GCH (Heath Lodge) Limited

Heath 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 13, 14 and 16 January 2015 and was unannounced. At our last inspections carried out on 24 February and 11 March 2014, the service was found not to be meeting certain essential standards. These related to care and welfare, cooperating with other providers, quality assurance, cleanliness and infection control, medicines and inadequate staffing levels.

At this inspection we found that, although some improvements had been made, continued breaches of the Regulations were identified in relation to care and welfare, staffing levels and quality assurance. We also found a breach of Regulation regarding how consent had been obtained from people who may have lacked capacity to make their own decisions.

Heath Lodge provides care and accommodation for up to 67 predominantly older people, including some who live with dementia. At the time of this inspection there were 48 people living at the home.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of our inspection a permanent manager had been in post for six months but had not registered with the Commission. Immediate steps were taken to address this and the manager subsequently registered in accordance with the Regulations.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection a number of applications had not been made to the local authority in relation to people who lived at the home.

People told us they felt safe at the home. Staff had received training in how to safeguard vulnerable people against the risks of abuse and understood how to report any concerns which included whistle blowing.

Safe and effective recruitment practices were followed to check that staff were of good character, physically and mentally fit for the role and able to meet people's needs. These are currently under review to ensure that all of the requirements are complied with.

People and their relatives gave mixed opinions about staffing levels. Our observations found that there were often insufficient staff available at all times to meet people's needs across all units at the home.

People were supported to take their medicines safely and as prescribed in all cases. Potential risks to their health and well-being had been identified, discussed with them and their relatives and reduced wherever possible.

We found that staff obtained people's consent before providing the day to day care and support they required. However, people's consent had not been obtained in line with the MCA 2005 in all cases, particularly where they lacked capacity to make their own decisions.

People were positive about the skills, experience and abilities of the staff who looked after them. We found that staff had received training and refresher updates relevant to their roles.

People told us they enjoyed the food provided at the home and had access to health care professionals when necessary. We found that personal care was provided in a kind and compassionate way. However, it was not always provided in a way that promoted people's dignity and respected their privacy.

People, their relatives, and staff were very positive about the new management arrangements in Heath Lodge. Arrangements were in place to review and monitor risks arising from areas such as falls, accidents and near misses. However the information had not been used to manage and reduce risks effectively.

At this inspection we found the provider was in breach of Regulations 9, 10, 18 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches correspond with Regulations 9, 17, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 01 April 2015.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not safe.

There were not always sufficient numbers of staff available to meet people's needs and keep them safe.

People had not been adequately protected against the risk of infection.

Staff were able to demonstrate a good understanding of the types of abuse that may occur and knew how to report their concerns.

People's medicines were managed safely and they received these in line with the prescriber's instructions.

Is the service effective?

Requires improvement 

The service was not effective.

People were looked after by competent staff who were trained and well supported.

People were supported to eat a healthy balanced diet that met their needs.

Where people lacked the capacity to provide consent, the requirements of the Mental Capacity Act (MCA) 2005 had not always been followed.

People's health needs were met and they had access to a wide range of healthcare professionals where necessary and appropriate.

Is the service caring?

Good 

The service was not always caring.

People were looked after in a kind and compassionate way by staff who knew them well.

People were not always cared for in a way that promoted their dignity.

People and their relatives were involved in planning their care.

Is the service responsive?

Requires improvement 

The service was not always responsive.

People were not always provided with adequate opportunities to pursue social interests or engage with meaningful activities that met their needs, particularly in the context of dementia care.

People and relatives told us that concerns were dealt with promptly and they had opportunities to provide feedback.

People did not always receive personalised care that was responsive to their needs.

Summary of findings

Is the service well-led?

The service was not well led.

The service did not have a registered manager.

People, their relatives and staff told us that the manager was approachable, supportive and had made significant improvements.

Quality assurance and risk management processes were not as effective as they could have been.

Requires improvement 

Heath 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. The inspection was planned to check whether the provider met 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 requirements of the Care Act 2014.

The inspection took place on 13, 14 and 16 January 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. This is a person who has personal experience of having used, or cared for someone who has used, a similar type of residential care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that askes the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return the PIR and we took this into account when we made the judgements in this report. We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who lived at the home and five relatives. We also spoke with the manager, the cook, one domestic worker and 10 care staff members. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We looked at the care records relating to eight people who lived at the home and reviewed a selection of staff files. We also carried out observations in communal lounges and dining rooms and used the short observation framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex needs.

Requires improvement

Is the service safe?

Our findings

At our previous inspection on 14 March 2014, we found that the service had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people had not always been cared for in a clean and hygienic environment.

