Discovery Care Limited

Fourwinds Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Fourwinds Residential Care Home is a privately owned care home for older people who need help with their personal care. It provides care for up to 35 older people. At the time of the inspection there were 19 people using the service.

The service is run by the registered manager with an acting manager in place. 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. A representative from the provider organisation and the acting manager were present on the day of our inspection, as the registered manager was away.

Summary of findings

Concerns were raised about the care people received at the service from the local authority safeguarding team; we responded by carrying out this inspection to assess whether people were receiving safe, effective, caring, responsive and well led care.

There were not enough staff on duty to respond to people's needs promptly and to make sure they were safe at all times. Some staff had not received the training they required to meet people's needs and staff did not always communicate effectively with people and each other.

Risks to people were not consistently recognised and assessed. Action had not been taken to make sure people were safe all of the time.

Risk assessments that were not consistently reviewed to make sure they were up to date and accurate. