

Claremont Care Services Limited

Warrengate Nursing Home

Inspection report

2 The Warren, Kingswood, Tadworth, Surrey
KT20 6PQ
Tel: 01737 833359
Website: www.warrengate.com

Date of inspection visit: 05 and 12 February 2015
Date of publication: 25/06/2015

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



Overall summary

This inspection took place on 05 and 12 February 2015 and was unannounced on both days.

Warrengate Nursing Home provides accommodation for up to 40 elderly people who require nursing care, some of whom are living with dementia.

At the time of our visit there was no registered manager in post as they had left the service in September 2014. 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. The newly appointed matron told us they were in the process of sending in their application to the CQC to become the registered manager.

People may not always be protected in the event of an emergency as personal evacuation plans had not been completed for everyone. Some people lived in rooms upstairs. Due to their mobility needs this may not be the best place for them in the event of an emergency. The home had not taken this into account when they assessed the person.

The manager's time was spent ensuring that day to day care needs were being met, mainly due to the number of

Summary of findings

agency staff in use. This meant that quality assurance systems were not being used consistently, nor were they effective at checking that people received a good quality of service. Some good interactions were seen between the staff and the people who live here. They were friendly, caring and supportive.

Documents to enable staff to support people and record the care given were not always complete. The provider was switching from a paper system to an electronic one to try to improve the quality of the service. While the switch was taking place care plans and risk assessments had not been updated so people's care needs were not completely clear to all staff.

The provider and manager did not always deal with people's complaints effectively. They had not been recorded consistently, and they were unable to show if they had all been dealt with effectively.

We had a mixed response about the staff from people and their relatives. People were generally positive about the permanent staff saying they were kind and caring, but they were concerned about the number of agency staff being used. We have made a recommendation around how the provider calculates the number of staff needed to support people. We have also made a recommendation about staff training in relation to staff whose first language is not English.

People said they were happy with the medicines they received, however we found issues with how staff responded to problems with storage, and the effectiveness of their checks to make sure people were getting the correct medicine. We have made a recommendation about the management of some medicines.

Examples were seen where staff had not fully supported all those that needed it, for example when managing aggressive behaviour from others, or not knowing what individual care needs people may have. Improvements were also identified in how people who stay in their rooms receive support to eat and drink enough, or when staff support with other activities, such as turning people to reduce the risk of pressure sores developing. We have made a recommendation around the support process so people are consistently supported to eat and drink. We have also made a recommendation about activities to meet people's individual needs and interests.

We have identified five breaches in the regulations. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Plans on what support people needed in an emergency had not been fully completed.

Some aspects of medicine management needed improvement. People received their medicine when they needed it.

There were enough staff to support people on the days of our inspection; however the manager was unable to show us how they had calculated that the number of staff matched the individual needs of people.

People felt safe living at the home. Staff understood their responsibilities about protecting people from harm.

Requires improvement



Is the service effective?

The service was not completely effective

People told us that they found it hard to communicate with some staff whose first language was not English.

There was inconsistent support given to people to help them to eat and drink. People were complimentary about the food, and said it had improved with the new chef.

Staff received training to enable them to support people.

Where people may be being deprived of their liberty to keep them safe, the provider had acted legally to ensure people's rights were protected.

Requires improvement



Is the service caring?

The service was not always caring.

Staff did not always recognise when people were upset and respond in an appropriate manner to all those involved.

People said the staff were caring, friendly and respected them. People and their relatives were involved in making decisions around the care they received.

Information about people was kept private.

Requires improvement



Is the service responsive?

The service was not always responsive

Care planning documentation was not up to date. People's individual needs were not clearly or completely recorded so staff had limited information in how to support people.

Requires improvement



Summary of findings

The manager had not recorded feedback from people and relatives as complaints. The manager was not able to show that actions they had taken to try to solve the issues had been completed. There was a clear complaints procedure in place and people knew how to make a complaint.

