Woodlands Retirement Residence Limited

Woodlands Retirement Residence

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 and 7 December 2016 and was unannounced. This was the first rated inspection of this service since it registered with us in December 2015. The registered manager and provider of this service was the same under a different company name.

Woodlands Retirement Residence is registered to provide accommodation and support for 19 people who have conditions related to old age and /or dementia. On the day of our inspection there were 17 people living at the home. There was a registered manager in post who was also the provider. 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.

People told us they felt safe living in the home. Staff were able to explain the actions they would take to keep people safe from harm, but had not received the appropriate safeguarding training. People were able to receive medicines for pain relief when needed, but the medicines were not always being administered safely. The provider did not have a dependency tool in place to be able to identify and demonstrate they had sufficient staff to meet people's assessed needs.

While staff had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, further training was still needed as they were unable to explain how people who lacked capacity their human rights would be protected. Staff were not able to access a good level of support by way of regular supervisions or staff meetings.

While the majority of staff showed that they were caring and kind, it was important that this was demonstrated at all times as we observed a member of staff shouting at a person. The environment of the home was warm and welcoming.

We found that people were encouraged at the point of receiving support from staff to make choices and decisions as to how staff supported them. People's privacy and dignity was not always being respected.

We found that while there was an assessment and care planning processes in place there was not sufficient information being gathered to ensure people's needs were met appropriately. We found that while reviews were taking place they were not happening on a consistent basis and there was no evidence to show that people were involved in the process.

We found that the provider was unable to show how people were able to socialise or take part in activities that interested them. Information about people's interest and hobbies was not being gathered to enable them to take part in things they like to do. The provider had a complaints procedure in place but there was no process for logging complaints.

The provider carried out spot checks and audits on the service however these were not sufficiently effective enough to identify areas for improvement.

The provider used quality assurance surveys to gather some views on the service. However it was unclear how people who lived with dementia shared their views and how any identified actions were discussed as part of making the required improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back 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.

Staff were able to demonstrate a level of awareness in order to keep people safe.

The provider had no appropriate system in place to ensure the right levels of staff were in place to meet people's support needs.

Medicines were not always being administered in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not able to receive sufficient support through supervision and or staff meetings so they had the necessary knowledge to meet people's needs and develop their skills.

Where people lacked capacity the Mental Capacity Act 2005 was not being consistently implemented to ensure people were not restricted unlawfully.

People were able to get sufficient to eat and drink.

Is the service caring?

Requires Improvement

The service was not always caring.

People's privacy and dignity was not always respected.

Advocate services were not being made available to people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Reviews were not being consistently carried out and did not involve people.

People's interest and hobbies were not being noted in order for them to consistently take part in planned activities.

While the provider had a complaints process, they had no system in place for logging any complaints or monitoring trends.

Is the service well-led?

Requires Improvement

The service was not always well led.

Care records were not consistently accurate, up to date and clear enough to ensure staff would know how people were to be supported.

The registered manager carried out spot checks and audits on the service however these were not effective enough to identify areas of concern within the service.

Quality assurance surveys were being used to gather views on the service however where areas of improvement was identified these were not being shared with people appropriately.

Woodlands Retirement Residence

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.

Our inspection took place over two days 6 and 7 December 2016 and was unannounced. The inspection was conducted by one inspector 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.

We asked the provider to complete a Provider Information Return (PIR) which they did. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

We spoke with five people who were able to share their views with us, two relatives, two members of the care staff and the cook. We also spoke to the registered manager. We looked at the care records for three people, the recruitment and training records for two members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People we spoke with all told us they felt safe. A person said, "I think it's a safe place". Another person said, "We're perfectly safe". A relative spoken to said, "Oh yes she [person receiving the service] is safe". Staff we spoke with were able to explain what forms abuse could take and what action they would take if someone was at risk of harm. A staff member said, "I would report any abuse to the manager". We found that there was no evidence to show that staff were receiving training in safeguarding people and staff we spoke with confirmed they had not had this training. However staff had an understanding of how to keep people safe. We received information that people were being shouted at by a member of staff and we raised a safeguarding alert with the local authority. The registered manager who was also the provider told us that as a result of the safeguarding alert the local authority visited the home and they have since spoken to the staff member concerned and taken appropriate action.

