

Firtree Associates Limited

Hazeldene Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 10 and 11 May 2018.

At our last inspection in November 2016 we had found the provider had been in breach of Regulation 11 - need for consent, Regulation 12 - safe care and treatment, and Regulation 17 - good governance. The service had been rated 'Requires Improvement' at that time. The registered provider had not always acted in line with the Mental Capacity Act 2005. Risks people had faced had not always been adequately assessed. The registered manager and the registered provider had not ensured clear actions had been set out in care plans to protect people against those risks. 'When required' (PRN) medicines and prescribed creams had not always been administered properly or safely. Information included in people's care records had not always been accurate or up-to-date. Auditing and quality assurance processes in place had not identified these errors. Following that inspection, the registered manager had sent in an action plan stating what action would be taken to address the breach of the regulations. At this inspection we found sufficient action had not been taken in relation to the concerns identified at the previous inspection. We also identified new areas of concern.

This is the second time the home has been rated 'Requires Improvement'.

Hazeldene Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hazeldene Residential Care Home is a residential home in Gosport providing accommodation and personal care for up to 26 elderly people. There were 23 people using the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were not sufficiently assessed and managed. Using stairs was not taken into account in care plans where people were at risk of harm. In addition, the service did not do all that was reasonably practicable to reduce such risks. Incident and accident records did not always evidence that remedial action had been taken and followed up by the registered manager. Checks on fire alarms and emergency lighting had not been completed in accordance with the provider's policy.

Recruitment practices were not always safe. Gaps identified in the employment history of staff had not been fully examined and explained.

The home's quality assurance and governance systems were not always effective. Although some systems

were effective, others had not identified the concerns we found during this inspection.

The registered provider failed to inform the Care Quality Commission about notifiable incidents and accidents.

People, their relatives and staff provided us with mixed feedback regarding staffing levels.

The home was clean, well-maintained, and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control.

People's needs were effectively met because staff had been provided with relevant training and had the skills they needed to do so. Staff were supported with training, supervision and appraisal.

Principles of the Mental Capacity Act (MCA) 2005 legislation were followed and Deprivation of Liberty Safeguards (DoLS) applications were completed in line with current legislation. Staff showed a basic knowledge and understanding of both the MCA and DoLS. Best interest decisions were made appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were able to talk to health care professionals about their care and treatment, and they had appointments with a GP arranged when needed. When necessary, people received care and treatment from external health care professionals such as the district nursing team.

People had access to sufficient amounts of adequate food, drinks and snacks. Those who spoke with us were satisfied with the quality of the meals provided.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them.

People's support plans contained detailed information about people's hobbies and interests. People had many different opportunities to socialise and take part in a variety of activities if they wished to do so.

A complaints procedure was in place. People and their relatives knew how to make a complaint and those who spoke with us were pleased with the way any issues they had raised had been dealt with.

The registered provider held regular meetings for people, their relatives and staff, and satisfaction surveys were used to gather feedback. We saw actions had been taken in response to the feedback.

People and relatives knew the registered manager and staff we spoke with found the manager approachable. Staff provided us with mixed feedback regarding the way the service was run.

We recorded three breaches of our regulations. You can see what action we have told the registered persons to take at the end of the full version of this report.

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 always safe.

The registered provider had not always assessed risks to people's health and safety. In addition, they had not always done all that was reasonably practicable to reduce such risks.

Recruitment checks did not include the full employment history of staff, thus people were not properly protected from the risks of being supported by unsuitable staff.

Testing of fire equipment had not always been carried out in accordance with the provider's policy.

There were gaps in the records of topical creams administration.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who received regular training and supervision, and were knowledgeable about people's needs.

The service was working within the principles of the Mental Capacity Act 2005.

People's health care needs were monitored and referrals made when necessary.

People were supported to eat and drink enough and to maintain a balanced diet.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People's privacy, dignity and independence were respected and promoted.

People's personal information was kept safe.

Is the service responsive?

Good ●

The service was responsive.

People were offered opportunities to take part in a range of social activities.

People's care plans were personalised with their individual preferences and wishes taken into account.

There was an effective complaints policy and procedure in place and people felt their concerns were listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems were not always used effectively or undertaken robustly enough to identify the issues found during the inspection.

Not all notifications had been submitted to the Care Quality Commission as required.

Staff provided us with mixed feedback about the approachability of the registered manager.

