M & C Taylforth Properties Ltd

Chaseside Care Home

Inspection report

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Date of inspection visit: 4th & 5th November 2015
Date of publication: 22/12/2015

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 4 and 5 November 2015 and was unannounced.

Chaseside Care Home is located in Lytham St. Annes, Lancashire. The home is registered to provide accommodation and care for up to 22 older people. The majority of people accommodated have a diagnosis of dementia. At the time of our inspection there were 13 people who used the service.

At the time of this inspection the registered manager had just left the service to take up a position in another organisation. We were assisted during the inspection by the provider who had taken over the day to day running of the service until such time as a new manager was appointed and registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the home took place on 14 May and 18 June 2015. During that inspection we found the service

Summary of findings

was in breach of a number of regulations in relation to consent, safe care and treatment, staffing and good governance. The service was placed in 'special measures' and given a period not exceeding six months to make significant improvements.

We found during this comprehensive inspection this provider had demonstrated improvements when we inspected. We have judged it is no longer rated as inadequate for any of the five key questions. Therefore Chaseside will no longer be in special measures. However, we had some outstanding concerns in relation to good governance and person centred care.

We found that systems to monitor safety and quality across the service had been improved and these were more effective in a number of areas. However, in relation to the safe management of medicines, audits were still not as robust as they should have been and as a result some errors were still occurring. This was of concern due to the potential risks to people of unsafe medicines practice. In addition, the previous failures of the service to manage people's medicines safely meant that the provider should have prioritised this area for robust auditing and failure to do so was evidence that good governance was still not fully in place.

We found some good examples of person centred care planning that demonstrated the individual needs, wishes and preferences of people had been taken into account when planning their care. However, we found some examples where people's care plans lacked specific information and in some cases, contained conflicting information.

During this inspection it was noted that the provider had improved practice in relation to the support of people who lacked capacity to consent to some aspects of their care. We found the provider was working in accordance with the Mental Capacity Act and associated Deprivation of Liberty Safeguards. However, we noted that the recording of information relating to people's individual circumstances could have been clearer. We made a recommendation about this.

During this inspection we were able to confirm that the provider had implemented a tool to determine the necessary staffing levels in accordance with the needs of people who used the service. The provider was able to show us examples of adjustments to staffing levels in response to changes in people's needs.

The training provided to staff had been reviewed and processes to monitor the training provided were in place. This helped to ensure staff received all their mandatory training and were provided with refresher training when necessary. However, we found that the training programme required some updating to remain in line with people's needs and staff member's different roles. We made a recommendation about this.

Risks to the health, safety and wellbeing of people who used the service were managed appropriately. People told us they, or their loved ones, received safe care and that care staff understood their needs.

Care staff demonstrated a good understanding of people's needs and were able to confidently describe the measures they took to maintain people's safety and wellbeing. Care staff were aware of the processes to follow in the event they had any safeguarding concerns about people who used the service and the role of external organisations.

People expressed satisfaction with the care they received and spoke highly of care workers. People felt they were treated with respect and kindness and told us staff supported them to access health care when they needed it.

The provider engaged regularly with people who used the service and their relatives. Regular meetings were held during which people were invited to express their views and opinions. In addition, regular satisfaction surveys were carried out. People who used the service and their relatives told us they felt comfortable in expressing their views and felt able to raise concerns.

During this inspection we found breaches of regulations in relation to governance and person centred care.

You can see what action we have taken at the end 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

The service was not consistently safe.

Ineffective audit systems meant that opportunities to improve the safety of medicines management were not always identified in a prompt manner.

Staff had a good understanding of general risks to people's safety and

wellbeing and were aware of how to raise concerns about the safety of a person who used the service.

Staffing levels were assessed in accordance with the needs of people who used the service.

Is the service effective?

Requires improvement

The service was not consistently effective.

The rights of people who did not have capacity to consent to all aspects of their care were protected because the service worked in accordance with the Mental Capacity Act 2005 and associated legislation. However, information about measures taken to protect people's rights could have been clearer on their care plans.

