

# Quo Vadis Trust Elmwood Lodge

## 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 24 and 25 November 2015 and was unannounced. At our last inspection on 12 November 2013 we found the provider was meeting the regulations in relation to the outcomes we inspected.

Elmwood lodge provides accommodation and personal care support for up to 10 people. People who use the service have mental health support needs. At the time of our inspection the home was providing support to nine people.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found breaches of legal requirements 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. We have also made a recommendation to the provider where improvements to the service should be made.

# Summary of findings

The provider failed to ensure that effective systems were in place to provide staff with annual appraisals of their practice and performance. Care plans and records were not always reviewed on a regular basis and in line with the provider's policy to ensure people's needs were appropriately documented and met. Medicines were not always managed and recorded appropriately. We have made a recommendation to the provider where improvements to the management of medicines should be made.

The home had a policy in place for safeguarding adults from abuse and staff demonstrated a clear understanding of the actions they would take to ensure people were kept safe. There were safe and robust recruitment procedures in place that ensured staff were suitable to work with people using the service. Assessments were completed to assess levels of risk to people's physical and mental health, and care plans contained guidance for staff that helped protect people from harm by minimising identified risks. There were arrangements in place to deal with foreseeable emergencies and staff knew what to do in the event of a fire. Accidents and incidents involving the safety of people using the service were recorded and acted on appropriately.

Staff were supported through regular supervisions and by attending appropriate training. New staff members completed an induction programme which included mandatory training. People were supported to maintain good health and had access to a range of health and social care professionals when required. People told us they were involved in the decisions about their care and were able to voice their wishes and preferences. Care plans contained mental capacity assessments where appropriate, and applications for Deprivation of Liberty Safeguards (DoLS) were made in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people

who may lack capacity to make decisions in relation to consent or refusal of care and treatment. DoLS protects people when they are being cared for, or treated in ways that deprives them of their liberty for their own safety. People were supported to eat and drink sufficient amounts to meet their needs and maintain a balanced diet.

People were provided with information about the service and attended regular meetings in order to share their views on the running of the service. People told us they had been consulted about their care and support needs and were allocated a named key worker to co-ordinate their care. People's privacy and dignity was respected and staff were knowledgeable about their needs in relation to disability, race, religion, sexual orientation and gender.

People's physical and mental health needs were assessed before they moved into the home. They were provided with information about how to make a complaint and this information was displayed throughout the home for reference. They were also supported to engage in local activities and events, and to maintain social support networks, such as visiting friends and relatives.

Staff told us the registered manager was approachable and supportive. There were procedures and systems in place to evaluate and monitor the quality of the service provided although these had not identified the issues that we found on inspection. The home encouraged involvement from health and social care professionals in assessing the quality of the service provided to people through the use of surveys and by seeking feedback. The provider also took account of people's views about the quality of the service provided through resident's satisfaction surveys and through the homes comments and suggestions box.

# 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 always safe.

Medicines were not always managed and recorded appropriately. We have made a recommendation to the provider where improvements to the management of medicines should be made.

There were policies and procedures in place for the safeguarding of adults from the risk of abuse.

Staffing levels were sufficient to meet people's needs. Safe recruitment practices were in place that ensured staff were suitable to work with people using the service.

Assessments were completed to determine the levels of risk to people's physical and mental health.

There were arrangements in place to deal with foreseeable emergencies.

**Requires improvement**



### Is the service effective?

The service was not always effective.

There were no systems in place to provide staff with annual appraisals of their practice and performance.

Staff were supported through regular supervisions and by attending appropriate training.

People were provided with sufficient amounts of nutritional food and drink to meet their needs.

People were supported to maintain good physical and mental health and had access to health and social care services when required.

Staff were aware of the need to gain consent from people when offering them support. Care plans contained completed Mental Capacity Act assessments and Deprivation of Liberty Safeguards where appropriate.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff were knowledgeable about people's needs in relation to their disability, race, sexual orientation, culture and gender.

People were provided with information about the service and were consulted about their care and treatment.

People's privacy and dignity was respected, and they were treated with kindness and compassion.

**Good**



# Summary of findings

## Is the service responsive?

The service was not always responsive.

Care plans and records were not always accurate and reviewed on a regular basis and in line with the provider's policy to ensure people's needs were appropriately documented and met.

People were provided with information about how to make a complaint.

People were supported to engage in local activities and events and with maintaining social supports and networks such as visiting friends and relatives.

**Requires improvement**



## Is the service well-led?

The service was not always well-led.

