

The Dales (Northwest) Limited

# The Dales Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

The Dales Care Home is a residential care home providing accommodation and personal care for up to 31 people. The home is over three floors, with access via a lift over two joined up Victorian properties in a residential area of Wirral. At the time of our inspection 22 people were living at the home.

The Dales is also registered to provide personal care for people in their own homes. However, at the time of our inspection nobody was being provided with this service.

### People's experience of using this service and what we found

The registered manager had not ensured consistent and effective assessment of the quality and safety of the service provided for people; and the assessing and managing of risks within the environment of the home had not been thorough. We found no evidence that people had been harmed. However, the approach was inconsistent, and, in some areas, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation.

The registered manager, who is the provider are legally obligated to inform the CQC of certain events; this is by way of a statutory notification. During this inspection we became aware of notifiable events that the registered manager had failed to inform us about. This was a breach of Regulation.

Some aspects of care planning had been responsive to people's changing needs and in other areas care planning and record keeping required improvement.

We have made recommendations with regard to how the provider works out staffing levels; safe recruitment processes; adaptations to the building that may help people with dementia remain independent; and how people's care plans were reviewed.

There was a calm, friendly and relaxed atmosphere at the home. We many natural and friendly interactions between staff and people living at the home. One person told us, "They look after me here." Another person said, "I like the staff; they are nice." We saw that when people were upset and confused that staff gave people reassurance in a kind way. People's relatives told us that they were always made to feel welcome and comfortable when visiting.

People were supported with their personal appearance to ensure it was how they liked it to be. One person showed us that staff had helped them to paint their nails; they told us that they were happy with this and it made them feel "looked after". People received appropriate healthcare and the home manager and staff worked effectively with health care professionals.

People's opinions and preferences were sought, and staff then responded to these. They told us that they felt listened to and their opinions were respected. People were supported to have maximum choice and

control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described the staff at the home as, "fantastic" and "very helpful" in their approach towards them. We saw that staff treated people with dignity and respect in their interactions; and staff adapted their communication style to enable themselves to be understood and communicate effectively with people. Staff told us that they were well supported in their roles; they had a training program with periodic training refreshers that they told us helped them to be effective in their roles.

People's care plans were person centred, covered all the different areas of a person's support and care needs and contained detailed information about what was important to a person. For example, one person liked a glass of port, another person liked two pillows.

People and their relatives told us that if they had any concerns they would raise these with a staff member, or at the "residents' meetings" and they would feel comfortable doing this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 19 April 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Dales Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by an inspector, an assistant 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission, who is also the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided. They had delegated many aspects of the daily running of the home to a home manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care

provided. We spoke with eight members of staff including the provider and registered manager, the home manager, a senior care worker, two care workers, the cook, activities lead and the maintenance person. 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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at documents relating to the safety of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The assessing and managing of risks within the environment of the home had not been thorough. For example, there were trip hazards around the home, such as poorly stored equipment, vacuum cleaners, a mop bucket and areas of the floor were uneven and spongy. Also, the cellar door was locked but the key was in the door. The provider did not have any procedure in place to prompt senior staff to assess the safety of the home's environment on a regular basis.
- The main communal area was across two levels. There were three access points to the lower level, two of which used a short flight of stairs. We saw people using these stairs without staff present in the area. Some of these people were unsteady on their feet and had been identified as at extreme risk of falling. There was no environmental risk assessment for these communal areas of the building to show that the provider was safely managing this risk.
- Each person had a personal emergency evacuation plan (PEEP). These provide information for staff on how to keep people safe in the event of an emergency evacuation, for example in the case of a fire. The information in people's PEEP described a full evacuation from the building. This contradicted the information in people's care plans that described a different procedure of a horizontal evacuation to an area of safety.
- The portable fire extinguishers had been tested by competent persons and recommendations had been made in the report in 2018 and 2019 that the correct type of extinguishers were not in use in different parts of the home. We asked the provider if any action had been taken following these recommendations. The provider told us that they were unaware of these recommendations.

We found no evidence that people had been harmed and the fire alarm, equipment and services used within the building had been checked by competent persons. Also, there was a fire risk assessment in place. However, this approach was not consistent, and, in some areas, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm and was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Each person had a medication profile which contained a photograph identifying them, information on any allergies they may have, and a homely remedies list authorised by the GP. Staff made appropriate records of the medication administered to people and medication stocks. Medication was safely stored and the medication stocks we checked were correct. People told us that they received their medication on time; we saw that staff respectfully asked people if they needed any pain relief and administered people's medication

in a kind and friendly manner.