Staff were provided with training and ongoing support. However, we recommended the training programme be reviewed to ensure it was in line with people's needs and staff members different roles.

People's health care needs were properly assessed and action taken to ensure they were met. People received support to maintain adequate nutrition and hydration.

Is the service caring?

Good

The service was caring.

People who used the service told us they received their care from a kind and caring staff team, who promoted their privacy and dignity at all times.

People felt they were provided with care that reflected their personal needs and choices.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's individual needs and wishes were taken into account in the way their care was planned and provided. However, some aspects of people's care needs were not always clearly recorded.

People who used the service, staff and other stakeholders were encouraged and enabled to express their views.

Summary of findings

Is the service well-led?

The service was not consistently well – led

Quality assurance processes had been implemented but required some improvement to ensure they were fully effective, particularly in relation to medicines management.

The provider attempted to create a positive, open culture within which people felt able to express their views and concerns.

Requires improvement

Chaseside Care Home

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 had taken action to make improvements following the last inspection, when the service was awarded an inadequate rating and placed into 'Special Measures.'

The inspection took place on 4 & 5 November 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, an inspection manager and a pharmacy specialist advisor. We were also accompanied by 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. This expert-by experience had expertise in services for older people.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with three people who used the service during the inspection and six relatives. We also had discussions with the provider, deputy manager and four care workers. We contacted three community professionals as part of the inspection and received feedback from one of them. We also contacted the local authority contracts team.

We closely examined the care records of seven people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We looked at medicines records for eleven people who used the service.

We reviewed a variety of other records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and records relating to quality assurance.

Requires improvement

Is the service safe?

Our findings

During our last inspection on 14th May and 18th June we found the provider had breached regulations 11 and 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

in relation to safe care and treatment, medicines management and staffing. We issued requirement notices requiring the provider to take action to achieve compliance with these regulations.

During this inspection we found evidence the provider had made improvements in relation to medicines management, staffing and safe care and treatment.

People we spoke with told us they felt safe receiving their care at the service. People felt risks to their, or their family members', health and wellbeing were well managed and that they received safe, effective support.

Care plans viewed included a range of risk assessments in areas such as nutrition or falling. We saw that health care risks were also identified and assessed and care plans were in place to provide staff with guidance on how to maintain people's safety when providing care and support.

We observed medicines being given at lunch-time and talked to staff about medicines procedures. We also looked at medication records and medicines for eleven people.

A new comprehensive medication policy was available for staff to refer to, which provided up-to-date guidance, to help to ensure medicines were given safely. Staff told us they had been provided with this information, although there was no written confirmation they had read or understood the guidance. When discussing the service's policy in relation to giving medicines covertly, staff were not clear what the policy advised regarding this.

Arrangements for the storage of creams had improved and creams were stored securely. All creams checked were in date. However we found topical records of administration for three people were incomplete. One person was prescribed a steroid treatment cream to be used twice a day and records showed this was regularly being applied only once a day. Another person was prescribed a pain relief cream to be applied three times a day but records were only made once or twice a day. This meant that people were not always getting their treatment as prescribed.

All people who were being administered medicines had a photograph so that the person administering medicines could accurately identify them. Each person's allergy status was also recorded to help ensure they were not given medicines they may be allergic to.

Improvements had been made to records and these included information about the times people were given their medicines. However, a staff member advised us they now woke residents up to give them their morning medicines. When investigated further, it appeared that staff had misunderstood previous advice to ensure a safe interval was left between doses of medicines, as it had been identified in a previous inspection that there was a risk the lunch-time medicines were being given too closely to the morning medicines.

At the time of the inspection the registered manager had recently started a boxed medicines count to help improve processes for checking stocks of medicines. However, we still found some discrepancies on the day of the inspection. In some cases it was difficult to do an audit check as medicines carried forward at the start of the new cycle had not always been accounted for. One person was prescribed a patch to be applied daily. The medicine administration chart had been signed every day but there were more patches left in the box than there should have been according to the audit sheet. Another person was prescribed paracetamol. The stock check carried out and subsequent records of doses given did not add up to the quantity remaining. This meant people may not have been given their prescribed doses of medicines or that records were incorrect.

