# Adelaide Care Limited

# Fiveways

## 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? | **Good** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

We undertook an unannounced inspection of this home on 26 November 2014. We inspected this service previously in November 2013 and there were no concerns.

Fiveways is a small residential service for people with learning disabilities and other complex needs. It is currently home to five men of varying ages and abilities who are supported by a predominantly male staff team. Each person has their own bedroom which they have been supported to personalise, there is lots of shared space for people to use and the home is close to local transport and amenities. The service also provides some outreach support to someone living in their own flat.

The service has 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Records relating to maintenance checks, fire drills, and complaints were not well maintained to ensure people were protected against the risks of unsafe care and treatment. There were minor shortfalls in the management of medicines that needed improvement. However, staff demonstrated awareness of keeping

# Summary of findings

people safe from harm, they understood about the risks people may be subject to and the measures that help to minimise these. Staff understood about keeping people safe from abusive situations and knew the action to take if they suspected abuse.

Where people lacked capacity to make decisions the staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interest.

There was a friendly, relaxed atmosphere at the home and people told us they enjoyed living there. People and staff told us that there were enough staff available. Staffing levels were determined according to people's individual needs, and additional staffing was provided when people required extra support in the community.

Staff received regular relevant training to ensure they had the right skills and knowledge to support people with learning disabilities. They ensured people received effective care relating to their diet and their ongoing healthcare needs, and consulted with people, their relatives and health and social care professionals about their care and support needs.

People took part in activities of their choice that they enjoyed. People made everyday decisions for themselves, but for those people who lacked capacity to make important decisions related to their care and treatment best interest meetings were held, and these involved relatives and other professionals.

People and staff found the registered manager approachable and supportive; she was familiar with the needs of all the people. Regular staff and residents' meetings were held where people and staff could express their views. People felt confident of raising concerns they might have with staff. The provider ensured that systems were in place to monitor the service and make sure that the quality of care and support people received was maintained and had on-going improvements.

**We recommend that the provider reviews good practice guidance published by NICE in respect of management of medicines in Care Homes.**

**We have identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

# 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 home was not always safe.

People told us there were always enough staff to support them and they were happy with living in the home. The premises were well maintained and comfortable but delays in addressing some repairs could place people at risk of harm. Minor improvements were needed to ensure the safe management of medicines.

Checks, tests and servicing of gas, electrical installations, fire alarm and fire equipment were carried out.

Staff demonstrated awareness of risks and harm that people could experience. They had been trained to deal with these issues and report them appropriately to keep people safe. There was a low incidence of accidents occurring. Appropriate checks were made for new staff to ensure they were fit to undertake their roles.

**Is the service effective?**

Requires Improvement

The home was not always effective.

New staff received induction to their role and training relevant to the needs of people they supported. Staff found the registered manager approachable and accessible but formal staff supervision meetings were infrequent.

Health and social care professionals said they had confidence in the skills of staff. Communication passports were developed and used for people who could not express their needs and wishes. Staff had access to detailed guidelines and accredited training to help support people who became anxious and whose behaviour could challenge others.

Staff ensured that people's dietary and nutritional needs were met. People were supported by staff to access routine and specialist health care appointments and people were referred appropriately for specialist input.

**Is the service caring?**

Good

The Service was caring.

People told us they liked living in the home. Staff were observed talking to and supporting people with dignity and respect and encouraging them to respect each other.

People were supported to develop their cultural or religious identity. Their privacy was respected.

People were encouraged to maintain links with their families. Relatives were made welcome. People and their relatives were provided with opportunities to express their views.

# Summary of findings

**Is the service responsive?**

Good

The home was responsive.

People had updated, individualised plans of support that informed staff how they preferred to be supported. People participated in activities they enjoyed and wanted to do.

Health and social care professionals told us that the home staff kept them informed about important changes.

People told us they would talk to staff if they were unhappy or concerned about something, they were given time to talk about things that bothered them. Records showed people used the complaints process to express the minor everyday concerns they had.

**Is the service well-led?**

Requires Improvement

The service was not always well led.