There were not always enough activities available for people particularly those that were not able to access the communal areas of the service.

Is the service well-led?

The service was not always well led.

A number of systems that should have been in place to ensure a good quality of service, such as audits were not being used.

Records to record people's needs and to record what care had been given were incomplete. For example pressure sore management records and daily notes about actions to take in response to a person's changing health.

The manager was behind with regards to supporting staff with one to one meetings and appraisals.

The manager did not have a clear plan in place for how they would address all the issues they had identified.

Requires improvement



Warrengate Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 12 February 2015 and was unannounced on both days.

The inspection team consisted of two inspectors, a nurse specialist and an expert by experience on the first day and one inspector and a nurse specialist on the second day. Our expert-by-experience was a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local authority safeguarding and quality assurance team. We reviewed the Provider

Information Return (PIR) that had been submitted by the service. 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 reviewed information we had received about the service, such as notifications of accidents and incidents, or information sent to us by the public.

During our inspection we spoke with 11 people who use the service, 10 relatives, two visitors, the pharmacy the home uses, staff, the manager and the provider. We observed how staff cared for people, and worked together. We used the Short Observational Framework Tool (SOFT) to try to understand the experiences of people we were unable to verbally communicate with. We also reviewed care and other records within the home. These included eight care plans and associated records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in January 2014 we did not identify any concerns at the home.

Is the service safe?

Our findings

People were not always protected in the event of an emergency. Whilst staff told us they knew what to do should they need to evacuate people not everyone had up to date evacuation plans in place to guide staff if needed

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had identified this prior to our inspection and had started to complete the missing information.

Individual risks to people were managed well. Where a risk was identified staff were kept updated about people's changing needs at a handover meeting. Action was taken to reduce risks to people. For example pressure mattresses were fitted to the beds of people who were identified at being at risk of getting pressure sores. These were set at the correct weight for the people that needed them.

People were kept safe if accidents happened. Accidents and incident records were kept. These detailed what had happened, and what staff did to help the person. Where an accident had occurred staff had taken appropriate steps to provide the correct care and treatment. For example by checking the person for any injury and providing first aid treatment if required.

People were protected from harm because the provider had ensured that the environment was safe and equipment was well maintained. Fire safety equipment was regularly tested by staff and serviced by a professional contractor. Equipment used to support people to move, such as hoists were in good condition and had been tested at the correct frequency to ensure they were safe to use. We noted that the slings used with the hoists had been missed by the contractor when they tested the hoists. The provider arranged for these to be tested when this was brought to his attention. The slings we saw were in good condition so the risk of harm to people was low.

One person told us that their pain was managed well by staff and they had medicines when they needed them. Medicines were stored appropriately and administered by staff who had received the appropriate training to ensure they were competent to do so. People received their medicines when they needed them and medicine

administration records (MAR) were completed when people had received their medicines and there were no gaps in recording identified. Medicines were kept securely in a locked room which was only accessed by suitably trained staff. Medicines that needed to be kept at a certain temperature were kept in a fridge however this was not working effectively and the temperature had not been monitored by staff. The fridge was replaced by the provider on the day of our inspection. Whilst the overall management of medicines in the home was good one person's medicines had been incorrectly labelled by the pharmacy which had not been identified by staff which could have resulted in them receiving medicine that was harmful to them. **We recommend that the provider follows the National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines in care homes.**

People told us that there were enough staff for them to safely meet their needs. One person said, "Enough staff come and see me, staff always say hello, it's lovely." Another said, "They are responsive; I've only got to ring my bell and they come." On both days of our inspection we saw there were enough staff to respond quickly to people's needs. Call bells were answered promptly and when one person was taken ill we saw staff responded quickly to ensure they were kept safe. Whilst there were enough staff to keep people safe the manager was not able to demonstrate how they had determined the staffing levels in the service. **We recommend that the provider reviews people's individual support needs to ensure there are enough suitably qualified and experienced staff at all times to meet people's needs.**