The provider told us in their Provider Information Return (PIR) that safeguarding discussions were held with people and that they had appropriate policies and procedures in place which were discussed with staff to prevent abuse. We were able to confirm that policies were in place and we did not see any evidence of discussions with people or staff. We observed on one occasion that the same member of staff was heard shouting at someone with a raised voice. We felt this was not appropriate in light of the safeguarding concern raised and discussed this with the registered manager who was concerned about our observation and told us they would take further action.

We found that risk assessments were being used to identify areas where there was potential risk to how people were being supported. For example risk assessments identified how risks should be managed and how many staff should be used where a hoist was required. We found that other risk assessments were also being carried out on medicines, moving and handling people and the environment people lived in.

Where people were at risk of falling we found that these assessments were not being completed consistently. However staff we spoke with showed an understanding of how risks should be managed where people had an unwitnessed fall. They told us that while risk assessments were in place they were not always able to access equipment like hoist and stand aids to support people and reduce risks of people falling. We were told that they were having to move people without the right equipment. We found that the home had two hoists available one was kept upstairs while the other was stored under the stairs. We found from people's care records that a number of people did need to be moved using equipment. The manager and deputy told us that a hoist was available for staff to use when needed, but people were being encouraged to walk and do as much as possible to promote their mobility rather than rely on equipment. The registered manager told us they would discuss with staff the concerns shared with us to address issues identified.

People had mixed views about the staffing levels within the home. A person said, "There seems to be enough staff". While another person said, "It's a shame they could do with a few extra hands". A relative we spoke with said, "There is generally enough staff but they can be rushed at times. I have concerns about the staffing levels at night time". This relative was concerned due to two staff not being enough due to the layout of the building. Staff we spoke with told us they felt there was not always enough staff. While we saw

no direct risks to people due to the levels of staff available we noted on an afternoon the staffing levels were reduced from four in the morning to three. People's needs had not changed and a number of people needed two staff to support them. We saw that there was not enough staff on the afternoon. Staff were not able to sit and talk and converse with people when there was four staff on duty. With the reduction to three the situation was just made worse. We found that at night time there were two members of staff on duty. Due to the layout of the home, which was two buildings divided by a glass corridor, we had concerns as to whether this amount of staff would be sufficient in an emergency. The levels of staff at night time may not be sufficient to ensure while two staff were occupied supporting someone in one of the buildings that there were no staff available in the other building should someone need assistance. We raised our concern with the registered manager who felt the staffing levels were sufficient and was unable to give an explanation for the reduction in staff on the afternoon or how the decision was reached to reduce the staffing levels. The provider told us in their PIR that a dependency based assessment tool was in use. This tool would have been useful in helping the registered manager decide the appropriate staffing levels. However the registered manager told us they were not using a dependency tool and would ensure one was put in place to support them in ensuring there was sufficient staff at all times.

A person said, "I get my tablets at the same time every day. They are never missed". A relative said, "She [person receiving the service] gets her medicines okay". The provider told us in their PIR that staff were trained to administer medicines which we were able to confirm by speaking with staff. A staff member said, "I have had medicines training, but my competency is not checked". However we saw no evidence that staff competency was checked to ensure staff had the appropriate ongoing skills and knowledge to administer medicines. We observed when medicines were being administered that they were left unattended on a couple of occasions around people which could have resulted in someone taking medicines that were not for them.