Good practice by the registered manager and staff was not supported by good record keeping.

People and staff found the registered manager approachable and that she fostered an 'open door' culture. There was a good team spirit. Staff showed commitment to providing a good experience for people by the care they delivered.

Health and social care professionals told us that they experienced good relationships with the home staff. People were asked about health and safety issues that affected them. Plans were in place for the development and improvement of the service. Mechanisms for auditing and quality monitoring the service were in place to ensure service quality was maintained.

# Fiveways

**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 undertook an unannounced inspection of this service on 26 November 2014.

This inspection was conducted by one inspector with experience of learning disability services.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints (a notification is information about important events which the provider is required to tell us about by law).

We met all of the people in the home but not everyone was able to verbally share their experiences of life at the home. This was because of their complex needs. We therefore spent time observing people using a 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.

We spoke with three staff, which included the registered manager. We also contacted health and social care professionals who had contact with the home. These included a commissioner from the local authority, a care manager, a community nurse from the learning disability team, and a representative of the district nurse service. Three of these responded to us, commenting positively about the home and the staff team, in whom they said they had confidence.

We reviewed a range of records that included: three care plans , accident information, three staff recruitment files, staff rotas for the previous two weeks, menu information, activity programmes, the home's diary and communication book, daily reports, a sample of policies and procedures, complaints information and evidence of audits and quality monitoring.

Requires Improvement

# Is the service safe?

## Our findings

Staff and people said they thought there were always enough staff to keep them safe? People said they liked where they lived and some were able to compare this to other places they had lived where they did not feel so safe.

The premises were clean and mostly well maintained. However, some repairs had been undertaken to flooring at the top of the staircase which could pose a trip hazard to people. The bath in the upstairs bathroom had developed a rust hole on the rim of the bath. This posed a risk to people as it was on the rim of the bath and there was a risk they could cut their hands on the rusty edges of the hole, we discussed this with the registered manager who explained that the replacement of the bath had been delayed due to overall plans for a future upgrade of the premises. Flooring in the same bathroom was also visibly water stained and unsightly but undamaged and did not pose a risk. Other than minor wear and tear on paint work on the stairs and some walls the home was well maintained and provided a comfortable environment with good quality furnishings.

People were kept safe because records showed that servicing of electrical and gas installations had been kept updated and that fire equipment and alarm systems were tested and serviced at regular intervals. The registered manager informed us that portable electrical appliances in the home had also been checked for safety by a qualified contractor but we found the items checked had not been provided with safety stickers to confirm this, subsequent to the inspection we were provided with this information.

Staff demonstrated that they understood the steps they would take to protect people and keep them safe in their everyday life. This included a well-developed understanding, of reporting and acting upon allegations of abuse or suspected abuse. Staff received regular updates to their safeguarding training and an updated policy for staff reference was in place.

People's support plans showed that individualised and environmental risk assessments were in place and kept updated to ensure staff were made aware of changes. Risks were managed in the least restrictive way, for example people were assessed as being at risk in the kitchen if certain measures were not in place. This was handled well with everyone having free access to the kitchen and undertaking tasks in the kitchen area in the knowledge that appropriate risk reduction measures were in place, for example sharp knives were kept locked away unless staff were available to provide supervision. People were supported to take risks. An external care professional told us "Fiveways have been positive in their approach around risk with my client in order to promote his independence in the community".

Staff understood how to report and act on accidents and incidents that occurred. A review of accident records showed these occurred infrequently with the last recorded accident being in 2011.

Contact numbers were provided for staff in the event of emergencies that could stop the service such as gas or electricity breakdowns. On call arrangements were in place to enable staff to seek support from senior staff when the need arose. Personal evacuation plans had been developed for each person to show staff what support they would need in the event of an evacuation of the building in an emergency.

We reviewed staffing rotas for the last two weeks. On the day of inspection there were three staff on duty including the registered manager, and this matched with the rota. The registered manager said that one person received one to one support, and when they all had an 'at home' day three staff were adequate to provide people with the support they needed. On days where people had outside activities planned, staffing rose to four or five staff. This was flexible dependent on the activities, and how many people were involved and who they were.