Although there were procedures in place to evaluate the quality of the service provided we found they were not always followed or were effective. The registered manager did not always ensure that processes were followed to protect against key identified risks described in this report.

Quality assurance audits were conducted on a regular basis. Satisfaction surveys were conducted and provided opportunities for people to provide feedback about the service and to help drive improvements.

The service promoted an open culture and the registered manager was available to people and staff when needed.

**Requires improvement**



# Elmwood Lodge

## 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 was 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 unannounced inspection was carried out on 24 and 25 November 2015. The inspection team consisted of an inspector, a specialist advisor 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.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

During the inspection, we spoke with six people using the service, four members of staff and the registered manager. We spent time observing the support provided to people in communal areas, looked at five people's care plans and records, staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff that supported them. One person said, “I feel safe here, it has kept me out of hospital and I am able to talk to everyone.” Another person told us, “I feel very safe and the staff are nice.” Throughout the course of our inspection we observed that people appeared safe and well supported, however we found that people’s safety was not always maintained as medicines were not always managed and recorded appropriately.

We looked at medicines records and the medication administration records (MAR) for seven people using the service. Photographs of people using the service were kept with most people’s individual MAR charts to identify them to staff. This helped to ensure medicines were administered to the correct person. However, we found that one MAR chart was missing a photograph. We drew this omission to the attention of the registered manager who took immediate action to ensure a photograph was taken and placed with the person’s MAR chart as appropriate. Records of people’s allergies were recorded on five of the seven MAR charts we looked at to reduce the risk of people receiving medicines they were allergic, or have an adverse reaction to. We also brought this to the attention of the registered manager who took appropriate action to ensure this information was recorded on the two MAR charts we saw.

One person’s medicine care plan and MAR indicated that they were to take one of their medicines at night. However, we noted that the MAR chart had been completed to show that the medicine had been administered to them in the morning on the 23 and 24 November 2015. We drew this to the attention of the registered manager who confirmed that the person’s medicine was to be administered in the morning as this was preselected due to the person’s medicine being placed in a dosette box for morning administration. The registered manager told us that the service had recently changed pharmacies and they would discuss this with the pharmacist to ensure the correct administration time was documented on the person’s MAR chart so it corresponded with the times recorded on the dosette box. We also found that one person’s medicine care plan was out of date and did not reflect the current medicines they received. We spoke with the registered manager who confirmed the correct medicine was

recorded on the person’s MAR chart and was administered as directed. They told us they would ensure the person’s medicines care plan was updated to reflect the recent change. We also saw that one person’s MAR chart had not been fully completed by the pharmacist as the dosage instruction was missing for one medicine but this had not been addressed by staff upon receipt. The dosage and the time to administer medicines should be documented on MAR charts for staff to follow and ensure safe management and administration of medicines.

**We recommend that the service refers to the provider’s policy on the safe management of medicines and to National Institute for Health and Care Excellence (NICE) guidelines for current best practice, in relation to the safe recording and management of medicines.**

Staff we spoke with told us they had received medicines training they considered to be suitable for the role, and had undergone competency assessments to ensure medicines were administered within the service. Medicine training and competency assessment records confirmed that staff had received appropriate training on a regular basis.

Medicines were securely stored and were administered and signed for by two members of staff to reduce the risk of errors. There was an up to date medicines policy in place which included guidance for staff in areas such as medicines audits, administration of medicines, ordering, receiving and storage. Medicine audits were undertaken on a monthly basis by staff who had received appropriate training. Staff told us what they would do in the event of a medicine error in line with the provider’s policy. We noted that a recent medicines audit had highlighted the need to change pharmacies due to a medicines error and in order to gain a better service for people.

People told us they felt safe living at the home due to the staff and homely environment, which included the personalisation of their rooms, offering them a secure private space. They told us staff were supportive, and we observed a good balance between the need to protect people and the promotion of their freedom within the home. One person said, “I can come and go as I please and I do feel safe.” A member of staff told us, “It is important we support people and make them feel safe, but also make sure people feel supported to make decisions and try new things.” The home had a policy in place for safeguarding

## Is the service safe?

adults from abuse and we saw safeguarding adult's information displayed throughout the home for staff and people's reference. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager told us that all staff had received training on safeguarding adults from abuse and training records we looked at confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

There were safe and robust recruitment procedures in place that ensured staff were suitable to work with people using the service. We looked at the recruitment files for three members of staff which contained completed application forms, references, details of previous health and social care experience and qualifications, employment history, and evidence that criminal record checks had been carried out.