Meetings for people, relatives and staff took place regularly. Feedback was gathered through satisfaction surveys.

Hazeldene Residential 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 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.

We visited the service on 10th and 11th May 2018 and the inspection was unannounced. The inspection team consisted of two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who used this type of care service. The expert taking part in this inspection had experience in caring for older people and people living with dementia.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We spoke with people who used the service and observed people in the communal areas of the home. We talked to 11 people and three relatives of people who used the service. We spoke with the registered manager, two senior carers, two care assistants and the head of housekeeping.

We looked at care records for five people, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, meeting minutes, recruitment information for four members of staff, staff training

records, policies and procedures and records of maintenance carried out on equipment.

Is the service safe?

Our findings

At our previous comprehensive inspection in November 2016 we had identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people had not always been adequately assessed nor had the service ensured clear actions were set out in care plans to protect people against those risks. 'When required' (PRN) medicines and prescribed creams had not always been administered properly or safely.

At our inspection in May 2018 we found the provider had taken some actions to implement the required improvements, however, further improvements were needed. We looked at how risks were managed and found that the service had failed to identify risk levels and set out how these could be minimised. For example, one person was identified as at high risk of falls. There was an alarm mat in place for the person so staff would be alerted if the person was trying to climb the steep stairs leading to the upstairs floor. The stairs were very narrow and posed a risk to people with impaired mobility. There was a risk assessment in place for the person as they used to move the mat away or step over it so it did not alert staff. On the first day of the inspection we saw the mat was moved away. We raised this issue with the registered manager as the current risk assessment was ineffective, the alarm system was ineffective and there were no measures for monitoring the person's whereabouts. The registered manager updated the risk assessment and introduced hourly checks of the person. A member of staff was also delegated to monitor the communal areas in case the person was out of their room and trying to climb the stairs. On the second day of the inspection we saw the person upstairs standing with their walking frame close to the steep stairs. Staff and the registered manager told us this was not the first time the person was found on the top of the stairs. A member of staff told us, "[Person] has days when he suddenly goes upstairs. It is something he has always done. We do not always have enough people to keep an eye on him". This meant the service did not act on near-misses in order to prevent their reoccurrence that could lead to a serious injury. Staff told us that the person taught themselves to access the lift as another resident was in the habit of pressing the lift button whenever they passed it by. There was no risk assessment in place to address this situation and to instruct staff on how to keep the person safe by preventing them from using the lift to go upstairs and trying to use the stairs to go back. This meant the person was not sufficiently protected from avoidable harm.

After our inspection the registered manager informed us that the person concerned had started to be supported on a one-to-one basis.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. When one person living in the service had had a heart attack in the past, staff had not attempted to perform cardio pulmonary resuscitation. They had not taken this action as they had been unsure if the person had had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in place. The service had addressed the issue and a list of DNACPRs was placed in the evacuation file in the entrance so staff could check this in case of an emergency. Purple hearts were placed on the top of the folder spines of people having DNACPRs in place and the incident was discussed with staff. However, there was a recent accident when a person had fallen off the stairs which had resulted in serious injuries and hospitalisation. In addition to the recent accident, risks involved in the use of the stairs were not always appropriately

managed. A member of staff told us, "Those stairs are scary. Apparently, they can't do anything as this is a fire escape. Upstairs is really awkward to people with standing aids and wheelchairs". This means that the provider had not always learned lessons from accidents and incidents and relevant action had not always been taken as a response to them.

We checked the management of medicines. Only trained staff, whose competency had been assessed, administered people's medicines. Medicines were stored safely with checks in place to review storage arrangements. Records relating to the receipt, administration and disposal of medicines were accurate, with the exception of topical medicine records which were not completed consistently. This meant that the provider could not be assured that people had received their topical medicines as prescribed.

Safe recruitment practices were not fully followed. Staff told us they had undergone a thorough recruitment and selection process before they had started working for the service. Staff files contained a checklist detailing all the pre-employment checks of new staff obtained by the provider. These included up-to-date criminal records checks, two references from previous employers, a photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). However, some members of staff had gaps in their employment history which had not been explored in the course of the process of their recruitment. The regulations require that providers obtain a full employment history, together with a satisfactory written explanation of any gaps in employment.

Fire emergency checks were not carried in line with the provider's policy. For example, we identified gaps in weekly fire alarm tests and automatic door release system tests. There were also gaps in monthly portable fire extinguisher checks. This meant people were not always protected from the risk of fire.

