

The Royal Masonic Benevolent Institution Prince George Duke of Kent Court

Inspection report

Shepherds Green,
Chislehurst
BR7 6PA
Tel: 0208 4670081
Website: www.rmbi.org.uk

Date of inspection visit: 28 & 29 April 2015
Date of publication: 06/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



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 28 and 29 April 2015 and was unannounced. At our previous inspection on 19 and 20 June 2014 we found the provider was breaching two legal requirements in respect of people's care and staffing levels. The provider sent us an action plan detailing the action they would take to meet these legal requirements by 31 December 2014. We carried out this inspection to check the action plan had been completed and to provide a rating for the service.

The Prince George Duke of Kent Court is registered to provide accommodation for up to 78 people who have nursing or personal care needs. There were 74 people using the service on the day of the inspection.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a new manager in post at the time we visited and their application with CQC for registered manager was in progress.

At this inspection we found two breaches of legal requirements in respect of either records and for failing to notify CQC about significant events as required by law. You can see what action we asked the provider to take at the back of the full version of this report.

All the people we met except one told us they were happy and well looked after by staff. Staffing arrangements were adequate to meet people's needs and to keep them safe at all times. We observed good relationships between staff and people at the service and with their relatives. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

Safe recruitment practices were followed. Staff had received a range of training appropriate to their roles and had formal supervision and appraisal in line with the provider's policy.

Risk assessments were in place and reflected current risks for people at the service and ways to try and reduce these. Prescribed medicines were available and administration records were up to date. Most care plans

were in place and being reviewed to ensure care provided was appropriate for people. Three new residents care plans were not completed in line with the provider's policy and procedure.

Equipment at the service was well maintained and monitored and regular checks were undertaken to ensure the safety and suitability of the premises.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) protect people who may not have the ability to make decisions for themselves.

People's preferences, culture and spiritual needs were understood by staff and met in a caring way. People's nutritional needs were met. People had access to a range of health and social care professionals when required.

There was a positive culture at the home where people felt included and consulted. People and their relatives feedback positively about the new manager.

Effective systems were not fully in place to regularly assess and monitor the quality of services people received or make improvements required. The care plan audits had not picked up the identified issues with care plans. CQC was not notified of DoLS authorisation at the time of inspection.

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 safe. The provider was maintaining adequate staffing levels at all times to ensure people's welfare and safety.

Staff were recruited safely and there were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

Risks to people using the service were assessed and managed well, Care plans and risk assessments provided clear information and guidance to staff.

Medicine records showed that people received their medicines as prescribed by healthcare professionals.

The home environment and all equipment was safe and well maintained, with maintenance checks being done regularly.

Good



Is the service effective?

The service was effective. Staff completed training relevant to the needs of people using the service.

Staff supervision and appraisals were completed in line with the provider's policy.

Staff provided appropriate support to those who required assistance with their meals.

People using the service had access to a GP and other healthcare professionals when they needed.

People's care files included assessments related to their dietary needs and preferences and staff understood how to support people with complex care needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People using the service except one and their relative were happy with the care they received. We observed staff engaged with people and they supported people at their pace.

People or their relative where appropriate were involved in planning and review of their care. Staff knew people's needs and preferences well and treated people with dignity and respect.

Good



Is the service responsive?

Some aspects of this service were not responsive. Care plans were drawn up in consultation with people or their relatives when appropriate. They outlined

Requires improvement



Summary of findings

people's care and support needs and were regularly updated. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service. However, three new residents care plans were not completed in line with provider's policy and procedure.

Staff were knowledgeable about people's support needs and their preferences in order to provide a personalised service.

People and their relatives said they knew about the service's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

The service was not always well-led. There had been change of manager. A new manager had been appointed but was not yet registered.

CQC was not notified in a timely manner of the applications and authorisation of Deprivation of Liberty Safeguards.

The provider had systems to regularly assess and monitor the quality of services people received. However the issues we identified had not been picked up by the quality assurance process. The quality assurance process for the care plan audits was not effective.

Requires improvement



Prince George Duke of Kent Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 April 2015 and was unannounced. The inspection team comprised of two inspectors, a specialist advisor in nursing 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.

Before the inspection we looked at the information we held about the service including notifications they had sent us

about significant events such as safeguarding concerns. We also spoke with the local authority commissioning and safeguarding teams about their views of the service and reviewed other concerns from relatives.

Over the two days we spoke with eight people using the service, two relatives, eight care staff, two nurses, two shift leaders, a facilities manager, a chef and two visiting health professionals. We also spoke with new manager and a deputy manager for the service. Not everyone at the service was able to communicate their views to us so 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.