We viewed staff recruitment files information was not easy to find in files but showed that a thorough recruitment process had been followed through application and interview for each staff member, and that appropriate checks had been made prior to each applicant commencing work. This included a Disclosure and Barring Check (this is a check of any previous criminal record), conduct in employment and character references, and all information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During the inspection the registered manager was interviewing for a support worker, and we saw that prior to interview the applicant was asked to complete a skill scan to ensure they had the basic numeracy, reading and writing skills to undertake their role and to identify any additional skills they could bring to their role.

Requires Improvement

# Is the service safe?

Medicines were managed appropriately to keep people safe. No medicine errors had been recorded. Staff were trained in medicines management. One staff member confirmed their medicine competency had been routinely reassessed the previous day and we noted documentation relating to this. Medicines were stored securely and medicine keys were kept locked away. Medicine storage temperatures were recorded. Medicines were booked in by the registered manager, and a review of medicine administration records (MAR) showed these were completed appropriately. People had individualised administration protocols for their prescribed and 'as required' medicines, which took account of their personal preferences.

Patient information leaflets were retained for information and reference. People did not have capacity to take their own prescribed medicines although one person told us that he sometimes made sure he had a glass of water to take his tablets with. Two people had been assessed as able to administer their own prescribed skin cream and staff were confident they could do so, but how this decision had been assessed had not been documented so this could be reviewed to ensure the risk level remained the same. A medicines administration policy was in place and had been updated recently. A medicines audit was conducted weekly. We discussed with the registered manager how medicines outside of the medicine dosage system could be audited if no dates of opening were added. The registered manager agreed that the accuracy of the audit would be improved by doing so and said they would implement this.

**We recommend that the provider reviews good practice guidance published by NICE in respect of management of medicines in Care Homes.**

Requires Improvement

# Is the service effective?

## Our findings

An experienced support worker told us they had joined the home from another in the same group. They praised the registered manager for still providing them with a period of induction for one week when they transferred to the home. They said during this time they were required to familiarise themselves with the household routines and care and support plans of people. They said this impressed them and that the registered manager took time to question them about their understanding and knowledge, before they were able to work on shift without supervision.

Although they had their own initial induction record into the company their further induction at the home as an experienced worker was not documented, and we discussed this with the registered manager who agreed the importance of recording this good practice. This is a breach of Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, (now regulation 17 (1) including Regulation 17 (2) (d) (i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they received regular training updates and it was their responsibility to log in to the computer system and check their training status to ensure it was up to date. Staff said they were up to date with their training and this was confirmed in the training records viewed for the staff team.

A health professional told us "I have confidence in the team at Fiveways of providing a good standard of care. I do not have any concern at this time with regard to their ability of delivering and meeting the service user's needs and promoting their independence."

The registered manager told us that although a lot of on line training was provided to staff, they were also provided with some classroom based courses and also took advantage of courses offered by the local authority. Specialist training was sourced where a need was identified. Training records showed that staff received a broad range of training relevant to meet the needs of the people in the home in addition to their basic essential training.

Staff said that they received regular input from the registered manager on an individual or group basis. The registered manager told us that there were at least two occasions each week when the whole staff team were present at handover time; they used this time to discuss individual people or all of the people in the home, and sometimes other information. However, these discussions were not recorded, and the diary only made reference to who the discussions were about and, not the detail or agreed actions. Records showed that they received formal supervisions from the registered manager or another supervisor less frequently than company policy stated, we brought this to the attention of the registered manager. Records showed that most of the full time staff had received an annual appraisal, and arrangements were underway to ensure all staff had an appraisal date.

The majority of people were able to express their views and make comments about their experience of care. Communication passports had been had been developed for people who found it difficult to vocalise their needs and wishes, and these made clear to staff people's individualised method of communication and helped staff to engage with them so that they did not become isolated. We observed the care of one person in particular and saw frequent attempts by staff to engage with them about aspects of their daily support.