- Medication administration was not always hygienic, for example we saw that one medication stock was counted in the staff members hand. The records showed, and staff indicated that this was done daily; which meant that medication may be touched by different staff, multiple times before administration. Also, there were no medication pots to carry medication and we saw staff carrying a tablet to a person in their hand.
- There were instructions for staff on the appropriate use of each person's as and when required (PRN) medication. These instructions should help staff to administer this medication appropriately and safely. We saw that some parts of these instructions had not been completed fully and they did not always contain sufficient or specific information to help ensure staff administered medication appropriately.
- The provider audited the administration of medication at the home, however these audits had not been effective as they had not reviewed PRN medication instructions for staff and staff handling of medications hygienically and having the equipment to do so.

The systems in place to ensure that the medication systems were safe and effective were not of sufficient quality and depth to be able to address the issues we found during our inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The staffing pattern was to have three care staff available during the day and two during late evening and night. During the day, care staff were supported by a housekeeper, laundry person, a cook, a maintenance person and an activities coordinator. Staff told us that three people needed help from two care staff with their personal care; this would leave one staff member free to help other people.
- Staff told us that the staffing levels were "manageable", and they could ask if they needed more. Most people and their relatives told us that they thought there needed to be more staff on duty. Some people told us that at times they had to wait for care and support; however, they also told us that their calls bells were answered quickly when they used them. Staffing levels at night had been highlighted as a concern at a relatives meeting.
- We asked the provider how they assessed number of staff members needed to safely provide people's care and support. The assessment tool used did not show how the provider had assessed the number of staff members needed at the home.

We recommend that the provider reviewed how the numbers of staff deployed at the home was determined.

- Some checks were in place to ensure that new staff were recruited safely. However, there were no checks on new staff physical and mental health, to enable the registered manager to assess their suitability for the role.
- The interview process was informal with no set questions or record of the interview made. There was no method for assessing the suitability, competence and skills of new staff members.

We recommend that the provider reviewed their safe recruitment processes.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training, were knowledgeable about safeguarding people at risk of abuse and knew what actions they would take if they suspected any abuse was taking place. The provider had a safeguarding policy and kept records about any safeguarding concerns and actions taken.

#### Preventing and controlling infection



- The home was clean and fresh. People told us that they thought the home was clean, fresh smelling and their rooms were cleaned regularly. People's relatives also told us that the home was clean.
- The kitchen had been awarded a rating of three out of a possible five and rated as "overall satisfactory". Since then we were shown the improvements that had been made in the management of food safety.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home did not make use of pictorial or other signs to help people with dementia get around the home independently. Also, there were no identifying signs, pictures or other features other than a number to help people find their rooms. We spoke with the registered manager who told us that they were planning on adapting this aspect of the environment to help people with dementia be as independent as possible.

We recommended that the registered manager explore adaptations at the home that may help people with dementia find their way and identify their personal room.

- Since our previous inspection a number of rooms have been adapted and their accessibility had been improved and people no longer needed to use one of the main staircases to access their rooms. This reduced the amount of times people used the stairs. Also, some bathrooms had been refurbished and adapted to be used as accessible shower rooms.
- Most people had quite large bedrooms and they had been supported to personalise their own rooms. One person's relative praised the environment telling us, "The home is like a lived-in house." The garden had been made accessible for people to use. One person told us, "I use the garden for a walk around or a sit down."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care

- Before people came to the home they had their needs, choices and preferences assessed. This included assessing any equality characteristics to ensure that their care and support would match their needs.
- Staff at the home had worked closely with visiting nurses and GP to help ensure that people received appropriate and timely healthcare. The activities co-ordinator had attended relevant forums to learn and to share ideas. We saw that appropriate referrals were also made to specialist service that people may need, for example dieticians.

Staff support: induction, training, skills and experience

- The provider had a training program with periodic training refreshers that staff told us helped them to be effective in their roles. New staff received a period of induction training. Some staff also told us that they were supported to obtain further qualifications.
- Staff told us that they were well supported in their roles and could approach the registered and home manager with any concerns or queries. They told us that they had regular face to face supervision meetings with their line manager and attended regular staff meetings that they told us were useful.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us that they enjoyed the food at the home. One person told us, "The food is always nice." We sampled the food and found it to be hot and tasty. People told us they could always request an alternative meal from the main menu. One person said, "You can always get something what you want." In the afternoon people were served hot drinks and cake.
- Most people ate in the dining area, which had well laid out tables with everything people needed. Staff served people, sought their preferences and ensured that people enjoyed their food and had eaten enough. People were offered second portions if they had finished their meal or an alternative if they had not eaten much. Those who needed help to eat their food were supported discreetly and in a calm and pleasant manner. Staff were aware of people's dietary needs and many people had a slight weight gain since moving to the home.