The home had improved written protocols for staff to follow when giving people their medicines which were prescribed 'when required'. Records were also made as to the reason why the medication had been given. However there was still limited information to guide staff about which dose of medication to administer when a variable dose was prescribed and one resident's medication dose had been altered but their protocol did not reflect this.

At a previous inspection it was found that the provider did not have appropriate plans in place to advise staff about how to give medicines covertly, which is usually carried out by hiding the medicines in food or drink. Following the inspection, the provider had carried out assessments of people's capacity to consent, which helped protect their rights. However there remained a lack of information from

Requires improvement

Is the service safe?

a pharmacist about how to give specific medicines in food or drink. In discussion, staff told us they had attempted to obtain this guidance but had not yet received it. This had led to one person not receiving their medicines on several occassions as staff said they did not want to administer them covertly until they had the specific advice.

We found some gaps in medication administration records where medicines had not been signed for. It is important that records about medicines administration are accurate, to demonstrate that people are given their medicines properly. We found that in some cases, medicines that had been refused were left loose in the doseage pods instead of being disposed of safely.

We looked at how people's medicines were obtained and how any changes to their prescribed medicnes were managed. Each person's medicines were listed in their care plan and staff kept a good log of heathcare professionals' visits. All medicines were in stock at the time of inspection, but one person had not been given their antihistamine for two days as the service had run out of stock and not obtained a prescription in a timely manner. There did not appear to have been any adverse effects for the person of not having this medicine. We found one person had been prescribed two pain-relief medicines which both contained paracetamol. A senior carer told us this person had been prescribed the stronger pain relief as their condition had deteriorated, but there were no clear notes describing this. Both pain relief medicines had been given on some days and there was no clear supporting information about which medicine the person was to be given. The doses had however been administered within the required four hour intervals and had not exceeded the maximum daily dose of paracetamol.

Staff told us they had been observed by the manager whilst administering medicines and we saw the competency assessment tool that had been completed during this process. However many of the issues highlighted at the inspection were as a result of mistakes and poor recording by staff. We discussed what audits the registered manager and provider had undertaken and noted that other than some counts completed in the previous two months, none were available.

We were advised the supplying pharmacy had completed an audit earlier on in the year and an external company had carried out a medicines audit during the summer. These audits had identified some similar concerns to those found on the day of the inspection but the provider was not aware of what actions had been taken by the regsitered manager. The framework of medication checks and audits was not effective as issues were not identified or acted upon promptly.

We have referred to these failings under the Well- Led section of this report.

We were able to confirm that the service had a safeguarding policy and related procedures in place. In discussion, we were advised that the policy was updated on an annual basis or more frequently if there were changes in legislation or good practice guidance.

The provider and staff demonstrated a good understanding of safeguarding processes and were able to describe the correct action to take should concerns be identified about the safety or wellbeing of a person using the service.

We noted there appeared to be sufficient numbers of staff deployed to meet the needs of those who lived at the home during the inspection. The provider confirmed a tool was in place to determine staffing level needs in line with the needs of people who used the service and that this tool was implemented day and night. We examined the staff duty rotas, which showed that the service was consistently staffed to the levels determined. The provider advised us that staffing levels would be automatically increased if people's needs increased.

During the course of our inspection we looked at the personnel records of four members of staff, who had been working at the home for varying lengths of time. We found that prospective employees had completed application forms and medical questionnaires. A structured interview also took place. Together this helped to ensure that new employees matched the criteria required for the job for which they had applied.

We noted that there was only one reference on file for one person, who had started work at Chaseside seven months previously. This reference confirmed employment dates only and was not dated. Therefore, there was no record of this individual's previous work performance, experience or skills and it was not possible to establish if this reference been received prior to employment or after they started to work at the home.