Some people expressed their anxieties and frustrations in behaviour that could challenge others or pose a risk to them. Staff had received BILD (British Institute of Learning Disabilities) accredited training to assess people's behaviour, be prepared to intervene and prevent behaviour through de-escalation techniques or use of mild restraint quickly and when needed to safeguard people from harm. Approved interventions were clearly documented in people's individual behaviour management guidelines and made clear the range of measures that could be used. This might involve in certain situations the administration of 'as required' medicines prescribed by the doctor to alleviate heightened anxiety. However, medicine administration records (MAR) showed this to be infrequent and incidents of behaviour within the home had fallen.

People were expected to take responsibility for their behaviour. For example a person who left the toilet unclean tried to blame another person for this. A staff member was observed to discretely remind the person in a kind but clear manner that they had previously discussed that it was

# Is the service effective?

important to take ownership for the things we do and not try to blame others. The staff member offered to help the person clean the toilet. The person agreed and was happy to do this with staff support.

A care professional told us "The manager at Fiveways has been very proactive with my client they have got to know him very well and have strategies in place to redirect his behaviours in a positive manner. I feel that for the first time he is happy, settled and feels safe. This is demonstrated in the reduction of his behaviours that challenge".

We observed people being asked and consulted about all aspects of their daily routines; staff had received training in mental capacity and Deprivation of Liberty Safeguards (DoLS), and were familiar with undertaking best interest discussions on an informal basis. The registered manager had identified that following the recent changes to the interpretation of DoLS one person possibly met the criteria and they had discussed this with relevant care management representatives, it had been agreed that a DoLS application should be made and this was underway.

People ate well and enjoyed their food. They told us some of the things they liked to eat and told us about opportunities they had to help in the preparation of meals or in making cakes for themselves. One person told us "I made a cake yesterday, but I have eaten it all". Home staff were mindful of their need to ensure that menus were inclusive of cultural variety to ensure everyone's needs were met, and we heard from staff and people about specialist meals being included on the menu that everyone enjoyed. People also had a choice of takeaway each week, and enjoyed eating out, and gave us examples of various restaurants they had visited in the local area or still wanted to visit.

A varied four week menu plan was in place that took account of people's individual preferences and offered a choice of breakfast and evening meal. Staff were aware of those people who ate the same type of meal whenever they were out but said they had to respect that people's choices might not always be the healthiest even when alternatives were pointed out to them. People could have drinks when they wanted but to ensure everyone drank enough there were set tea breaks throughout the day for those people who may not otherwise request a drink.

During the inspection we observed people being offered a range of hot and cold drinks, and at lunchtime everyone had a different sandwich filling dependent on their preference. We observed people being very clear with staff about their preferences around the food they ate, for example one person said they did not just want cheese on toast they wanted a specific cheese on toast, and staff said that it would not be a problem to get some of this. People were weighed regularly but not frequently, staff said they were aware of people's eating habits and understood the signs to look for if people gained or lost weight quickly and would notify the doctor immediately.

People's forthcoming health appointments were discussed with them at weekly residents meetings and all had health action plans in place. Staff had a well-developed sense of when people were not feeling well and this was demonstrated clearly during the inspection when someone was recovering from a seizure. People were supported to access routine health and specialist appointments. Care records showed contacts with external health professionals including occupational therapists in respect of looking at the environment and fitting handrails for one person and speech and language therapists to aid with communication for another person.

Good

# Is the service caring?

## Our findings

People said they liked living at the home and enjoyed the things they did. We saw that staff treated people with kindness and respect. The atmosphere was calm and relaxed and people moved freely around the home. Staff were protective of those people who were less able to vocalise their views, staff were observed to be attentive and caring to one person who felt unwell and were heard and seen monitoring their wellbeing throughout the day.

During our inspection we saw that positive caring relationships had developed between people and staff. People knew who their key worker was (a key worker is someone who co-ordinates all aspects of a person's care at the home) and told us they liked their company and we observed examples where they had singled their key worker out in some instances to go to particular activities with them. Staff were aware of background histories and triggers to behaviour, and steered visitors away from situations that could bring about behavioural responses.