We looked around the building. We looked at 25 care records of people who used the service, staff training records, 12 staff recruitment and supervision records. We also looked at records related to the management of the service such as complaints, quality assurance and health and safety records.

Is the service safe?

Our findings

At our inspection on 19 and 20 June 2014, we found that the provider did not take proper steps to ensure that there were enough staff at all times to meet people's needs. This was in breach of regulations. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found there were enough staff on duty to help support people safely in a timely manner. People using the service and their relatives told us they felt there were sufficient staff. When asked if there were enough staff a relative told us "Someone is always popping in to see their family member." Another relative said when they visited the home they "Have not seen problems at weekends", and also that they had "never seen staff frazzled."

A dependency assessment was carried out by the organisation to identify staffing required by people using the service in relation to their needs. The dependency assessment was kept under a regular review to determine if the service needed to change staffing levels to meet people's needs. We saw an adequate staff ratio was maintained on the nursing unit and on the residential unit, to meet the assessed needs of the people. Staff rotas showed that bank and agency staff were being used to cover staff vacancies in the interim, until permanent staff were recruited. Staff said that there were enough staff on the units and if needed to support in any unforeseen situations on the floor, care workers came from other units.

Staff responded to people's requests for help in a reasonable time. A call bell system was in place. A person told us there were enough staff during the day and at night. They produced a call bell fob from their bag whilst we were speaking with them and a care worker came promptly when it was pressed. We saw electronic records were generated to monitor if calls were being answered promptly, and any delayed calls were discussed with member of staff to prevent it happening again. Handsets and wall buttons were placed in bedrooms and communal areas and were within people's reach should they require

support. We tested call bells from two people's bedroom and communal areas and found the staff response was within a minute for both the calls. This meant that people received timely support when needed.

The provider had followed safe recruitment practices and relevant checks, including criminal records checks, references, identity checks and registration of qualified nurses with their professional bodies had been completed before staff worked at the home.

People told us they felt safe at the service. Comments included, "I feel safe with all the staff", "Excellent, can't fault it", "Completely safe" "Staff are really friendly and very approachable."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to and they were aware of whistleblowing procedures as well. For example, one staff member told us "We can escalate any concerns without any hesitation." All staff we spoke with told us they had attended training courses on safeguarding adults from abuse. The training records we looked at confirmed this.

There had been seven safeguarding cases investigated since May 2014, three were unsubstantiated, one was substantiated and three were still being investigated at the time of the inspection. The home had worked in cooperation with the local authority in relation to safeguarding investigations and these had been notified to Care Quality Commission. Progress with current safeguarding investigations was monitored regularly by the manager as part of their quality assurance process. We cannot report on the investigation at this time. We will continue to monitor the outcome of the investigation and the actions the provider takes to keep people safe.

We case tracked one safeguarding incident through the home's procedures. Areas of concerns had been identified by the home manager in this case, as the home's procedures had not been followed which had led to a delay in calling an ambulance. As a result, in line with the home's disciplinary procedures one staff member was being dismissed and the other staff member was undertaking a

Is the service safe?

retraining programme. We saw that the family had been kept informed during the investigation. We found evidence that all staff had been reminded about procedures to follow when an incident occurred

Incidents such as falls were monitored as part of the accident reporting process and the manager had made changes to the reporting system which allowed them to monitor the time of falls to better identify any trends and respond appropriately.

Assessments were undertaken to assess any risk to people using the service and allowed for identified care needs to be met. These included for example, moving and handling, bed rails, skin integrity and behaviours which challenge. The risk assessments included information about actions to be taken to manage risks, such as prevention of falls. These risk assessments had been kept under regular review and updated as appropriate with adequate staff guidance. A person using the service told us “I’m now safe, settled and content and able to help myself if I wish.”

There were systems and plans in place to deal with a range of emergencies. Staff we spoke with knew what to do in response to a medical emergency and fire and they had received first aid training. The provider had carried out regular six monthly fire drills to ensure premises conformed to fire safety standards. We saw that people had personal emergency evacuation plans in place to guide staff and emergency services. This gave guidance on safe evacuation and reduced the risk of people being harmed or injured in the event of an emergency.

We found that the equipment and systems in relation to the premises were maintained and routinely serviced which helped reduce risks to people. These included hoists, the lift and the electrical equipment had been routinely serviced and maintained. We saw a record of maintenance checks and a system was in place to ensure these checks were undertaken on time. Processes to identify and record checks for risk of legionella were properly followed. For example, we saw that a water sample report dated 10 March 2015 which required action had been followed up and resolved on the 19 March 2015.