Where people were administered medicines we saw that a Medicines Administration Record (MAR) was being used. We found that there were a number of unexplained gaps where staff administering medicines had not signed to show that medicines had been administered or refused. Our observations indicated the gaps were due to staff not noting when medicines were given rather than people not being administered their medicines. Where people were administered medicines 'as and when required' we saw that guidance was in place so staff were able to administer these medicines consistently where people who lacked capacity were unable to request pain relief. Staff we spoke with were able to explain the systems in place to determine if people were in need of pain relief where they were unable to request medication themselves.

The staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure staff were able to work with vulnerable people. We found that the provider's recruitment process also included references being sought and the appropriate identity checks being done on potential new staff.

The provider had an accident and incident process in place which staff were aware of. We found that where an incident or accident had taken place staff were able to explain the actions they took and how people were supported. Staff we spoke with confirmed that all accidents were recorded in the accident book and a copy of the accident report put on the person's care file. The registered manager told us that all accidents and incidents were monitored for trends so action could be taken where necessary to reduce the risk of accidents. However we did not see any evidence of this.

Requires Improvement

Is the service effective?

Our findings

The provider told us in their Provider Information Return (PIR) that staff received regular supervision which was recorded. However staff we spoke with told us they were not able to get support when needed from the registered manager. A staff member said, "I have never had supervision, [or attended a] staff meeting and have only had one appraisal in five years". The staff records we looked at confirmed what we were told and did not support the information in the PIR. We raised our findings with the registered manager who showed us a book they kept of concerns raised with staff as their record of supervision and staff meetings. This meant that staff were not being given the opportunity to discuss concerns or their development on a regular basis. After further discussion the registered manager assured us that the appropriate systems would be put in place.

A person said, "I think they have enough skills". Another person said, "The staff are quite stable and they get to know us". A relative we spoke with said, "Staff do seem to know how to support her [person receiving the service] needs and have the appropriate skills".

The provider told us in their Provider Information Return (PIR) that staff had the right knowledge and skills to support people. We saw that staff had access to training and that there were clear dates as to when the training was completed and when staff needed further training. We saw that training in dementia awareness, food hygiene and moving and handling people was in place. However the training staff received was not sufficient. For example, safeguarding was not identified within the training information we were given. Staff having access to training ensured that they had the skills and knowledge needed to support people appropriately.

Staff told us that they had access to an induction process upon being employed and that the induction involved them shadowing more experienced staff for a period of time to allow them the opportunity to gain some of the skills and understanding they would need to support people on their own. We found that while the provider had some understanding of the care certificate from the information in their PIR, staff who had recently been employed had not gone through the certificate as part of their induction. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. The registered manager told us this would implemented.

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. 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.

Staff we spoke with had knowledge of the MCA and told us they had received training in both the MCA and the Deprivation of Liberty Safeguards (DoLS) which we were able to confirm. However staff were not all able to consistently explain the importance of the MCA and the implications for people's human rights where

they lacked capacity and were unable to make decisions. The registered manager told us they would provide more training for staff to ensure their knowledge and understanding was good. We found that a DoLS application had been made to the supervisory body where someone was being restricted in their best interest. Mental capacity assessments were not taking place to show where people lacked capacity and they were at risk of being restricted unlawfully.

A person said, "My consent is sought". Another person said, "They [staff] would ask us before they [staff] did anything". A relative said, "Staff do act in her [person receiving the service] best interests and they know what her likes and dislikes are". Staff we spoke with told us that people's consent was sought. We observed people's consent being sought for example, where people were asked if they wanted a drink with their meals staff were seen waiting for people's response before acting. Where people lacked the capacity to give verbal consent staff were seen encouraging people and explaining things to them before supporting them.