These issues amount to a continuing breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives provided mixed feedback about staffing levels. Although some people and staff told us there were enough staff, other people complained that current staffing levels were insufficient. One person said, "I think there are enough staff". Another person's relative told us, "There are enough of them. Staff really can't do enough for me". However, one person's relative complained, "There are not enough staff here. They need some more. It would be great to have enough for one-to-one. There is such a variety of needs here". Another person's relative said, "It would be good to have four or five staff members on one floor. They could designate an area for staff, maybe having a team upstairs and one downstairs". A member of staff told us, "I would say there are not enough of us on shift. We do not have a tea cook so get really stressed as one of us has to be delegated to the kitchen. More people around would help". Another member of staff told us, "Lately we have been short-staffed. At this moment the residents are fine but we had many people that required assistance with food". We saw that the staffing levels were appropriate at the time of the inspection and staff were able to assist people in a timely manner. When people needed the assistance of staff, they were supported immediately. Staff were visible, easy to find and were able to spare their time to stop and chat with people.

People and their relatives told us they felt safe living at this service. One person said, "Oh yes, I feel safe, because of all the staff". Another person told us, "Oh I feel safe yes. We're well protected". One person's relative expressed his satisfaction saying, "They are safe here. I'm pleased so far".

People were protected from the risk of harm because staff knew how to recognise signs of potential abuse and how to report their concerns appropriately. For example, they said they would stay alert to signs of

bruising, changes in behaviour or signs of neglect. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. A member of staff told us, "I would report this to the manager, a senior or the head of care. If they did not act, I would go to social services". Training records showed that staff had undertaken or were booked for training in safeguarding people against abuse. All the staff members we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these.

The provider had taken steps to protect people from abuse and discrimination. Staff received safeguarding training, and were reminded of their associated responsibilities at staff meetings. Staff knew how to recognise and respond to abuse.

We observed people being supported to move around the home by staff. Staff assisting people did so carefully and considered people's safety and well-being. We also observed people being supported at mealtimes. Staff made sure people were positioned appropriately and were provided with the right texture of food and drink so that risks of choking were minimised.

People had access to a range of equipment at the service to meet their personal care and mobility needs. This included wheelchairs, hoists and standing frames. The provider had effective maintenance procedures in place, and carried out regular safety checks to ensure the premises and equipment were suitable and safe for use.

The home was clean, maintained and there were no unpleasant odours. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection and had received training in infection control.

The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or an outbreak of an infectious disease. There were contingency arrangements in place so that staff knew what to do and whom to contact in the event of an emergency.

Is the service effective?

Our findings

At our previous comprehensive inspection in November 2016 we had identified a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not always acted in line with the Mental Capacity Act 2005 to establish who was the relevant person to make lawful decisions on behalf of people.

At this inspection we found the provider had taken actions to implement the required improvements. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have mental capacity could have decisions made on their behalf and in their best interests. This helped ensure people's rights and interests were protected. Where people lacked capacity to make certain decisions, best interest meetings were held to make decisions on their behalf to keep them safe. For example, there were best interest meetings organised for people who lacked capacity to make decisions relating to the use of an alarm mat, the use of bed rails and taking their medication.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the management team had made applications for DoLS authorisations based upon an individual assessment of people's capacity and their care and support arrangements.

The service involved other health and social care professionals in assessing people's needs. This aimed to ensure the suitability of the home as well as to determine the staffing levels and the skills staff needed to provide effective care. Staff were provided with sufficient information to ensure people's needs were met. Care plans included guidance from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation.

Training records showed all new staff had completed a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of 'shadowing' experienced members of staff. Records showed us staff had completed a training programme and had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about training opportunities offered by the provider. A member of staff told us, "Training is good. We recently had face-to-face dementia training which was very beneficial".

All staff members were supported through regular three monthly supervision meetings with senior staff or the registered manager. This gave the member of staff and the line manager the opportunity to discuss any

problematic issues that may have arisen, as well as areas where the member of staff was performing well. Appraisals took place annually. We saw that during their supervision staff asked for diabetes training to be provided and the registered manager liaised with an external training provider to arrange possible training dates.

People's needs relating to nutrition and hydration were monitored when needed to ensure people ate sufficient amounts of food and drank enough fluids. Where people required a special diet, this was noted in their care plans. For example, there was a diabetes action plan in place which stated the frequency of blood checks and detailed assistance from staff who were to provide help and advice on menu choices.