Checks were carried out on the premises to ensure risks to people were identified. The manager and the facilities manager conducted a regular walk around and recorded any issues noted with relevant action to be taken. For example, a risk assessment of the accessible first floor stairwell had been carried out, which had led to vases being removed from the home’s stairwell, to avoid any untoward accidents.

Medicines were administered safely. The service had a system for the safe administration of medicines. Medicines prescribed for people using the service were kept securely and safely. Medicine Administration Records (MARS) were up to date and the information was clearly recorded. The MAR charts, controlled medicines, medicine fridge and stocks we checked at random indicated that people were receiving their medicines as prescribed by healthcare professionals. Staff authorised to administer medicines had been trained to do so.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person using the service told us staff were adequately trained. A relative said “They get induction training, seems to happen every week.”

People received care from staff who were appropriately trained. Staff training records showed they had completed an induction programme and training in areas that the provider considered mandatory. This training included moving and handling, safeguarding vulnerable adults, fire safety, infection control, first aid, Mental Capacity Act, food safety and equality and diversity. Staff confirmed they had access to a structured training and development programme including refresher training. This ensured people in their care were supported by skilled and competent staff. One staff member told us “Staff training is always up to date.” Another staff member who was on induction said “I am shadowing an experienced staff on shift in relation to personal care, moving and handling, team work and communication.”

Staff were supported through regular supervision and annual appraisals in line with the provider’s policy. Records seen confirmed this and at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for all staff who had completed one year in service and that specific learning and development needs had been discussed. Staff told us they felt supported and able to approach their line manager at any time for support.

Staff we spoke with were aware of the importance for people to make decisions about their care where they had capacity to do so. Staff told us they received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff training records we looked at confirmed this. The MCA provides guidance about what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty for their own safety. Assessments of people’s capacity to make specific decisions were carried out and best interests meetings held where needed, regarding specific decisions about people’s care. For example, in relation to the use of bedside rails.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action to ensure the legal requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider was aware of the Supreme Court ruling and had made applications to the local authority for DoLS authorisations for eight people using the service. Care records seen included completed capacity assessments, DoLS referral forms and authorisations. These authorisations were required because some people required continuous supervision by staff.

People were positive about the choice of food provided. We asked a person using the service, if they liked the food and whether they had a choice, they said “Yes, very good.” A relative told us their relative “is a diabetic on controlled diet and they have special diet, choice is given and the quality is a reasonable standard.” Another relative said, “We did have dinner with [My family member] last year, on their birthday, it was excellent.” They (staff) do a special thing if it is your birthday.” [My family member] could choose her menu.” The chef told us they asked for feedback on the food and spoke to service users directly if they have any specific comments. For example, as a result of the feedback a person’s preference for a particular soup of their choice was now made available.

People’s nutritional needs were assessed and people were supported to have a balanced diet. People’s dietary needs had been recorded in their care plan and these had been shared with kitchen staff to ensure people received the right kind of diet for any religious or cultural needs and in line with their preferences. The chef showed us the menu planner which listed each person their preferences and any dietary needs they had for example, a requirement for a soft diet, or the need for food supplements.

We carried out observations at lunch time in two areas of the home. We saw positive staff interaction with people. The nursing unit dining room atmosphere was relaxed and not rushed and there were enough staff to assist people when required. We saw staff supported people who required assistance to eat and drink, taking time and encouraging them to finish their meal.

In the residential dining, there was relaxed conversation in the room. Members of staff had a list of what food people had chosen for a meal, and food was taken on the trolleys to the different tables. Staff were observed making

Is the service effective?

conversation with people, asking them if they needed help. We saw one person requested a different meal which was readily provided. Staff were observed politely encouraging people, and cutting up food for those who needed it.

People were protected from the risk of malnutrition and dehydration. People's weight was monitored monthly or more frequently if required. Where there was risk identified staff completed food and fluid charts to monitor people's intake and take further action if required. We saw people had access to regular fluids which we found to be always in their reach. Some people were on fortified diets to help maintain their weight. Health action plans were in place including for dietary requirements and where necessary the Dietetic team was involved.

People were supported to maintain good health and good access to health care support. One person told us "A Chiropodist comes in every week." Information and contact details for accessing health services was available in people's care files including the GP, district nurse, chiropody and access to hospital appointments. People's care files included records of all their appointments with health care professionals. This enabled staff to monitor any changes to a person's health and social care needs and update their care plans if necessary. Two visiting GPs told us they had a positive experience of working with the home.