People's wishes in respect of their religious and cultural needs were respected. Staff demonstrated awareness of people's cultural individuality and celebrated these differences in a positive way. For example, a person was supported by staff to reflect their cultural difference within the décor of their bedroom and this helped them to maintain a link to their culture.

People were supported to express their views through key worker meetings, resident meetings and also through annual surveys. At a residents meeting we observed people were given opportunities to express their views and were given individual time to do so. We observed at a residents meeting people being asked on an individual basis about their personal wellbeing and whether there was anything they wanted to discuss

Relatives were involved in their care as much as they wanted to be and were made welcome. Some people had opportunities to go home to visit relatives. For other people staff had been active in attempting to foster reunions with estranged relatives. None of the people we met were using advocates at the time of the inspection.

People had their own rooms and could be private when they wanted to be, and everyone was encouraged to respect each other's personal space. People were treated as individuals and personal care support was managed discreetly. People's choices were respected but they were also made aware of consequences within their capabilities to understand. People chose what to wear, what to eat and drink and what to do with their time and who supported them with these things.

Staff promoted people's independence in line with their capabilities, and people told us about some of the household tasks they undertook on a regular basis. This included: people helping with the washing up and putting crockery away, undertaking some vacuuming, bringing their own washing to the laundry, and putting this in the washing machine and tumble dryer as needed. Staff were observed to gently encourage people to do other activities if they were not involved in a kitchen task to ensure they left the kitchen area.

People were also supported to access the internet with staff support, and some were helped to make on line purchases for themselves if they wished to do so.

Good

# Is the service responsive?

## Our findings

People told us about the things that interested them and the activities they liked to spend time doing. They said they spent time with their key worker who asked them about the things they wanted to do and helped plan activities with them. They said if anything made them unhappy they would speak with staff.

We observed a staff discussion with the registered manager about providing a new activity for one person, which would require additional staff support. Staff felt this was a good idea and the registered manager agreed to look into the funding for this.

We looked at people's care and support plans. These identified people's individual needs and what worked best to support them. These were comprehensively detailed, and staff said they felt well informed about the people they supported. Plans looked at all aspects of people's needs in regard to their day to day lives and included: An assessment of their social skills, needs in respect of employment and education, physical health needs, social and communication and behaviour needs. These were kept updated and records showed people had reviews of their care by their placing authorities.

Each person had an assigned key worker who was responsible for reviewing their needs and care records. They completed bi-monthly reports, and where needs had changed those areas of the support plan were updated to reflect these. Staff said they were kept informed of changes through detailed handovers and a communication book. Staff told us that they kept people's relatives or people important in their lives updated, and they were formally invited to care reviews, and some records viewed showed evidence of their attendance.

A health care professional told us: "The manager will keep me informed of changes in the care/support/intervention plan for my clients and is always prepared to discuss and take any guidance to improve the quality of life of this client group. A social care professional told us "I have found that when carrying out reviews at Fiveways that my client's key worker has been consistent in his approach and management'.

People showed us their bedrooms. They had been supported to personalise their own space to reflect their taste, interests or cultural identity. For some this had extended to them being able to visit events in the community that mirrored their interests, and they had posters in their rooms of events they had attended. People were able to take part in individual activities based on their preferences. Staff showed an interest in people's preferred activities and discussed the best options for them, for example we observed a discussion between one person and a staff member in which they discussed the type and complexity of a jigsaw puzzle that might best suit the person.

We observed people being asked what they wanted to do in their 'at home' time and the things they wanted to do in the community. They were encouraged to put forward ideas. Records showed that each person had an activities programme that involved a mix of 'at home' activities and visits into the community. People also had a copy of their programme in their bedroom.

One person was provided with a daily activities board to show what they would be doing that day. People spoke with us about using the internet to order things for themselves and internet time was provided to those who showed interest. There was a daily paper and one person liked to read out the headlines and look at the pictures in the paper. Photos of previous outings that had been arranged were on display around the home to remind people of things they had done, and these included holidays away from the home.