At this inspection we found that although improvements had been made, further steps were required in some areas to improve the standards of cleanliness and protect people from the risks associated with healthcare associated infection. A relative said, "In the main [the home] is clean, but there is always a stale smell as you walk in as the flooring is so old." We saw that some carpets had been replaced with hard washable flooring since our last inspection. However, we noted the home did not smell fresh and found older carpets were still dirty and stained in places. The manager told us that plans were in place to install hard washable flooring throughout to make cleaning easier and more effective.

We saw that staff wore gloves and aprons where appropriate and had access to hand sanitizers and guidance about how to minimise the spread of infection. Domestic staff were clear about their responsibilities and the procedures used to clean each area of the home. However, one shower room we checked and the chair used to support people were dirty and had not been cleaned properly. We spoke with the housekeeping supervisor about this who took immediate steps to ensure that all shower rooms and chairs had been cleaned to the required standard.

We found that not everybody who needed to be hoisted because of limited mobility had been provided with their own individual sling. Some slings were shared by different people which increased the risks of infection. We spoke with the manager about this who explained that enough additional slings had been ordered to cater for people's individual needs.

At our previous inspection we also found a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there were insufficient staff available at all times to meet people's needs.

At this inspection we found that although staffing levels had increased over time, there were not always enough staff available to support people in a timely manner across all units at the home. People told us that more staff were needed to meet everybody's needs, particularly at busy times such as first thing in the morning and when meals were served. One person said, "There are not enough [staff] on, especially at night time; I feel sorry for them, they're so busy." At lunchtime we saw there were insufficient staff available to provide people with the support they required to help them eat and drink.

For example, in one dining room we found that nine people were left unattended with their meals for over 15 minutes because staff were busy elsewhere. We saw that during this time three people fell asleep while their food went cold and was later taken away uneaten. Two other people slipped down their chairs and had difficulty sitting up properly to eat their lunch. A relative commented, "There are not enough staff to help feed [family member] properly." This meant that people did not have their needs met by sufficient numbers of staff at all times.

The manager explained how they reviewed people's needs on a regular basis to ensure that staffing arrangements reflected any changes. However, we found that staff deployment had not taken full and proper account of people's dependency levels across the different units or layout of the building as a whole.

For example, we saw that when staff from one unit were asked to support colleagues in another, it often meant that staff left behind were then unable to meet people's needs in a timely way, particularly where they had limited mobility and needed help to move around the home or use the toilet. A relative told us, "If someone needs to go to the toilet there is no-one available to support people who wander. They claim that staffing levels have been assessed on people's needs however this does not seem to work with just one staff member on the unit." This meant there were not always sufficient staff to meet people's needs in a safe and effective way.

This was a continued breach of Regulation 22 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010. This breach corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people had

Requires improvement

Is the service safe?

not received their medicines safely or as prescribed in all cases. At this inspection we found that necessary improvements had been made to ensure that people's medicines were managed, stored and administered safely. A relative commented, "No concerns with medication. These are kept under regular review." People who needed help with their medicines were supported by staff who had been properly trained and assessed as competent in practice.

We found that safe recruitment practices were in place to ensure that people's needs were met by staff who are appropriately qualified, experienced and able, both physically and mentally, to do their jobs effectively. However, we found that gaps in some employment histories provided by new staff had not been adequately explored or clarified in all cases. We spoke with an administrator about this who told us they were in the process of reviewing and updating all staff files to ensure that any similar problems were identified and put right with immediate effect.

People told us they felt safe at the home, one person said, "I feel very safe here." We found that staff had been trained and were knowledgeable about how to protect people against the risks of abuse. Staff told us they knew how to raise concerns and that when they did the manager took such matters seriously. One staff member said, "Problems are dealt with immediately and if I need to I can raise issues with [Manager]."

We saw that risks to people's health and well-being had been identified, kept under regular review and reduced wherever possible. For example, people at risk of developing pressure ulcers had been provided with pressure relieving equipment appropriate to their individual needs. Guidance had also been put in place to help staff know how to evacuate people in an emergency taking full account of their health and mobility requirements

Requires improvement

Is the service effective?

Our findings

People told us, and the observations we carried out during our inspection confirmed, that staff asked people for their consent before personal care and support was provided. We found that most staff had received training about how to obtain consent from people who lacked capacity to make their own decisions. However, when we spoke with staff about this we found that some lacked the knowledge and understanding necessary to apply the requirements of the Mental Capacity Act (MCA) 2005 in practice. We also found that people's consent to care, treatment and support had not always been obtained in line with the MCA 2005 and published guidance.