Is the service caring?

Our findings

People and their relatives felt the staff were kind and treated people with respect. Comments included “Staff were caring and compassionate.” “They (staff) care for you, I can’t think of any bad things to say.” “Staff are very, very kind.” However, one person who used the service said the care they received was not always consistent with some staff. We brought this to the attention of the manager, who told us they had regular meetings with the person and their relative and continued to monitor the quality of care being delivered to meet the needs of the person. Relatives told us they were made to feel welcome by staff and we saw staff greeting visitor and facilitating their visits to be held in private. A relative told us “The whole range of staff are very approachable,”

We saw interactions that confirmed the caring nature of staff. Our observation showed all staff to have good communication skills and they were kind, caring and compassionate. For example, staff reassured people, holding their hands when they were upset and staff showed patience and understanding. They spoke with people in a dignified manner. Staff gave people time to make decisions for themselves. For example about their choice of meal or the nature of activity they would like to participate in.

People’s cultural and spiritual needs were understood by staff and met in a caring way. For example, one person told us “I went to the service held in the home.” One relative said “The home do have other denomination services as well.” Another relative told us “Yes, [my family member] said I have been to church this morning.” People’s care records included details about their ethnicity, preferred faith and culture so that staff were aware of people’s cultural, and spiritual needs.

People or their relatives where appropriate were involved in planning and review of their care. One relative told us “I am involved in [my family member’s] care planning and review, the care plan is very detailed.” We saw that discussions with family members relating to people’s care and support needs had been recorded in the care plans we looked at. People’s care plans described the person’s likes, dislikes and daily routines. Where people’s end of life needs had been discussed with them or their family appropriate records were in place to ensure their wishes were met. For example, Do Not Attempt Cardiopulmonary Resuscitation forms (DNAR) had been completed with the agreement of the person concerned where appropriate and by their healthcare professional.

People’s preferences were met. One person using the service told us “I prefer a bath” and a relative said “They have a bath twice a week.” Another person told us “I am very happy with the service and I’m well looked after.” Staff were able to tell us individual people’s preferred form of address and how some people requested staff use their preferred first name. Some people preferred to stay in their own rooms during the day. We saw staff regularly check on them they were alright.

Staff respected people’s privacy and dignity. One relative told us “Staff shut the door when needed; they knock on the door before coming in.” We saw staff knocked before entering people’s rooms and talked to people about what they would be doing when they supported them. We noticed people’s bedroom doors were closed during the delivery of personal care. People were well presented and we saw how staff assisted people to adjust clothing to maintain their dignity. We saw people were supported to personalise their rooms with furniture and personal belongings. There were other communal areas for people to spend time with their relatives if they wished.

Is the service responsive?

Our findings

At our inspection on 19 and 20 June 2014, We found that some people had not experienced care, treatment and support that met their needs. The provider sent us an action plan detailing the action they would take to address the concerns by 31 December 2014.

At this inspection, we looked at the actions taken by the provider in respect of addressing the concerns. We found people received care and support that was responsive to their needs. Care plans included a pre-admission assessment of people's needs before they moved into the home. People had detailed care plans which covered areas such as mobility, risk of falls, nutrition, personal care, and continence management, administration of medicine, palliative care, emotional and spiritual needs. Care plans had been updated when there were changes and reviewed regularly to ensure that there was an up to date record for staff of how to meet people's needs. We saw that relatives were kept informed about any changes to their family member's health or support needs. Staff completed daily records relating to wellbeing and care which showed what support and care had been provided and the activities the person was involved in during the day. For example, information for each person on personal care, food and fluid intake, repositioning of people in bed and skin care management was recorded in people's care files.

However we found that people's care records were not all up to date. We found three out of the 25 care records, while people had pre-admission assessments and risk assessments in relation to moving and handling, falls, nutrition, skin integrity, mobility and fire evacuation plans. However, to address risk there were no care plans for guidance for staff to meet their needs. We were informed that the home's policy required care plans to be developed within 14 days of admission to the home. These three people had been in the home for over 14 days and their care plans were not completed. This meant that the delivery of care may have been compromised as staff did not have care plans to follow. We brought this to the attention of the manager, who told us this would be actioned immediately.

This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of people's histories and offered relevant activities. We saw care plans included a life history which captured important personal details and assisted staff to effectively support and care for them. One person using the service told us "Good place to live." Another person said "I was a lace maker at one time; we are knitting squares for a blanket." We saw this person had a tapestry and some lace, working on in their room and also a ball of wool from their bag for knitting. A relative told us "Staff take people in the garden, we go out and have lunch in the local pub, go out for coffee, go shopping." People's individual needs were therefore recognised and respected.