Supporting people to live healthier lives, access healthcare services and support

- People at the home received effective healthcare and the home manager and staff worked effectively with health care professionals. We spoke with two visiting GP's and a district nurse who described partnership working with staff and management at the home and told us that staff provided them with appropriate information and made appropriate and timely referrals for people.
- People were effectively supported with ongoing medical needs. For example, people who were diabetic received appropriate support to monitor their blood sugars and staff kept records of ongoing medical treatment and supported people to be prepared for appointments. One person told us, "The staff are good at getting a GP... if one is needed."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home manager had oversight of who had the protection of a DoLS in place and what restrictions had been authorised.
- When a significant decision needed to be made, people's capacity to make the decision was assessed. If possible, people were supported to make their own decisions. If this was not possible a decision was made on their behalf following the best interest decision process in partnership with others.
- We saw that people were supported to make as many day-to-day decisions for themselves as possible. Staff also asked people's permission before providing any care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a calm, friendly and relaxed atmosphere at the home. We many natural and friendly interactions between staff and people living at the home. One person told us, "They look after me here." Another person said, "I like the staff; they are nice." One person's relative described the atmosphere at the home as "very positive".
- We saw that when people were upset and confused that staff gave people reassurance in a kind way. Staff used people's names, asked them questions and sought their permission before helping them to make sure they were doing what the person wanted them to.
- People's opinions and preferences were sought, and staff then responded to these. We saw that people were provided with information and were aware of the choices and options available to them. Staff adapted their communication style to enable themselves to be understood and communicate effectively with people. We saw friendly and appropriate humour being used between people and staff at the home.
- People's relatives told us that they were always made to feel welcome and comfortable when visiting. There were no restrictions on the times they could visit, and their family members have good relationships with staff. Their relatives told us that staff engaged well with people and that people seemed happy at the home.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were supported to have maximum control over day to day choices at the home and that staff respected these choices. For example, people told us that they had some choice regarding their food and could choose where they wanted to eat. People also told us that they were supported to go to bed and get up when they wanted to.
- People told us that they felt listened to and their opinions were respected. One recent example of this was feedback at the 'residents meeting'. People had expressed that breakfast was too close to lunch which was the main meal and people were not hungry. Management and staff had responded to this feedback and had recently changed the main meal to late afternoon. People told us they were happy with this change. One person told us they were happy because, "I prefer my big meal at tea time."

Respecting and promoting people's privacy, dignity and independence

- People described the staff at the home as, "fantastic" and "very helpful" in their approach towards them. We saw that staff treated people with dignity and respect in their interactions.
- People's privacy was respected. Private and confidential information was kept secure, staff knocked on people's door and waited for an answer before entering people's rooms; and they ensured that people had

privacy when seen by visiting healthcare professionals.

- Staff were observant and vigilant, we saw occasions when they anticipated a person's need and quickly helped them without taking over and while respecting the person's independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some aspects of care planning had been responsive to people's changing needs and in other areas care planning and record keeping required some improvement.
- When reviewing people's care plan we saw that at times the scored assessment of a person's needs had changed without any recorded reason. Whilst people's care plans still accurately recorded their care needs the scoring within some people's assessments became confused.

We recommend that the provider reviewed how these assessments of people's changing needs were updated.

- Care plans were person centred and contained detailed information about what was important to a person. For example, one person liked a glass of port, another person liked two pillows
- Care plans covered all different areas of a person's support and care needs. For example, some people had a pain assessment, or a depression rating scale on how staff could be aware of the signs of depression. Care files kept notes of any professionals' visits and kept a record of how people were, if they were happy and content or periods of upset and anxiety. If people had a temporary illness, a care plan was completed outlining what additional support this person may need during this time.
- Some people had a personal history book that celebrated the person's life and milestones, their occupation, achievements and relationships. These were creative and used pictures, stories and information about important places and events, with cultural context and background information that was important to people. People and their family members had been involved in creating these books. Staff told us that these books were useful when engaging with people and starting conversations as people enjoyed looking through them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff adapted their communication method to help ensure that people understood them and could communicate effectively. For example, we saw staff using simple signs with one person to ask their opinion and provide them with the right support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities coordinator who arranged activities at the home. Most people told us that they enjoyed the activities that were made available to them. These involved regular group games of bingo, quiz sessions, arts and crafts, jigsaws and karaoke; in the summer the gardens are used for barbeques and occasionally an outside entertainer visits the home. One person told us, "I love the quizzes. I have found my brain since I've been here." Another person said, "It's lively; there is always something happening." One person's relative told us, "He enjoys the activities and gets involved if he wants to."
- Some people told us that they didn't enjoy or join in with the activities. There were no records kept showing what different activities had been tried to gain people's interest. The activities board showed a different activity for each day of the week, but this was out of date.
- People were supported with their personal appearance to ensure it was how they liked it to be. One person showed us that staff had helped them to paint their nails; they told us that they were happy with this and it made them feel "looked after". Another person told us that they were very happy to be having their hair styled by the homes visiting hairdresser.