We noted that police checks had been conducted before people started to work at the home. This helped to ensure

Requires improvement

Is the service safe?

that those employed were fit to work with this vulnerable client group. Staff members from abroad had residency permits on their files, enabling them to work in the United Kingdom.

Requires improvement

Is the service effective?

Our findings

During our last inspection on 14th May and 18th June we found the provider had breached regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to obtaining consent. We issued a requirement notice requiring the provider to take action to achieve compliance with this regulation.

During this inspection we found evidence the provider had made improvements in relation to obtaining consent from people who used the service, in relation to their care and treatment.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had a policy and related procedures in place which had recently been reviewed by the provider to ensure the guidance was current and in accordance with recent changes in legislation. This was viewed and found to be satisfactory.

We found the provider had made the necessary applications under DoLS for those people unable to consent to their accommodation and care. In addition, we saw examples where staff had worked closely with the Local Authority to help ensure people's care was provided in the least restrictive way possible, whilst protecting their best interests. However, in some examples we found information about the assessment of people's capacity to consent to specific decisions or action taken in their best interests, was not always clear on their care plans.

Records showed that one person had fallen out of bed in March 2015 and she had sustained a fractured femur. The subsequent falls risk assessment categorised this individual as 'high risk'. The care records stated, 'To prevent this happening again [name removed] will have bed rails fitted immediately.' There was no evidence of any consultation with the person concerned or a best interest decision meeting. The assessment was conducted by a staff member and it appeared this member of staff had made the decision for bedrails to be used.

People spoken with were satisfied with the support they received to maintain good health. One relative we spoke with commented, "They [the staff] seem very good at dealing with any problems."

In viewing people's care plans we found a number of examples of effective joint working with community professionals such as GPs and mental health workers. We saw that staff requested the input of such professionals when necessary and followed their advice when providing people's care.

We spoke with people about the quality and variety of food provided at the service and received positive feedback. People's comments included, "The food is good quality and enjoyable." "I get very well fed." "I think the food is very good. People certainly seem to enjoy it from what I see."

The provider told us that the arrangements for meals had been changed due to feedback received from people who used the service. The main meal was now being served at tea time, with a lighter lunch during the day. The provider explained that this was because some people had a late breakfast and therefore did not want a heavy lunch.

Records demonstrated that people were given a variety of options for meals on a daily basis. This information was supported by our observations. We saw the chef discussing the available meal options with people on the day of the inspection and also noted the provision of menu information in the dining area.

Evidence was available to show that new staff members were issued with a range of information to help them to settle in to their role and to carry out the job expected of them. This included a staff handbook, various important policies and procedures, such as discipline and grievance procedures, a job description relevant to their specific role, the code of conduct and terms and conditions of employment.

Requires improvement

Is the service effective?

Records showed that new staff were assisted through an induction programme, which lasted eight weeks. However, this consisted of a simple 'tick list', which covered areas, such as the staff handbook, a tour of the premises, meeting colleagues, fire procedure, health and safety and discussions in relation to areas such as safeguarding adults, whistle blowing, managing challenging behaviour, the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The staff personnel files we examined contained annual appraisals, supervision records and a personal development plan, which included achievements, overall performance, areas for improvement and goals for the next planned session. The appraisal for one person in March of this year stated a goal to complete a management and leadership course. However, there was no evidence to show this had been started, or if it had been planned.

A range of certificates of training were on staff files. These included health and safety related courses such as first aid, moving and handling and food hygiene. In addition, areas such as dementia care and supporting people with challenging behaviour were noted on some staff members' files. Each learning module was supported by a knowledge check, from which results in percentages were awarded. The training matrix we saw matched the information contained in staff members' personnel records.

Whilst some training was seen to be provided we found some improvements were required to the training programme, to further enhance the skills and knowledge of the staff team. For example, we viewed the personnel file of a person in a senior position and noted they had not received any training to support them in their management role. Another example was that of a care worker who was seen to be closely supporting a person with complex behavioural needs at the time of the inspection, but was confirmed as not having any training in this area.