The provider carried out appropriate checks to ensure they employed staff that were suitable to support people at the home. Staff told us they had an interview before they started work and had to provide evidence to support their application. All the staff files we looked at had the necessary documentation needed such as proof of identity, references, work history and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People told us they felt safe living at Warrengate Nursing Home. One said, "At night they give me a bell so if I need anyone I can call them, I feel safe with staff." Relatives told us their family members were kept safe. Staff said "People

Is the service safe?

are safe” and “I would go straight to the office if I saw something happening.” People told us they knew who to speak to if they had a concern or were worried about any aspect of the care they were receiving. They said they would speak to family members or the staff if they did not feel safe and were confident that they would be listened and their concerns acted upon.

People were protected from the risk of abuse as staff had a clear understanding of the signs of abuse and what their responsibility was should they suspect or see it taking place, for example by reporting it to the relevant authorities. Information on who to contact was displayed on the wall in the office to help guide staff should they have a concern that they wished to raise.

Is the service effective?

Our findings

People did not always receive effective care from staff who knew their needs well. People and relatives told that they could not always understand what they were saying or what staff were saying to them as English was not their first language. One person said, “There can be a language difficulty at times, when I try to make my wishes known.” A relative said, “I find that some staff are difficult to understand” During our inspection we found that not all staff were able to communicate effectively with us, and others found it difficult to understand what we were asking. For example they could not always describe to us their responsibilities and understanding of the Mental Capacity Act (MCA) 2005.

There were a number of agency staff at the home whilst they were in the process of recruiting permanent staff. Agency and new staff were paired with more experienced staff, as part of a structured induction process to help them get to know people’s needs. However people told us that staff did not always know or understand their particular needs. **We recommend that the service finds out more about training for staff, based on current best practice, in relation to English as a second language.**

Staff told us they felt supported and had received the training they required in order for them to carry out their role. Staff were up to date on training such as moving and handling, safeguarding, food hygiene, infection control and dementia care. All of these were essential to enable staff to support the people that lived here. Specialist training for the nurses was also being provided so that they could stay up to date with current best practice and meet the requirements of their registration.

People were given enough to eat and drink on the days of our inspection. However relative’s feedback and our observations showed that the service could improve with regards to ensuring people who spend all the time in their bedrooms receive the support they need to eat and drink. One relative told us, “I came in one day and found my family member’s dinner still left untouched after an hour.” One example was seen where a person who stayed in bed all day still had the remains of their breakfast by their bed in the middle of the morning. These examples showed that

the staff had not consistently supported people to eat. **It is recommended that the provider review the support process for people who stay in their rooms to ensure staff consistently supported people to eat and drink.**

People were happy about the standard of food. They felt that it had recently improved since a new chef had started. One told us, “The food is better than before, and the portions are bigger.” Another said “I have to have soft food all the time, the food isn’t bad, sometimes it could be better as it tastes a bit bland. I am always given a choice.”

People’s individual needs with regards to food were clearly identified. People had a coloured tray which identified their specific dietary requirements. The chef had a list on the wall which also identified people’s dietary needs. Staff involved in food preparation and serving were also aware of any allergies or cultural needs that people may have had.

People were involved in decisions about what they ate and drank. The chef explained how menus were trialled over a three month period to see what people were eating and what they enjoyed. The menu was then updated with the preferred choices.

The meals on the days of our visit were freshly made. Fridges and cupboards were clean and well organised with plenty of fresh fruit and vegetables available to make nutritious meals for people. Choices were available for the main meals, and staff gave the chef a list of what people had chosen to eat each day. People received the meal they had selected. Food and drink was readily available to people on the days of our visit. Drinks and snacks were regularly offered to people between the main meals.