A person said, "We have lunch at 12 ish. They sometimes put up a menu but not today. There's usually one choice. The food is good and we get plenty to drink". Another person said, "I enjoyed my lunch. I fancied some more pudding". A relative said, "Oh yes [person's name] loved their food". A staff member said, "That there was a drinks rota in place to ensure people had regular amounts to drink and did not dehydrate". We saw people consistently being offered drinks and being encouraged during meal times to eat and drink. We found that people had limited or no choice of what they had to eat if they did not want the meal offered. We did not see a menu so people would know the choices of meals available. Where people needed support from staff to help them eat we saw that this support was made available. We raised our concerns about the lack of a menu and people getting a choice of meal with the registered manager who told us a menu was available but it was not always displayed. They told us the menu would be displayed more prominently in future and made available in other formats as it was currently only available in one format.

Where people had specific dietary requirements both staff and the cook were able to tell us which four people were affected and how any risk to them were being managed. We saw that people were provider with meals that met their dietary and medical requirements. Nutritional screening was taking place but the information gathered was not being used consistently. We saw that where some people's screening information had changed that no action was taken or any advice sought from appropriate professionals. While we saw no direct impact during our inspection, if a lack of action continued for any length of time then there would eventually be an impact on people's health.

We found that where people's weight was being monitored that this was not being done consistently and people's ideal weight was not being noted. We found that the appropriate weighing equipment was not available to support people who were unable to stand unaided. We raised our concerns with the registered manager who told us they did not currently have the equipment needed to weigh people who could not weight bear but would look to purchase the equipment. While the registered manager was aware of other alternatives to gauge people's weight these were not being done and we found that people were being supported to stand rather than the correct equipment being used.

We found that people had access to healthcare professionals. When people were seen by their doctor, district nurse, chiropodist or dentist this information was noted on their care file. Where action was needed at a later visit this was also noted so staff could ensure the appropriate action was taken. Where people had a DNAR in place this was not easily found and not prominent so staff would clearly see it in an emergency. A DNAR means Do Not Attempt Resuscitation. This is a form issued and signed by a doctor, telling medical teams not to attempt cardiopulmonary resuscitation (CPR).

Requires Improvement

Is the service caring?

Our findings

A person said, "They always knock before they come into our rooms". A staff member said, "I would always ensure people were covered over during personal care". The provider told us in their Provider Information Return (PIR) that the service was underpinned with a key set of values which involved people's privacy, dignity and independence being respected at all times. We saw someone being supported by two staff in the toilet while the door was not shut. This did not demonstrate the values being identified in the PIR. We discussed this with one of the staff members involved who apologised and said the door should have been closed. We discussed our observations with the registered manager who told us they were concerned with what we had observed and would be taking the appropriate action. We found that toilets, bathrooms and some bedroom doors had glass panels which did not offer the levels of privacy and dignity necessary. Net curtains were provided but this was not always sufficient to give privacy and dignity and this meant that people were not always able to have their privacy and dignity respected as they could be seen through the glass panel. The registered manager told us all relevant doors would be changed so people's privacy and dignity would be respected at all times.

Our observations were that staff were kind and caring towards people. Staff were seen speaking to people in a manner that showed they cared and where people asked staff for support we saw this being offered. However we observed one member of staff shouting at someone. We discussed this with registered manager who was concerned as to what we had observed and told us the appropriate action would be taken.

We found that an advocate service was not available to people where needed. Where people lacked the capacity to make their own decisions the provider did not ensure an advocate was made available. We discussed our findings with the registered manager who told us that they would ensure an advocate was made available to people where needed in future.

A person said, "They [staff] work well and they're very kind. Nobody [staff] have ever said anything to upset me". Another person said, "You couldn't have better care". A relative said, "Staff are kind caring and friendly".

A person said, "Staff do listen to what I want". We found that people were able to make choices as to how they were supported by staff. We consistently heard staff asking people what they wanted to eat or drink. Staff spent time to listen to what people had to say before making any decisions. We heard people being asked if they wanted their hair done as it was the day the hairdresser was available. We saw a number of people having their hair styled having told staff they wanted to see the hairdresser.