People complimented the food offered by the service. One person said, "The food is good. There's lots of choice". Another person told us, "We have decent food with two choices. You can have either one that suits you".

When there were concerns about a person's health or well-being, immediate action was taken, such as contacting the person's GP or seeking guidance from professionals such as a speech and language therapists (SALT) or a consultant in old age psychiatry. People were supported to maintain good health by accessing health care services and obtaining advice from their GP, a chiropodist and an optician. One person told us, "They get a doctor if you're poorly".

Two of the bathrooms had been fitted with hand rails and a toilet seat in contrasting colours in order to help people with impaired eyesight use the toilet. People could choose to use either a shower or a bath. Signage on the outside of the bathrooms was clear, large and colourful. We saw that handrails in the corridors contrasted well with the walls. Although some corridors were narrow due to the age of the building, there was sufficient space for people to move around the premises. People could also use a lift, which we observed during our inspection. We spoke to the registered manager about making the service more dementia friendly. There were memory boxes ready to be fitted outside people's bedrooms for an additional charge. As people and their relatives were not ready to pay for memory boxes, none were fitted at the time of the inspection. The registered manager told us they were going to look for an alternative to the memory boxes.

Is the service caring?

Our findings

People using the service and their relatives spoke very positively about staff and the care they received. One person told us, "They are very good and that's important". Another person said, "Everything seems very nice here. They look after you so well". One person's relative told us, "They are really brilliant with [person]. They are so patient".

We observed that staff respected people's dignity and privacy. Staff knocked on people's doors before entering their rooms. They also ensured the curtains were pulled and the doors were closed whilst providing people with personal care. A member of staff told us, "Firstly you need to ask a person who they want to assist them. Then you need to remember that the doors and the curtains are shut when personal care is given".

Care plans provided detailed information about people's communications skills. For example, one person's care plan stated that the person relied mainly on communicating with short phrases and using body language. Staff were knowledgeable about the person's communication skills and when communicating with them, they used facial expressions, tones of voice, touch and body language.

We saw people were offered choices in their daily routines and that staff promoted people's independence. For example, people could make decisions on how to spend their free time. People could choose meals to eat, times of rising and retiring, and what clothes they wished to wear. They could also decide whether to participate in the activities on offer. Relatives confirmed people were offered choices and staff said that communication with people was good. As a result, people were able to express their choices and decisions. Staff were able to describe how they offered choices to people.

People and their relatives were involved in the creation and updates of people's care plans. People's opinions were recorded and incorporated into the care plans. For example, people provided information for their personal profile section of the care plan.

There were behavioural management strategies for people who may display behaviours which other people may find challenging. We saw that staff followed these strategies in order to reduce people's anxieties. For example, a member of staff spent time with a person who was lost and was becoming anxious. The member of care staff focused on the person rather than the task, providing reassurance in a compassionate way.

We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored on a password protected computer.

Is the service responsive?

Our findings

People were offered a range of activities at the service. The service had an activity co-ordinator in post who organised both one-to-one and group activities. People could enjoy playing indoor golf, quizzes, bingo, film afternoons, painting or karaoke. The service also arranged various social events. People living at the service were encouraged to participate in a variety of meaningful activities they enjoyed. One person told us, "There are quizzes, I like to join in with those". Another person said, "I like bingo and playing golf". During the inspection we observed activities provided to people in the lounge. There were lots of interactions between staff and residents. All people who joined a quiz at different times were involved and offered answers. Quiz questions and answers opened up avenues for further conversation between people and staff.

Care plans were person-centred and very informative. They provided staff with information about people's past, their likes and dislikes and the way people benefited from person-centred approach. For example, one person's care file stated that the person benefitted from encouragement to complete tasks and the person's involvement in a wide variety of activities would help them maintain a strong sense of awareness and contentment.

People's changing needs were understood and swiftly addressed by staff. The registered manager reviewed people's care plans regularly. One relative told us they felt very involved in the care of a person and that the service always communicated with them. One person's relative said to us, "They are pretty good at getting hold of [relative]. If [relative] is not there they will leave a message".

People's diverse needs were respected. Discussion with the provider and staff showed that they respected people's differences and diverse needs. There was an equality policy in place. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. Records showed staff had received training in equality, diversity and human rights (EDHR). People's spiritual needs recognised and recorded in their care plans. People had the opportunity to attend monthly services led by the local vicar.