People told us that staff were available when they needed support. One person said "There are always staff around to help whenever I need them." We observed there were enough staff on duty and deployed throughout the home during our inspection to meet people's needs. People using the service were able to spend time with, and talk to staff openly. The conversations between staff and people were mindful of people's individual needs and diversity. Staff told us staffing levels were appropriate to meet people's needs as people were empowered to remain and or regain their independence. Staff confirmed the home used agency staff as little as possible and agency staff they did use were regular workers at the home and knew people using the service well. We noted that the service had only used agency staff to cover holidays and sickness.

People told us they felt risks relating to their health and well-being were identified by staff and managed appropriately. One person said "I always tell staff when I am going out and when I should be back so they know I'm ok." Assessments were completed to determine the level of risk to people's physical and mental health, and care plans contained guidance for staff on how to manage risks to people safely. Risk assessments were completed for areas such as medication, mental health, mobility, nutrition, behaviour and personal care. People also had individual emergency evacuation plans in place which highlighted to staff and emergency services the level of support they would need to evacuate the building safely.

Accidents and incidents involving the safety of people using the service were recorded and acted on appropriately. Accident and incident records demonstrated that staff identified concerns and took appropriate action, referring people to health and social care professionals when required to minimise the reoccurrence of risks.

There were arrangements in place to deal with foreseeable emergencies and staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us that regular fire alarm tests and evacuation drills were conducted and records we looked at confirmed this. There were systems in place to ensure the home environment and equipment used to support people were safely maintained. Equipment was routinely serviced and regular maintenance checks were carried out on gas and electrical appliances, legionella testing and fire equipment. The home environment appeared clean, was free from odours and was appropriately maintained.



# Is the service effective?

## Our findings

People told us they were supported by staff that had the knowledge and skills to meet their needs. One person said, “The staff know me, and I trust them to talk to, and share my feelings. It has helped me feel better and stay well.” Another person told us “The staff are very good and know how to help me.” Although staff were effective in meeting people’s needs and had been supported in their roles through regular supervisions, we found that the provider did not have systems in place to ensure staff received an annual appraisal of their practice and performance. One member of staff who had worked at the home for several years said “Supervision is frequent and supportive but I don’t think I have had an appraisal.” We spoke with the registered manager and the provider who confirmed that there were no current systems in place to provide staff with an appraisal. This meant that staff may not be aware of how to improve their performance within their roles and responsibilities nor be aware of the skills they need to develop in order to achieve their ambitions, career goals and when meeting people’s needs effectively.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had developed an appraisal system that was planned to be operational in January 2016. However we could not monitor the effectiveness of this at the time of our inspection.

Staff members new to the home completed an induction programme in line with the Care Certificate which included the provider’s mandatory training package, and initially working alongside experienced members of staff to promote good practice. Staff told us they felt the induction into the home was informative and helped them in their role in order to meet people’s needs effectively. One member of staff who was new to the service told us, “The induction and training was good and made me feel confident that I knew both the service and the residents well.”

Staff told us they received training that was appropriate to their needs and the needs of the people they supported. Training records showed that staff undertook training which the provider considered to be mandatory in areas including manual handling, safeguarding adults, first aid,

food hygiene, Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), mental health awareness, and risk assessments. Training was also provided for specialist areas such as epilepsy awareness, diabetes awareness and challenging behaviour awareness. Where refresher training was required we saw that this had either been completed by staff or the provider had taken appropriate action to book relevant training required for staff to attend. This ensured staff remained up to date with best practice.

People told us they were involved in the decisions about their care and were able to voice their wishes and preferences to staff. One person said “Staff always talk to me and ask me my opinion on things. They never just do, they always ask.” Staff were aware of the importance of gaining consent for the support they offered people and we observed examples demonstrating this during our inspection. Staff had a good understanding of people’s rights to make informed choices and decisions independently, but where necessary staff were aware of how to act in their best interests, in line with the Mental Capacity Act 2005. 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. Care plans contained mental capacity assessments where appropriate and applications for DoLS were made in accordance with the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate referrals were made to local authorities so that people’s freedom was not unduly restricted. We saw that DoLS authorisations in place followed guidance and any conditions that were put in place were met by staff.