People received support from healthcare professionals when they needed it. People told us they received regular visits from health care professionals such as GPs when a need was identified, for example if they said they were unwell. Staff completed care documents to record when this happened. This showed that appropriate action had been taken to ensure people maintained good health wherever possible.

People were protected from inappropriate care as staff had a good understanding of the Mental Capacity Act (MCA) 2005. People told us that staff asked for their consent before providing care to people. For example before they were moved if they needed support, or when they had their medicines. Staff told us “It’s about whether people have

Is the service effective?

capacity to make decisions about their care". Assessments of people's capacity had been completed. This information also included who had power of attorney for the person if they lacked capacity, for example managing their finances.

The manager and provider had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and was aware of the recent updated Supreme Court judgment. Deprivation of Liberty Safeguard (DoLS) applications had been made for people who lacked capacity where

restrictions had been placed on people. This ensured that if a person's freedom was being restricted to keep them safe, it was done in the least restrictive way possible and authorised by the local authority. The manager had contacted the local authority in relation to people who may be at risk of being deprived of their liberty. The authority had visited the service to assess the application. The provider had taken action to ensure people's legal rights were protected.

Is the service caring?

Our findings

People were cared for by staff who treated them sensitively. We saw many acts of kindness and gentle approaches by staff during our observations. When hoists were in use we saw an anxious resident being reassured and their hand held. We observed one carer painting the nails of a person who clearly loved the attention and engaged well with them. However, we also saw an instance where staff could have reacted better to care for people. One person was verbally aggressive towards another person. Two carers tried to talk to them but then ended up just walking away. A third carer calmed them down and managed to relax them. No one went to the person who was being shouted at to reassure them or see if they were ok.

People were treated in a positive and caring manner by staff. People told us there had been a lot of staff changes at the home. The majority of people told us they there had been an improvement since these changes. One person told us, "Care is very good, they take care of me very well." Another said, "All the staff call me (by my preferred name), it makes me feel homely." A relative said, "The staff seem very caring, more patient, and tolerant." A regular visitor to the service told us, "There's a friendly atmosphere, I would put a relative of mine here."

The permanent staff were able to tell us about the people they supported, for example likes and interests, their family, previous jobs they had held and religious and cultural preferences. The manager and provider also knew people well. New staff were able to give us information about people and knew their characters. This showed permanent staff and the provider knew people as individuals.

People were involved in making decisions about their care. People told us that they had signed their care plans to record they had been involved in making decisions about the support they received however not all had been signed.

When a person became unwell their relatives were involved in making the decision about the care they should receive where appropriate. The manager followed the guidance in the care plan and spoke to a relative who had power of attorney for the person's care to explain what was happening. As a result the person received appropriate treatment.

During our observations people were given choices around care, activities and meals. They were actively involved in their day to day care. A staff member told us, "We always ask if they are okay with sitting in the lounge. If they aren't we check where they'd like to be."

Information about local advocacy services was displayed on the notice board in reception should people wish to use them however at the time of our inspection the manager confirmed that independent advocates had not been needed.

People told us that staff treated them with dignity and respect. One said, "They close the curtains and shut the door" when giving personal care so their dignity and privacy were respected. Another person said, "They (staff) are always apologetic if they need to clean my room and it's woken me up."

Our observations showed that people were treated with dignity and respect. Staff were able to explain how they showed respect and protected people's dignity. One said, "We close the doors and shut the curtains. We give people a choice of which clothes they might like to wear. We always ask them and listen." Another said, "We take people to the toilet regularly which manages incontinence in a way which respects dignity."

People's confidential information was kept secure. Care records were in the locked office or in people's rooms so only certain people would be able to access them.

Is the service responsive?

Our findings

The service was not completely responsive to people's needs because the care planning process was not robust. Care planning was in the process of switching from a paper to an electronic format. While this change was taking place there was limited information available to staff to help guide them. Paper care plans had not been kept up to date while the change was taking place, and the electronic records did not have all the necessary sections completed.