The home provided a range of activities that people could choose to participate in. A relative told us "They have a lovely Library here, there is weekly shopping, people get a drink from the Bar on Sundays, and so much goes on." People using the service were engaged in activities by two activity coordinators. We saw that planned activities were displayed around the home, so that people were kept informed of social events and activities they could choose to engage in. For example, activities on offer included cheese and wine evening, baking, an outing to a garden centre, shopping, painting, musical entertainment, history talks, quiz, sewing, indoor gardening, dog therapy, aromatherapy and church service. We saw people had enjoyed and these activities were having a positive effect on their wellbeing. However, we were unable to assess the impact of these activities on people that were in their rooms.

Staff were able to tell us about people's needs and how they responded to them. Staff had hand over meetings in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care. Staff used a daily diary log to record key events such as hospital appointments, prescription and renewal of medicines.

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. There was a system for reporting any concerns raised by people or their relatives. For example, a complaint had been made about charge for visitors' meals this had been dealt with in a timely manner. The complaints records showed concerns raised by family members had been investigated and responded to appropriately.

Is the service well-led?

Our findings

We found that the provider had made eight applications for authorisations of Deprivation of Liberty Safeguards (DoLS) as required because some people would not be free to leave the home and they required continuous supervision by staff. At the time of our inspection the provider had received authorisation for three people and these authorisations were not notified to the Care Quality Commission (CQC) as required. When asked, the deputy manager told us this has been an oversight, and in future they would notify CQC in a timely manner.

This was a breach of Regulation 18 (4) (a) (b) of the Care Quality Commission (Registration) Regulations 2009.

There was no registered manager in post as the previous manager had retired in September 2014. A new manager had been appointed in September 2014. At the time of inspection, the manager informed us that their application with CQC for registered manager was in progress. All the people and their relatives we spoke with were aware of the managerial changes. The manager had an open door policy and we observed the new manager interacted with people using the service, their relatives and staff in a positive and supportive manner. One relative told us the “Manager is excellent, brightens up the home.” All staff feedback we received was positive about the new manager. For example one staff member said “The new manager is very supportive, if I need something to ask, their doors are always open and we get timely support.

There was positive culture at the home where people felt included and consulted. The manager told us the home’s values and philosophy was clearly explained to staff through their induction and training. People commented positively about staff and the new manager. The atmosphere in the home was calm and staff were approachable. One relative told us “The manager is very approachable; I did not have to raise any concerns or complain.” Another relative said “They do have residents meetings, I have tended not to go to them, no issues to bring up, and my relative does not either.” A third relative said “They kept me informed about management changes.”

Staff attended handover meetings at the end of every shift and regular staff team meetings were held. This included discussions about safeguarding concerns, falls reviews, infection control, medicine management, staff vacancies and training needs. As a result of these meetings an action plan was developed to address any concerns identified and acted upon. These meeting kept staff informed of any developments or changes within the service and staff were being supported in their roles as well as identifying their individual training needs. Staff told us their views were considered and responded to. For example, a large clock and calendar had been purchased for the front reception following staff feedback. One staff member told us “People who use the service always come first.” Another staff member said “I really enjoy this job.”

There were systems to monitor the quality of the service. An internal audit of the home was carried out in November 2014 by a senior manager for the provider, which covered aspects of the service such as care plans, nutrition, medicines and training for example. This audit had identified issues in relation to supporting workers and we found action had been taken to address this. However, the monthly care plan audit had not identified the issues we found in respect of some care plans.

The provider asked for people’s views about the service. Results of the most recent residents’ satisfaction survey carried out by an independent organisation showed that residents were less satisfied with some aspects of the service than previous surveys had shown.. For example, in relation to whether people could speak with senior members of staff, involvement of people in care and treatment and staff sensitivity to people’s feelings. As a result of these findings an action plan was developed to address the issues. We saw actions had been taken as planned. For example, additional training was provided to staff members and discussions were held during their one to one supervision meetings and the new manager held one to one discussions with the people in the privacy of their bedrooms.

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 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	The provider did not take adequate steps to ensure care plans were completed in a timely manner for all the new admissions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
Diagnostic and screening procedures	Regulation 18 4(a)(b) of the Care Quality Commission (Registration) Regulations 2009
Treatment of disease, disorder or injury	The provider did not take adequate steps to ensure notifications were made to CQC in a timely manner.