The service had a complaints policy and procedure. The registered manager and staff were able to explain how they would deal with a complaint. Since the beginning of the year the service had received three complaints which had been dealt with to the complainants' satisfaction. Staff were aware of the complaints policy and told us they would immediately help people to raise an official complaint if needed. People and their relatives told us they know how to raise complaints. One person told us, "I would go to one of the carers if I had any concerns but I haven't had to do that".

The provider did not fully meet the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The complaints policy displayed in the communal area was not in an easy-to-read format, however, people we spoke to were aware of the complaints procedure. A range of communication methods were used by staff to provide information and offer choices and included showing objects of reference, body language and signs. During the inspection we observed mutual

understanding between people and staff.

The home was not currently providing end-of-life care. However, the provider had systems and procedures in place to enable staff to identify people's end-of-life wishes and had developed associated plans. These included information about people's preferred place of care, wishes for medical aid to assist recovery and wishes for their bodies to be donated to health or scientific facilities.

Is the service well-led?

Our findings

At our previous comprehensive inspection in November 2016 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to assess, monitor and improve the quality and safety of service provision had not always been effective.

At this inspection we found the provider did not fully address the issues raised during our previous inspection. The provider had a number of systems in place to monitor the standard of care delivered to people. Where audits had shown that improvements had been needed, action plans had been produced. These had been reviewed and updated to ensure that the required actions were completed and the improvements achieved. For example, a monthly infection control audit had resulted in a carpet being replaced in one of the rooms, equipment being purchased for deep cleaning and a pressure cushion being replaced for some of the residents. However, the systems for monitoring care quality had not always been effective as they had failed to identify the issues we found during the inspection. For example, the risk relating from people using the steep narrow staircase remained unnoticed and unaddressed by the management. There was no auditing system which could have identified gaps in fire emergency checks or gaps in employment histories.

Staff told us they were not always empowered to contribute to the enhancement of the service. Some staff told us they had an impression that the service manager promoted a culture of blame instead. A member of staff told us, "When I mentioned something to one of my seniors, I was called to the office and asked to explain why I had raised the issue. When we have a problem, we go to the seniors as [the registered manager] may have no time for us and you do not know how she will react". Another member of staff said, "[The registered manager] can listen to you sometimes and be understanding but I do not always know what reaction I will get from her. I go to the seniors to talk to them more relaxed". Another member of staff told us, "I think she needs more people skills. She could be more sympathetic at times".

There were regular meetings for staff to give them the opportunity to provide feedback on the service. Records of meetings showed action had been taken as a result of the meetings. For example, a new type of electronic residents care files was to be introduced in the service. However, not all members of staff were convinced that the service benefited from staff meetings. A member of staff told us, "It is always down to money. Things we ask for, like more staff on shift, are always too expensive".

This is a repeated breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Statutory notifications had not always been sent by the provider to the CQC. A statutory notification is information regarding specific incidents that have occurred and is required by law to be shared with the commission. We noted that the service had at least twice failed to notify us about notifiable accidents/incidents.

This is a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

People and their relatives told us they were happy with the way the service was run. One person told us, "I can't find any faults". Another person said, "It's the best place here. It's great". One person's relative remarked, "It's working nicely".

The service sought people's opinions through surveys, meetings and care reviews. We saw that surveys were sent to people, their relatives and health care professionals. The results of the recent survey showed that people were satisfied and no concerns were raised by people or their relatives. No reply to the survey had been received from health care professionals. When people raised their opinion or asked to resolve an issue during residents' meetings, this was addressed by the registered manager. For example, some people had asked for blankets and some had reported maintenance issues which had been addressed by the provider in a timely manner.

There was an incentive scheme organised for staff. An employee of the month received a gift voucher from the provider as recognition of their hard work and going above their contractual duties.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider failed to inform us about notifiable incidents.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had failed to suitably assess risks to the health and safety of people who received care and treatment and had not done all that was reasonably practical to reduce such risks.</p>

The enforcement action we took:

We served a warning notice that required the provider to become compliant by 15 June 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been operated effectively to assess, monitor and improve the safety of the services provided, or mitigate the risks.</p>

The enforcement action we took:

We served a warning notice that required the provider to become compliant by 15 June 2018.