During the inspection we carried out a tour of the service, viewing all communal areas and a variety of people's private accommodation. The home was found to be warm, clean and comfortable throughout. It was noted the provider had made a number of improvements to the environment in accordance with NICE (National Institute of Clinical Excellence) guidance relating to accommodation for people who live with dementia. Such improvements included, new signage and orientation aids to assist people in getting about the home.

It is recommended that practice in relation to recording mental capacity tests, making and recording best interest decisions and Deprivation of Liberty applications is reviewed to ensure the MCA/ DoLS code of practice is consistently followed.

It is recommended that the staff training programme be reviewed and improved in line with people's individual roles, the needs of people who use the service and national Skills for Care guidance in relation to induction.

Good

Is the service caring?

Our findings

People we spoke with expressed satisfaction with the way their, or their loved one's, care was provided. Their comments included, "I love it here. They look after me very well." "I feel [name removed] is very well cared for." And, "The staff are very kind. They are what I would call genuine carers."

We observed staff providing support and interacting with people throughout the day. We noted that staff approached people in a gentle and patient manner and addressed them respectfully.

Care workers were seen to respond to people's requests for assistance quickly and in a pleasant manner. It was apparent that staff knew the people they were supporting well and had a good understanding of their needs.

We carried out our SOFI observation during a time when one person was presenting in a distressed manner. The person was being closely supported on a one to one basis in line with their care plan. The staff member seen to support the person throughout this time, did so in a very calm and gentle manner. We saw the staff member respond to the person when they appeared to be restless and uncomfortable and took their time to find out how they could make them more comfortable.

We found some good examples of person centred care planning. This meant that people's preferred daily routines were well detailed and staff had information about the things that mattered to them. In discussion care workers showed good understanding of peoples preferences and how they wanted their care to be provided.

We saw that care workers supported people in a way that promoted their dignity and right to privacy. We observed staff members taking time to speak with people before providing support and requesting their permission to assist them. All staff we spoke with were able to tell us how they ensured people's privacy and dignity was protected and gave us examples of how they achieved this on a daily basis.

Relatives we spoke with told us they were able to visit without any undue restrictions. Visitors also commented they were made to feel welcome and comfortable by staff at the home. One person said, "I come and go as I please." Another said, "I never feel awkward about being here. They always make me feel welcome."

Advocacy information was available and on display in the home for people. Staff we spoke with were aware of how to contact advocacy services should this be requested by someone who used the service. This meant that people would be supported to have access to an advocate if they needed one.

Requires improvement

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with the service they or their loved one received. One person commented, "I am quite happy [name removed] is here. Its clean, everything is fit for purpose." Another person said, "I am looked after very well here. I have everything I need and I can't think of anything I would want to be different."

During the inspection we looked at the care plans of several people who used the service. 'This is me' documents provided staff with some good information about people's social history, including their family life, employment and previous hobbies. This record also contained some good information about the person's communication needs and how to support them to express choices and decisions.

A good life history was provided, which was detailed and person centred. In addition people's daily preferences, for example, when they usually preferred to get up or go to bed, were also included. There was information in people's care plans about the activities they enjoyed and the support they required to engage in them.

In discussion, people described some activities that took place within the home. One person told us about a recent Halloween Party which had been attended by a number of friends and families. Other activities included visiting entertainers, crafts and quizzes. A person who used the service told us she enjoyed knitting and commented that staff supported her to get the equipment she needed on a regular basis.

People's care plans provided details of their daily care needs and how they wished to be supported. However, we found that in some examples, improvements were required to ensure that information was accurate and consistent. For example, we viewed the care plan of one person, which in one part described them as 'independently mobile' but in another, stated they were 'unsteady of their feet.' In another example, a person's continence assessment stated they should be supported every 4-6 hours but another part of their plan stated this care was required every two hours. In another example, a person's care plan contained conflicting information about their mental health and behaviour.