The home had its own sensory room, and people said they used it now and again and enjoyed it. An occupational therapist had been consulted as to whether it was still effective for some people, and some upgrades were planned to improve its usage.

People we spoke with said that they felt able to tell staff if they were unhappy with something. There was an updated complaints procedure. A review of the complaints record showed that people felt able to express their views to staff through letters or verbally but there was only a limited number of comments recorded. We observed that people were given time to talk through things that worried them before these escalated.

Requires Improvement

# Is the service well-led?

## Our findings

We observed that people engaged well with the registered manager who was open and approachable. Staff said her door was always open and they felt well supported by her.

Health and social care professionals told us: "My experience of Fiveways has always been positive. I have a good working relationship with the registered manager. Another said "The registered manager keeps me informed about my client and will alert me if there are any difficulties". A third said their experience of the service was that: "Generally staffing, management, resident's involvement in the service, and training for staff are all at a good standard".

This was a small home and in discussion with the registered manager and staff and through observations at inspection it was clear there was a good team work spirit, and that staff felt committed to providing a good quality of life to people. However, good practice was not always supported by the records maintained, for example the registered manager told us that fire drills were held regularly but this was not supported by the records maintained by staff, these showed only one fire drill and evacuation had occurred this year. This infrequency was not in keeping with the company policy and we drew this to the attention of the registered manager.

At inspection we were informed that portable electrical appliances had been checked for their safety but the record of the visit undertaken by the electrical contractor did not record the items checked and this was not provided until after we requested this at inspection. We talked with the registered manager about the need to make records clearer about actions taken and within what timescales.

These recording shortfalls were a breach of Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, (now regulation 17 (1) including Regulation 17 (2) (d) (i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated an understanding of their roles and from our discussions with them we learned that there were opportunities for career progression but some staff preferred to continue with their current responsibilities, enjoying their direct role with people.

The staff made good use of local amenities and people maintained a community presence in the local town. They were invited to events by a local charitable organisation.

We observed the registered manager checking with staff that previously agreed actions had been completed, and where this was not the case clear timescales for doing so were given. The registered manager completed a health and safety audit each week and also asked people if there were any repairs or things that did not work or caused a problem for them in their bedrooms One person told us about an issue, which they then discussed with staff about the best way to deal with it. A plan was agreed that involved the person and a staff member visiting a local DIY store.

Records showed evidence of medicine audits and daily checks of people's individual finances that were checked at each handover. The registered manager also monitored the staff communication book and handover information whenever she came into the home and we looked at these records.

The provider had established quality monitoring visits, which comprised key audit visits that were, conducted a maximum of bi-monthly, with spot checks on a six to eight weekly basis. These were carried out by the quality monitoring person and the operations director who between them ensured the home was visited monthly. Highlighted actions from these visits were linked to supervisions and a standard of 85% had to be achieved. Performance measures were in place in the event that these targets were not met or were repeatedly missed. Staff commented that the quality monitoring representative was often at the home and they never knew when they would turn up.

In discussion with the registered manager and staff we became aware that although a formal service development plan was not in place plans were in the initial stages for an upgrade of the service, and staff told us that "people had been around measuring up". The manager discussed the possibility that the upgrade would also include improvements to the sensory room and improved bathing facilities for people to meet their changing needs.

We saw that policies and procedures were developed centrally and updates were sent to the home. These were

Requires Improvement

# Is the service well-led?

adapted by the home where local practice differed, and this ensured staff understood their roles and responsibilities and actions they should take and could refer to these if they needed advice and guidance.

The registered manager demonstrated an understanding of the legal obligations of the provider, herself and staff to notify the Care Quality Commission of significant events that occurred, although there had been little cause to do so.

The provider was a member of the United Kingdom Care Homes Association (UKCHA). This kept them informed about important changes in regulation and consulted with them about these changes and represented their views nationally.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>People who use the service were not protected against the risks of unsafe care and treatment by means of the maintenance of accurate records in respect of service users and the management of the regulated activity. Regulation 17 (1) (2) (d) (i)(ii). |