For example, we saw that in respect of some people, blanket decisions had been made to the effect that they lacked capacity to make any decisions. However, the assessments carried out had not considered or explored whether the people concerned, while lacking capacity to make decisions about some aspects of their care, may have been able to decide what they wanted in others. We spoke with staff about this but most were unclear about how capacity assessments should be used in practice to identify the extent and limitations of people's ability to make decisions. This meant that in some cases where such blanket decisions had been made, people were not given the opportunity to make decisions or provide consent about, for example, their medicines, social activities or personal care and support.

The manager demonstrated a good understanding of the Deprivation of Liberty Safeguards (DoLS). These apply when people who lack capacity have their freedom restricted, usually when it is in their best interests to keep them safe. However, we found that in some cases where people's liberty had been restricted, the necessary applications had not been had not been to the local authority in line with MCA 2005 requirements. For example, we saw two people attempt to leave one of the units on different occasions but were prevented from doing so by locked doors operated by security key pads. They became distressed and were distracted by staff who encouraged them to move away from the doors. The manager told us that although DoLS authorities were required the necessary applications had not been made. They explained that a newly appointed deputy manager was in the process of making sure that DoLS authorities had been sought in all cases where necessary. This meant that people's freedom of movement and liberty had been unlawfully restricted in some cases.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were positive about the skills, experience and abilities of the staff who looked after them. One person told us, "The staff who look after me are very capable and caring."

Staff told us they felt supported by the manager and received regular training relevant to their role.

New staff members received comprehensive induction training and support that prepared them for their role and were not allowed to work unsupervised until assessed as competent to do so. We found that most staff were up to date with training in areas such as moving and handling, medicines and infection control. This meant that people had their needs met by competent staff.

Staff told us that they received formal one to one supervisions with their line manager and also had their competencies regularly observed and assessed in practise. We saw that where issues were identified, plans to support and develop the staff member in question were put in place. One member of staff told us, "The manager leads from the floor and is taking the time to understand what we need to do our job well. Things are definitely on the up." However, staff told us, and our inspection confirmed, that supervisions had not taken place as often as they should have and not all staff were up to date. This meant that the steps taken to ensure that staff were properly supported to provide safe care and treatment were not always as effective as they could have been.

People told us they liked the choice and quality of food provided. One person said, "I am never hungry, the food is cooked fresh, and always very tasty." A relative commented, "The food always looks and smells delicious and [family member] has never complained about it not being so." We saw that catering staff had access to accurate and up to

Requires improvement

Is the service effective?

date information and guidance about people's individual dietary needs. This included information about the specific requirements of people who lived with diabetes, allergies or needed their food to be softened or pureed.

We found that people identified as being at risk of malnutrition and dehydration had been provided with fortified foods and supplementary drinks appropriate to their needs. We saw that steps had been taken to monitor and reduce the risks and that people had been referred to health care specialists such as dieticians and speech and language therapists (SALT) where necessary. This meant that people had been supported to eat a healthy balanced diet.

Good

Is the service caring?

Our findings

At a previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people had not always received care and support that met their individual needs, particularly in the context of dementia care.

At this inspection people were complimentary about staff and how they were cared for. One person told us, "These [staff] walk on water as far as I am concerned, they listen to me and take their time to help me just as I need it." A person's relative said, "There has been a big shift in recent months, and I feel that my opinions [about family member's care needs] matter more now." We saw that staff looked after people in a kind and compassionate way at a pace that best suited their needs, preferences and personal circumstances.

Throughout our inspection we observed numerous light hearted and jovial interactions between staff and the people they cared for and clearly knew well. We also saw that when people became upset or anxious staff were quick to respond and provide appropriate levels of reassurance and comfort. One staff member commented, "I know that [name] has had a difficult few days and some unsettling news, so I just make sure I keep an eye on them. When I see [they are] restless, I know I need to help. It's not complicated really it's just about knowing what's going on for people and caring for them."

People and their relatives were involved in planning and reviewing the care provided and said that staff always asked them their views. A relative commented, "When I come in it feels like a home, not an institution. The carers will give me any updates I need before I see [family member] so I am prepared and can help make decisions."

We saw that most staff looked after, supported and cared for people in a way that promoted their dignity and respected their privacy. They knocked on people's doors, asked permission before entering their bedrooms and made sure that doors were shut when personal care was provided. One staff member told us, "When we provide personal care, we make sure that the person's door is shut and curtains are closed." Some people with limited or restricted mobility required hoisting with use of a sling to help them move into or from chairs because they could not move independently. We saw that staff did this in a calm, reassuring and patient way that preserved people's dignity.

