their absence. The registered manager said this concerned them as they had no designated deputy to take charge in their absence. They said they would discuss this with the provider. This could affect the continuity and consistency of care to people.

There were systems in place to ensure the expected standard of service was provided. These were organised and supported the registered manager to run the home efficiently. These included staff meetings, residents' meeting, questionnaires and the complaints procedure. Accidents and incidents were recorded and audited so that any patterns or trends could be analysed.

Staff supervision was organised regularly. Issues of practice were raised and discussed in staff meetings so staff understood where improvement should be made such as laundry and care practice. Systems, such as medicine management and staff training needs, received regular audit.

The provider visited the home monthly to speak with the registered manager, staff, people and their relatives. They reviewed issues related to the quality and management of the home.

The registered manager was able to find all the information we asked for. Records were kept securely and where it was necessary in the interests of confidentiality, access to records was limited.

There was a programme of planned improvements which included simple redecoration to more major building works and maintenance. We saw this included replacing the windows in the lounge and one bedroom which were rotten. External works to the outside of the property were also planned which included building a decking area for people to use in the garden. The garden was well maintained and provided outside space for people to enjoy.

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	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: The registered person had not taken steps to ensure the health and safety of service users as there were not always sufficient numbers of suitably, skilled and experienced persons employed for the purpose of carrying out the regulated activity. Regulation 22