The manager and provider told us that day to day information about people's care needs were discussed during handover meetings. However the handover records did not always match with what was recorded on the daily record of care. Two out of the four records we reviewed did not match. For example one person had not eaten, which was recorded on the handover record, but the daily care notes recorded that they had. Another example was that the handover notes recorded a person had a rash which needed to be looked at, but the daily care records made no mention of this. This meant there was a risk that the service had not responded to these people's individual needs.

The issues with the initial and ongoing assessment of people's needs meant there was a **breach in Regulation 9 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People did not always have enough activities to stimulate or interest them. Two relatives felt that their family members were often left in the second lounge with no staff or activities to keep them occupied. One said they felt their relative was, "Out of sight, out of mind." The manager said that a staff member should always be present in the second lounge, however during our visit we saw times when staff were not in the room, and people were left with nothing to do or stimulate them.

Some people who stayed in bed felt that staff could be more responsive to their individual interests. One told us, "It would be nice if someone would come and talk to me, tell me a story." The only entertainment the person had was their television. People told us staff sometimes did not interact with them when they supported them to eat. One said, "Some do, some don't. It all depends if they know me. There has been quite a turnover of staff." Another told us,

"There is rarely any interaction - I feel I am simply a body in a bed." **It is recommended that the provider follow best practice guidance with regards to individual activities for people such as that given by agencies such as Skills for Care or NICE.**

People had access to some activities if they were in the main lounge area. These included visits from singers, to care staff doing one to one activities in the things that interested them. For example one person who was not interested when the singing and dancing went on, had their nails painted by a member of staff. The staff that were in the room were very attentive to people and encouraged them to get involved in activities.

People were encouraged to maintain as much independence as they were able. Staff promoted people's independence. One said, "We try to encourage independence, for instance people are given special plates and cutlery so they can continue to feed themselves. Another told us, "We encourage people to walk if they can."

People were happy with how the service met their care needs. One told us, "They put my perfume on; they use my special soap on me. They make sure they put proper cream on my feet and that takes the pain away."

The provider did not always ensure that people's complaints were dealt with effectively. Relatives told us they felt sometimes their complaints weren't listened to or dealt with to their satisfaction. The manager told us "We have only had suggestions, no formal complaints." No formal complaints had been recorded since July 2014; however relatives told us they had raised issues with the manager during this time. The relatives thought they had made a complaint, but it had not been recorded as such. While the majority of issues had been dealt with, not all had. The provider was not recording feedback received from people, so could not show that they had responded in a timely and satisfactory manner in response to these comments. **This was a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People had clear information on how to make a complaint. Information was on display in the reception area. This gave details of how the home would respond, and further options if people were unhappy with the response from the

Is the service responsive?

home. The service user guide also gave information on how people could complain, as well as encouraging people to give ideas and suggestions if they felt the service could be improved.

Is the service well-led?

Our findings

People had some positive feedback about the quality of the service. One person told us, “The owner is dedicated to this place, you notice the little things like the toilet paper and hand towels are soft, he thinks of the little things.”

The quality governance system was not always effective at checking that people received a good quality of care. The manager had not reviewed accident and incident records so was not able to identify if there were any patterns or shortfall in safety to people. At the time of the inspection accidents records did not identify any patterns so the risk to people was low.

The system for monitoring the quality of the service was not always effective at the time of our inspection. The manager explained that they were, “Very much behind at the moment” as their focus had been on monitoring the day to day running of the home to ensure people had their needs met. The process of formally auditing critical areas of the home, such as clinical care, medication and health and safety had only just begun. Both the manager and the provider said that they went around the home looking for any environmental concerns but they did not record this. We did see this take place during our inspection. Although the home was well maintained, and relatives praised the work of the handyman and weekday laundry person, we did find a number of issues with documentation and records. Staff maintenance checks had failed to notice that slings had been tested. The risk to people of these failures happening would have been lowered if the home had an effective quality system in place.