Some guidance included in people's care plans was vague and lacked specific information. For example in relation to episodes of challenging behaviour sometimes displayed by one person, their care plan stated 'care staff must intervene'. However, there was no guidance about how they should intervene.

In some people's care plans we found gaps in information about their care needs. For example, some aspects of people's behavioural needs had not been addressed. We also viewed the care plan of another person who had sustained a fracture likely to be causing them some pain, but there was no plan in place about how this should be managed.

These findings evidenced a breach of regulation 9 (1)(a)(b)(c)(3)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider was able to demonstrate there were processes in place to involve people who used the service in the running of the home. Residents' and relatives' meetings were held on a regular basis and we saw from viewing minutes, that these were generally well attended. A number of issues were discussed at the meetings and people were kept informed of developments within the service and invited to share their opinions and ideas.

There was a complaints procedure which advices people how to go about raising any concerns they had. The procedure was posted in the communal area of the home and included the contact details of various external agencies, such as the Local Authority.

Everyone spoke with said they would feel quite at ease in raising any concerns with the management team. One person told us they had raised some concerns about their relative's care previously. They said they had been listened to and felt the response of the registered manager and provider was satisfactory.

Requires improvement

Is the service well-led?

Our findings

During the last inspection carried out on the 14th May and 18th June we found the provider had breached regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to good governance. We issued a requirement notice requiring the provider to take action to achieve compliance with this regulation.

During this inspection we identified outstanding concerns in relation to good governance. We are taking action in relation to this ongoing breach and will report on this action when it is complete.

During the last inspection we found that formal audit systems to monitor the safety and quality of the service had been introduced but required some development. At this inspection we found some improvements in the way that safety and quality was monitored, but noted further improvements were still required.

We noted the provider had employed an external agency to complete a service wide audit and assist the service in developing an action plan for improvement. This was ongoing at the time of the inspection and the provider was able to demonstrate some developments made as a result. However, some findings and subsequent advice in relation to medicines management had not been fully actioned.

We found that audits in medicines management had not been fully completed for several months despite this being an area of ongoing none compliance within the service. We discussed this with the provider who was unaware the audits had not been completed by the registered manager. The ongoing issues in relation to medicines management within the service would have been identified quickly if audits had been carried out in accordance with the schedule and as such the failure to carry out regular audits meant that opportunities to make improvements had been lost.

These findings evidenced a continuing breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the time of the inspection the registered manager had recently left the service. The provider had taken charge of the home's day to day running and advised us she would be working in the home on a full time basis until a new manager was recruited and registered with the Commission.

Some further changes were anticipated within the management team, which included the planned departure of the deputy manager and a senior carer.

Two people we spoke with expressed concerns about changes in the management team and how such changes could impact on the consistency of care received by their relatives. However, the provider had held several meetings with people who used the service and their relatives to ensure they were kept up to date with the developments within the service. Further meetings were planned.

People we spoke with confirmed they felt able to approach the provider with any concerns. One person explained that they had recently done so and felt the provider had responded quickly and took appropriate action to resolve their concerns.

The provider had also ensured that staff members were being kept fully informed of changes within the team and was holding meetings with staff on a regular basis. During the meetings, the importance of whistleblowing and expressing any concerns about the care of people who used the service had been discussed with staff.

The provider had a clear understanding of her duty to notify the CQC of any significant events within the service, for example, DoLS authorisations or untoward incidents. Our records showed any such incidents had been reported appropriately and in a timely manner.

Systems were in place to record any accidents or adverse incidents that occurred within the home. This enabled the provider to analyse such incidents for themes or trends. And as such, identify any areas that may need to be improved to further safeguard the safety and wellbeing of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care 9. Person centred care. The registered person had failed to ensure that people's care was planned in a way that met their needs and reflected their choices and preferences. 9(1)(a)(b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17. Good governance. The registered person had failed to implement systems to effectively monitor the safety and quality of the service. 17 (1)