#### Improving care quality in response to complaints or concerns

- The home manager had kept a record of complaints that they had received and their response. People and their relatives told us that if they had any concerns they would raise these with a staff member, or at the "residents' meetings" and they would feel comfortable doing this.

#### End of life care and support

- Staff at the home followed an end of life care model which help ensured that staff had good communication with people and their families and helped to ensure people's wishes were followed.
- If appropriate people had an end of life care plan which was written with people and their families. Key staff had received training in how to provide end of life care. They worked closely with visiting healthcare professionals to help ensure people's care and support was responsive to their needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager, who is the provider are legally obligated to inform the CQC of certain events; this is by way of a statutory notification. During this inspection we became aware of notifiable events that the registered manager had failed to inform us about.

This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager who is also the provider is responsible for ensuring the quality and safety of the service provided. In some areas this had been effective and in others it had not been effective.

- A sample of people's medication was reviewed every three months. These audits had not been effective in promoting improvements and had not looked at key elements of the safe and effective administration of medication.

- Only one person's care plan was reviewed every three months, or four care plans reviewed a year. This is not a sufficient sample for a home that can care for up to 31 people. The registered manager told us that more informal unrecorded checks happen. These reviews or informal checks had not highlighted the problems with the reviews of people's care and support needs.

- The home's fire risk assessment had not been regularly reviewed; recommendations about fire extinguishers made over two annual visits had not been addressed; people's personal emergency evacuation plans gave different information to their care plans and areas of the home's environment were not regularly assessed for safety.

This meant that the registered manager had not ensured effective assessment of the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some other audits and checks at the home had been effective. For example, meal interaction audit, infection control audit; and cleanliness, kitchen and laundry audits.

- There was a formal handover at the end of each shift, during which the incoming staff were updated regarding significant events and people's wellbeing. This included any concerns which may need referring to a GP or need exploring further. Different staff had an area in which they were a 'champion' and they received extra training in a specific area.

- There was a record kept of all accident and incidents, including falls. Staff were responsive to falls and the risk of falls and used assistive technology to help reduce the risk of falls. A new system had been recently



started of reviewing accidents and incidents monthly for learning opportunities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to record complaints, along with any accidents or incidents that happened at the home. They shared information with and co-operated with any safeguarding investigations.

Working in partnership with others

- Some areas of partnership working with local professionals had been effective and others had not. The registered manager told us that people's pressure mattresses are supplied by district nurses, it is not the homes equipment and they are not trained to adapt the settings. Two people's pressure mattresses were on a weight setting that was very different to the person's weight. This could impact their wellbeing.
- The registered manager told us that they had informed the district nurses about this. However, it is the responsibility of the registered manager to take action and work in partnership with others to ensure that people received safe care and treatment.

We recommend that the provider ensured that these settings were reviewed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People described the atmosphere at the home as pleasant and homely. They told us that they liked staff who they had known for a long time and felt comfortable with them. One person told us, "I like the atmosphere. It's just nice."
- Some staff members had been named by people's families during people's memorial services due to the close relationships that had been formed. We also saw that the service had received some thank you letters and cards; including one from a person's friend who visited from some distance on the train and staff had given them a packed lunch for the train journey home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were provided with information in a service user guide. There were also regular service user and relatives' meetings. From the notes of these meetings we could see that changes had been made in response to people's suggestions.
- Staff told us that they felt supported and listened to. One staff member told us, "We are all happy doing the job." Staff described regular supervision and team meetings as being useful and ensuring they were involved.

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 manager had not ensured that they had notified the CQC of notifiable events that they had an legal obligation to do so.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems had not been effective in ensuring that the registered manager had oversight of all areas of the quality and safety of the service provided.