The manager had identified a number of issues that needed improving around the home. They were already aware of the issues around care plans, supervisions and quality audits that we identified. However they did not have a clear plan in place as to how they were going to correct the issues.

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

Care records were not consistently completed or updated so there was a risk that people’s day to day health and care needs may not be met. Daily care records did not always

show if people had received appropriate treatment or support. For example when a person had an incident related to their medical condition the nurse recorded the immediate care they gave. However they then did not record if this had been effective, such as results of further tests, or how staff on the next shift should respond to this incident to ensure the person received the correct support. Another person who was at high risk of developing pressure sores had no clear guidance / instruction in the care plan as to how often they needed to be turned. The manager confirmed they would discuss the need for correct and consistent turning by staff at the next staff handover meeting. There was a risk that people would not be supported to maintain good health as gaps in the records meant all staff did not know the support needs of the people they cared for. **This is a breach in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People and relatives were positive about the management of the home. One person said, “The manager seems to care about what you need and want. The boss (Provider) always waves to me, he is very nice.” People felt comfortable talking to staff and the manager. The manager and provider were seen to call people by their first names, be friendly and available to people during the time of our inspection.

Staff said the manager was available to listen, and give advice or guidance if needed. Staff said they would not hesitate to speak to the manager if they felt something was wrong. One said, “I would talk to the manager if I had concerns working here. Its open door communications, we have lots of meetings about two to three a week.” Another told us, “We have been told by the manager we can always go to see her if we have concerns. I think communication is good here.” The manager fed back to staff about any issues or good practice they saw. Feedback from an external inspection had been discussed at a staff meeting. This enabled staff to see what was being done well, and areas that they may need to improve.

The manager was visible around the home during our inspection. They made regular checks by walking around the home, talking with people and observing staff practice. CCTV was also in use in the communal areas. The manager was able to observe from the office area of the home, to see how the home was running. This was important due to

Is the service well-led?

the number of agency staff being used to ensure a good quality service was given. The provider was also visible around the home, and available to support the manager. The manager felt they were supported by the provider, and that they listened to, and supported her suggestions to improve the service.

The manager was in the process of registering with the CQC at the time of our inspection. This is a legal requirement for a home of this type. The manager was aware of their responsibilities and the requirements of CQC registration, for example notifying us if certain events happened within the home. Our records showed that the appropriate notifications had been made.

Staff received support from the manager in the form of meetings, although they told us they were behind in having

one to one meetings with staff. The manager's appraisal records showed that staff last had a documented appraisal in October 2013. The manager said that staff were expected to have a one to one meeting with their line manager every month, but was unable to tell us if this target had been met. Staff told us that although they may not have had one to one meetings with their manager, they did feel supported. One told us, "Every six weeks or so we have a group supervision with the manager or the nurse." Another staff member told us, "I have a supervision booked for this week." The manager had identified they were behind in staff one to one meetings. This is an area where the service could improve by meeting the targets for supervisions that it had set itself.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9(1)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of service users. This corresponds to Regulation 9(3)(b) [Person centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The planning and delivery of care did not always ensure the welfare and safety of all people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of service users. This corresponds to Regulation 9(3)(a) [Person centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The initial and ongoing assessment of people's needs was not effective to ensure people received the support they needed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints Regulation 19 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Complaints. This corresponds to Regulation 16 [Receiving and acting on complaints] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The provider was not able to evidence that complaints had been fully investigated and so far as reasonably practicable resolved to the satisfaction of the service user, or person acting on their behalf.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

Regulation 10 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision. This corresponds to Regulation 17 (2)(a) [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not regularly assessed and monitored the services provided in carrying on the regulated activities.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Regulation 20 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of service users. This corresponds to Regulation 17(2)(c) [Good Governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured that accurate, complete and contemporaneous notes were kept with regards to the care people received.