However, in one unit we saw that staff did not always help and support people to eat their meals in a dignified manner. For example, we saw that one staff member sat opposite two people who needed help and repeatedly placed forks loaded with food into their mouths. This was done alternately between the two, without any interaction or encouragement and at a pace that did not promote their dignity. We also saw that a senior staff member interrupted a person eating their meal to administer eye drops in the middle of a lunch service. The person told them they did not want to have the eye drops while eating but the staff member carried on regardless in circumstances that failed to preserve the person's privacy and dignity.

Requires improvement

Is the service responsive?

Our findings

At our previous inspection on 24 February 2014, which focused on dementia care, we found the service had breached Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because care had not always been planned and delivered in a way that met people's individual needs, particularly those who lived with dementia.

At this inspection people and their relatives told us there were not enough opportunities provided for people to pursue social interests or take part in stimulating activities relevant to their needs, either at the home or in the local community. One relative told us, "There is a lack of engagement and stimulation during the day. This means that [person] sleeps all day then they wonder why they are up and about all night. This in turn makes [person] tired again the next day and so the circle continues." Another commented, "If they could just get people socialising and engaging then the whole home would get five stars from me. People just look so bored and fed up whenever I visit."

Staff told us that activities were provided which included bingo and movie shows. However, other than a group discussion about a recent movie people had seen, we did not see any activities take place during our inspection. We also noted that a schedule of planned events was not produced until late in the day which meant that people were not aware of the opportunities available. One staff member tried to encourage a person to read a book about animals. We saw that the person was disinterested and eventually became agitated as a result of the persistent attempts to make them join in and read.

There were areas in the home that had been developed specifically to meet the needs of people with dementia. However, these took the form of exhibits and displays rather than object that that people could engage or interact with. For example there was a mock-up post office and greengrocer displayed behind glass. People could see also see other reminiscence items such as books and pictures but again these were displayed behind glass and could not be touched. There was also a café designed to meet the needs of people who lived with dementia but this had been roped off to prevent entry. There were cots, dolls and children's toys in communal lounges but we did see staff use any of these items to interact or engage with people. We spoke with the manager who acknowledged that improvements were needed regarding the provision of meaningful activities, particularly in the context of dementia care.

This was a continued breach of Regulation 9 Health and Social Care Act 2008 (Regulated activities) Regulations 2010. This breach corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives felt well informed and told us they were updated about the care provided and kept up to date with any changes or developments. One person said, "We have regular meetings and reviews to talk through how I am and what I need and my [relative] always attends." We saw that the manager had taken steps to ensure staff had access to guidance about how to support and care for people in a way that reflected their preferences and was responsive to their individual needs. People told us they had been involved in this process and that staff listened and responded positively to their preferences and requests about how they liked things done.

The guidance was personalised and enabled staff to look after and support people in a way that best suited them and their circumstances. For example, it took account of and reflected people's preferred routines in relation to bath times, food, drinks and what time they liked to get up and go to bed.

During our inspection we saw that most staff followed the guidance and looked after people in a way they preferred. However, one person's relative told us, "[Family member] received personal care from a male carer when we have specifically asked for same gender care. This is detailed in their care plan." Guidance in relation to another person made clear they could become anxious in certain circumstances and did not like group activities. However, we later observed staff make attempts to involve them in a group discussion which appeared to make them uncomfortable and anxious. This meant that people had not always received care and support that was responsive to their individual needs.

People were confident that any complaints or concerns they had would be taken seriously by staff and dealt with by the manager in a timely and effective way. One person told us, "I stand up for [other residents] and speak my mind, I'm a thorn in [the manager's] side really but they

Requires improvement

Is the service responsive?

work very hard and is turning [things] around." People had access to information and guidance about how to make a complaint or raise concerns and when they did issues were recorded and investigated promptly by the manager.

One relative told us that the manager had taken positive steps to reduce the risks of people falling and hurting themselves when concerns had been raised. One person commented, "I like the new manager, they look, listen and do. It takes time but if there is a problem they deal with it." A relative said, "[The manager] is a breath of fresh air; they are always asking how we are, if we are happy and what we need. Its early days but listening to us is a good start." This meant that staff listened to people and learnt from their experiences and any concerns or complaints they raised.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the manager had not submitted their application to register with CQC despite having been in post for six months. It is important that permanent managers register with CQC as soon as possible. This is because registered persons have a legal responsibility for meeting requirements of the Health and Social Care Act 2008 and associated Regulations about how the home is run. In addition, the provider had not submitted a 'Providers Information Return' (PIR) when requested by the Commission. This is information we asked the provider to send to us to show how they were meeting the requirements of the five key questions we ask. The manager subsequently registered with the Commission in accordance with the Regulations.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they were committed to developing the home taking full account of feedback and views obtained from people who lived there, relatives and other people with a stake in how it was run, such as health and social care professionals. People and their relatives were encouraged to take part in meetings, share their experiences about the home and become involved in the selection of new staff.