We saw that where people were independent and needed less support that staff encouraged them to do as much as they could. We saw that one particular person was very independent and needed little if any support. This person was seen managing most things themselves. Where people were less independent staff were more involved with the support they received and spent more time encouraging people to do as much as they could.

We saw that people looked smart and presentable. People told us they were able to decide the clothes they wore and we found where people were unable to decide staff would support them by showing people a range of choices which they would pick from. People were supported by staff to ensure they had their glasses to hand where needed.

Requires Improvement

Is the service responsive?

Our findings

A person said, "We're supposed to have a care plan. We saw it when we came in but haven't seen it since". A relative told us that an assessment was carried out but couldn't remember if they had a copy of the care plan and had never been invited to attend a review. Staff we spoke with told us they were able to access care plans when needed and that reviews were carried out. The provider told us in their Provider Information Return (PIR) that care plans were in place. We found that while assessments were being completed they were very basic and did not have some vital information. For example, what people's assessed needs were and what people's health care needs were at the point of the assessment. Other important information to do with why the person needed residential care and important personal details were also not being gathered. The assessment identified information like the person's name, date of birth, next of kin and did not identify what support people needed. We found that the care plan format that was being used to identifying how people were being supported were not consistent. Information on how people were being supported was not always in place, accurate, up to date or clear as to how people were to be supported.

We found that while some reviews were taking place they were not being done consistently. We found that reviews were out of date and in one instance a person had not been reviewed since October 2015. We saw that the registered manager had no review paperwork in place to show what was discussed, any decisions reached at the review and who was present. Staff we spoke with told us that reviews were not happening regularly.

A person said, "They know us quite well". Another person said, "We don't do art stuff anymore". Another person said, "More activities would be nice". We found that while staff did know people's support needs and were able to explain why various people were supported in specific ways they were less certain as to people's interests and hobbies. We found that people's interests and hobbies were not being noted as part of the assessment process. Our observations were that people spent most of their time sleeping or just watching passively with no planned stimulation and the television on in the background. People told us there was an entertainer once a fortnight but there was little else to do. We saw that there were books, magazines and CD's/DVD's in a dresser in the front dining area, but these would not have been accessible to people given that the service catered in the main for people living with dementia. Many people would have to rely on staff reading to them or playing a CD.

During the visit of the hairdresser some people had the opportunity to do something different but for the majority of people they did not. We saw no organised activity plan, however there was a calendar displayed showing ball games which were scheduled for the day of our visit, but this did not take place. We discussed our findings with the registered manager who told us they were having difficulty in getting staff to carry out activities with people, as they did not want to so they had recruited an activity coordinator who was starting shortly. They would spend time with people ensuring their interest and hobbies were catered for in any future plan.

We found that people were not able to consistently share their views. There was no mechanism in place so

people could do this. The provider told us in their PIR that resident and relative meetings took place but we saw no evidence of this. People we spoke with told us they had never been invited to a resident meeting. Staff we spoke with told us these meetings did not take place. We raised our findings with the registered manager who told us that resident and relative meetings did take place in the past but had not been arranged for some time. We found that most people within the service lived with dementia and it was unclear as to how these people were encouraged or supported to share their views.

We found that staff were unable to explain how people's equality and diversity needs were met. Staff did not receive any training in this area and the assessment process did not ask any relevant questions to be able to identify where people may have specific needs to be addressed. The registered manager told us they would arrange for staff to receive the relevant training and update the assessment process so the relevant information would be gathered in the future.

No one we spoke with had ever raised a complaint. One person said, "I've no concerns or worries but I'd speak to manager. She'd listen and sort things out". A relative said, "I am unclear as to how I would complain. I have never seen the complaints process, but I have never had to complain". The provider told us in their PIR that a complaints process was in place. We found that this information was available to people in the service user's guide but was not displayed in the home in a way that would promote or enable people to know how to raise a complaint. We found that there was no system in place to log complaints received. This would enable the registered manager to log when complaints were received and show how the investigation was conducted. The registered manager told us they would put in place a complaints log but told us they had not had any complaints.