People were supported to eat and drink sufficient amounts to meet their needs and maintain a balanced diet. People told us they planned weekly menus with staff and enjoyed the meals on offer. One person said “The food is lovely and



## Is the service effective?

there is always choice. We talk about what we would like to eat.” Another person said “The food here is good, there is good choice and we have BBQ`s in the summer in the big garden.” Staff were knowledgeable about people’s specific dietary requirements and supported people to plan their meals appropriately, for example, by ensuring diabetic and calorie controlled options were available where required. Menus were developed on a weekly basis by staff with involvement from people so their preferences could be respected. Care plans and records included diet and nutritional needs assessments and weight monitoring charts. These provided staff with guidance on how best to support people at meal times and to highlight if people were at risk of weight loss or poor nutrition.

People were supported to maintain good health and had access to a range of health and social care professionals

when required. One person said “If I need to see the doctor the staff always help me with this, and if I have to go to appointments.” Another person told us “I can talk to staff if I feel unwell or need help.” A member of staff told us “I feel able to know, when people need someone to talk to or may need additional support. We work with people and try to talk things over and are hopefully approachable.” Care plans and records showed that people were referred to a range of healthcare professionals when needed, including doctors, mental health teams, dentists and opticians. People’s care plans also contained notes of any contact with healthcare professionals and we saw care plans had been adjusted where required in accordance with professional’s advice.

# Is the service caring?

## Our findings

Throughout the course of our inspection we observed staff speaking to, and treating people in a respectful and dignified manner. Staff displayed kindness and patience towards people, and interactions between staff and people using the service were positive. One person told us “The staff are very kind and know me well. They understand me and what help I need.” Another person said “I am able to get support when I need it and staff understand that I like to be in my room and feel safe. They have helped me make it the way I want it to be.” People told us that staff supported them to personalise their rooms, making them feel at ease in a more homely environment. Communal areas were warm and inviting and, we observed people relaxing, talking to staff or listening to music in the lounge, or spending time in their rooms.

People told us they had been consulted about their care and support needs and were allocated a named key worker to co-ordinate their care. One person said, “Staff are nice and they understand my needs. I have a care plan and we talk about what help I need, and if I want to make any changes.” People’s care plans contained records of keyworker meetings held to address any changes in their needs or desired outcomes to ensure they were met effectively.

People told us they attended regular residents meetings where they were able to talk about what was happening at the home, the things that were important to them and the things they wanted to do. We looked at the minutes for the last meeting and saw discussions had included topics such

as activities, staffing and the day to day management of the home. We saw the meeting was well attended by people using the service and their comments and suggestions were recorded.

People were provided with information about the service and about other events or services that could be of interest. For example there were notice boards throughout the home displaying information about health and social care topics such as mental health services, social events and clubs, the provider’s complaints procedure, the service user charter and information about local authority services. People were also provided with a service user guide detailing the provider’s statement of purpose and values.

Staff ensured people’s privacy and dignity was respected at all times. Staff we spoke with provided us with examples of how they promoted people’s privacy and dignity, for example by knocking on people’s doors before entering their rooms, ensuring information held about people was kept confidential, and respecting people’s wishes and choices. One member of staff said “We try to work with people to enable them to retain their independence and privacy. This is important to us all.” Discussions with staff demonstrated their commitment in meeting individuals’ preferences and recognising what was important to them. Staff were also knowledgeable about people’s needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet any identified needs or wishes. Staff gave examples of how they addressed people’s cultural needs and provided us with information about some people’s dietary requirements and mental health needs.

# Is the service responsive?

## Our findings

People told us the care and support they received was personalised, respected their wishes and met their needs. One person said “I feel comfortable talking here and I know I am listened to.” Another person told us “The staff are very responsive to my needs. They know when I want to talk and how to keep me well.” Although people received care and support that was responsive to their needs and we observed that staff understood how to meet people's needs appropriately we found that people's care plans were not always kept up to date and reflective of their current needs.

Care plans and records were not always accurate nor reviewed on a regular basis, in line with the provider's policy to ensure people's needs were appropriately documented and met. For example one person's contingency crisis plan had not been reviewed since July 2014 despite there being changes in their behaviour that challenged the service. We also saw that their medicines care plan had not been updated since November 2014 and was no longer reflective of their current needs. This meant that staff new to the home may not be aware of the person's current prescribed medicines. Another person's care plan contained detailed assessments on their mobility needs and a support plan was implemented to ensure staff supported the person appropriately; however we saw that they had not been reviewed since May 2014. This meant that people may not be provided with the appropriate level of support to meet their current needs as records were not accurate, complete and contemporaneous.