We saw that the manager regularly monitored and reviewed the quality of services provided. However, action plans that had been developed to drive improvement and resolve identified concerns had not always been reviewed to ensure they were completed. Plans to promote people's independence across the home for example, indicated that all of the work required had been completed and that people had been encouraged to make tea and sandwiches for themselves, help with laundry and take part in bird feeding. However, we did not see any of this activity during our inspection and it was unclear who was responsible for completing the actions or the time scales involved. This meant that the steps taken to monitor and drive improvement in the quality of services provided were not always as effective as they could have been.

Both the provider and manager had also taken steps to identify, monitor and review potential risks to people who lived at the home, visitors, staff and others. However, they acknowledged that actions identified and required as part of this process had not always been followed through, completed or managed effectively. For example, it had been identified that people had not been provided with individual slings for use when they were being hoisted which increased the risks of infection. However, the issue persisted and had not been adequately dealt with or resolved at the time of our inspection.

There were arrangements in place to review falls, accidents, pressure ulcers and safeguarding concerns but the manager had not used this information effectively to identify trends, reduce the risks or drive improvement. For example, we saw that a trend had been identified which highlighted an increase in people falling and hurting themselves during the day. However, no action had been taken to identify the causes or reduce the risks. The manager told us that staffing levels were based on budgetary and other historical planning arrangements that were not directly linked to identified risks or people's dependency levels. They explained that a recruitment drive was underway to fill identified shortfalls but were unclear as to the numbers of staff required in total to meet people's needs. This meant that identified risks had not always been managed effectively.

This was a further breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us, and people confirmed, that their focus had been to build positive relationships with residents, family members and staff, address underperformance and improve the quality of care provided. One staff member said, "It's miles better than last year, the manager is not afraid to take tough decisions and that means some staff have gone. It's taken time but I believe we will have a 5 star home soon."

Staff told us they felt comfortable in approaching the manager to challenge decisions, practices or to suggest improvements. They shared the manager's vision and values and told us that morale had improved significantly. People, their relatives and staff were very complimentary about the manager and the positive impact and changes

Requires improvement

Is the service well-led?

they had made since taking up the post. One relative told us, "It does feel like the new manager is trying to move things on. They need more staff, the environment needs to be sorted, they need more activities and the staff need to be trained to understand the needs of people with dementia." In response to this, the provider had recently employed a business development manager who had been in post for a month. They were able to tell us how they would support the manager to bring about the required changes.

We found that the provider and senior management team, having worked in close cooperation with the local authority and CQC, had made improvements in a number of areas since our last inspection. For example, additional care staff had been recruited and the reliance on agency staff reduced considerably, training provision had improved and staff felt valued as a direct result of supportive and consistent leadership. Additional training in areas such as dementia care was also planned together with arrangements to ensure staffing levels and deployment reflected people's needs and dependency levels across different units at the home.

The senior management team have linked in with a reputable professional care provider's association to obtain additional support, training and guidance. They have also worked closely with other health care specialists and organisations to obtain training for staff in areas such as pressure and palliative care.

However, the provider and manager recognised that further steps were required in order to achieve consistent high quality care and sustainable improvements across all units at the home. To that end, comprehensive plans have been put in place to drive the further improvements required in an effective and timely way, particularly where on-going problems have been identified by the local authority and CQC. This means that the provider and senior management team has worked in close partnership with relevant organisations to work toward service improvement

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services This breach corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: The registered person did not ensure that people s needs were met through sufficient personalised activities and stimulation. Regulation 9 (1) (a) (b) (i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing This breach corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: The registered person did not ensure there were sufficient numbers of suitably qualified, skilled and experienced staff to carry on the regulated activity. Regulation 22

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision This breach corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This breach corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent How the regulation was not being met: The registered person had not acted in accordance with the requirements of the Mental Capacity Act 2005. Regulation 18
	Assessing and monitoring the quality of service provision. How the regulation was not being met: The registered person had not made changes in a timely manner where information gathered identified a risk of inappropriate or unsafe care through insufficient staffing numbers. Regulation 10 (1) (a) and (b)

This section is primarily information for the provider

Enforcement actions

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