Requires Improvement

Is the service well-led?

Our findings

We found that people's care records were not all consistently accurate, up to date and did not clearly show how people should be supported. We found information of a contradictory nature which could potentially lead to staff not being clear as to how people should be supported. We found forms consistently blank and it was unclear as to whether there was information not being completed or just a blank form that did not need to be on the file. We found that reviews were not being carried out consistently and it was unclear as to how people were involved in the process.

We found that while people received the support they needed with personal care, the things people like to do was not being offered to them as a way of social stimulation. People were seen to just be left to sit in the lounge while the television was on in the background. We saw no evidence of planned activities, or strong leadership to ensure people were able to take part in the things that interested them or they like to do. A person told us they were not able to go out of the home to the shops.

A relative said, "The service is not well led there are areas still needing improvement". Staff we spoke with told us the service was not well led as they were not receiving regular supervision and not able to access equipment when needed. We found that the service was not well led due to the amount of concerns we had identified to the registered manager who had not been effective in leading the service from the front so these concerns were identified and dealt with before our inspection.

We found that staff were not being supported sufficiently to ensure they had the skills and knowledge to meet people's needs appropriate. Where staff needed further development this was also not consistently available.

The provider told us in their Provider Information Return (PIR) that day to day observations and audits were taking place. While we found that audits and checks were being carried out they were not effective. We found that night staff were not completing records accurately and signing the checks they were meant to be carrying out on people during the night. We saw a number of documents that had not been completed which indicated that night staff were not carrying out checks and the registered manager audits had not picked this up. In addition we found that in some bedrooms windows were not permanently restricted appropriately. This meant that some windows people could remove the restrictors and the window could be opened wide enough to potentially put some people at risk of falling. The registered manager checks and audits had not identified this issue.

The observations, checks and audits carried out by the registered manager were not effective as they did not pick upon the fact that staff were not using equipment appropriately to support people when they needed support to move within the home. We found that medicines audits were also not being done effectively to ensure gaps on the medicines administration record were identified and the appropriate action taken.

We found that the information we received in the PIR from the provider did not accurately reflect what we found on our inspection of the service. For example, the provider told us as part of good leadership within

the service they had regular meetings with people and staff and we found this not to be the case. While we saw people were relaxed around staff the culture within the home was not open and transparent, people did not have any involvement in how the home was managed or run and communication between the management of the home and people was poor.

We found that the attitudes of staff and the values and behaviours expected within the service were not being monitored sufficiently to ensure people were treated appropriately.

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

A relative said, "I have received a questionnaire to complete". Staff we spoke with told us they did not get a questionnaire to complete. We saw that questionnaires were being used to gather views on the service. However we saw no evidence that people who lived with dementia were able to share their views. Advocates were not being used within the service to support people to share their views. The registered manager had an action plan in place that they were working on from the last survey, however people had not been told about the action plan and what areas for improvement were identified from the last survey. The registered manager told us this would be implemented for future surveys and staff would be included.

We found that the registered manager was evident around the home supporting people throughout the day and especially at lunchtime where some people needed help with eating and drinking. People all appeared to know the registered manager well and were relaxed and calm around her. We found where people were able to they were on first name basis with the registered manager and staff.

Staff we spoke with knew about the whistleblowing policy and was able to explain the circumstances where they would raise concerns to ensure people's safety.

We found that the registered manager understood the notification system and their role in ensuring CQC were notified of all deaths, incidents and safeguarding alerts as required to comply with the regulations.

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 17 HSCA RA Regulations 2014 Good governance The intention of this regulation is to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A). To meet this regulation; providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice. In addition, providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity. As part of their governance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement. When requested, providers must provide a written report to CQC setting out how they assess, monitor, and where required, improve the quality and safety of their services.