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

People's physical and mental health needs were assessed before they moved into the home. Care plans contained information for staff on how their needs should be best met and were person centred. Care plans demonstrated that people, their relatives where appropriate, keyworkers and appropriate health and social care professionals were involved in their development.

Staff were knowledgeable about the people they supported and were aware of people's preferences and interests, as well as their health and support needs. One member of staff told us, “I have worked here for years and really enjoy my job. I know everyone very well and that makes a difference to their health and well-being.” Another member of staff said, “The training is good and it gives you an awareness of people's needs. I feel confident that I can support people and do my job well.”

People told us they were provided with information about how to make a complaint and we saw this information was displayed throughout the home. One person told us “If I had any problems I would tell the staff. They are very good and would listen and help.” We looked at the home's complaints folder which included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The home had not received any complaints to date, but we saw that there were robust systems in place to manage and respond to any complaints received.

People were supported to engage in local activities and events, and to maintain social support networks, such as visiting friends and relatives. One person told us “I like to visit places, such as the garden centre and visiting my relatives. The staff here are good at helping me arrange things so I don't worry as much.” Another person said “Myself and my friend are going to see a pantomime. We like to go to the pantomime and are looking forward to it.” A third person told us “My sister is visiting tomorrow and we are going shopping together to buy something for Christmas as I like to be organised.” The home had access to a mini bus that was shared with the providers other services. This allowed for greater opportunities for people to venture out.

The home kept a record of the activities that people using the service participated in and the events and activities that the home provided. These included board games, planned parties, cooking and baking sessions, trips out to local restaurants and venues, and planned seasonal celebrations such as Halloween and Christmas parties to which relatives and friends were invited. We also saw that people paid to attend local social clubs, therapy sessions and massage treatments.

# Is the service well-led?

## Our findings

Regular audits were carried out at the home. These included environmental checks, maintenance, infection control, medicines, fire safety, health and safety, staff supervisions, and care plan and records audits. Some of the audits had identified areas for improvement and where this was the case the audit recorded actions staff were to take in order to resolve the issues found. However, we found that these were not always followed, or were not always effective in ensuring the quality of care people received and this required improvement. For example they had failed to ensure the safe management of medicines, provide staff with annual appraisals of their practice and performance, and ensure that care plans and records were reviewed on a regular basis and in line with the provider's policy.

There was a registered manager in post at the time of our inspection and staff whom we spoke with told us that they were approachable and would listen to any concerns or suggestions they had about the home. One staff member said "The manager is very good and supportive. I feel I can speak with them at any time." Another staff member told us "The manager is very supportive and approachable. They are available most of the time." People told us the service was homely and had a good atmosphere, and that the registered manager and staff were friendly and supportive. One person told us "This is my home and I love it. Everyone is very nice." We observed the registered manager was visible during the course of our inspection and spent time assisting and talking with people and staff.

The manager promoted an open culture that encouraged feedback from people to help drive improvements and enhance good practice. We saw that the manager and staff took time to spend with people and supported them appropriately with any needs or requests. Staff team meetings were held on a monthly basis and were well

attended by staff. Minutes of these meetings held included discussion of people's health and well-being, staff handover meetings, staff rotas, care plans and training needs. Staff handover meetings were held daily so staff finishing or starting their shifts were well informed about people's current well-being and any activities they were due to or had participated in.

The provider encouraged involvement from health and social care professionals in assessing the quality of the service provided to people through the use of surveys and from encouraging general feedback. The home worked well and in partnership with visiting professionals and had frequent contact with local health and social care professionals in order to best meet people's identified needs. We sampled some of the 'professionals survey' results and feedback which included comments such as "A pleasant and relaxed home", "Good communication between carers and management", "The standard of care is good and people are encouraged to be independent", and "It's a homely environment which meets the needs of the clients."

The provider took account of people's views about the quality of the service provided through resident's satisfaction surveys, and through the homes comments and suggestions box which was located in the entrance hall. A survey had been carried out for people using the service in September 2015. We looked at the results for the survey conducted which showed that 67% of people using the service strongly agreed they were involved in the implementation of their support and care plans, 89% agreed that staff respected and understood their needs and 78% agreed that they felt safe at the home. Where improvements in the service had been identified, the registered manager implemented action plans to address and resolve any issues. We also saw that survey results were shared with residents and staff and highlighted issues were discussed at regular meetings held.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to provide appropriate appraisals to enable staff to carry out the duties they are employed to perform.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

The provider failed to maintain accurate, complete and contemporaneous records relating to the safety and welfare of people using the service.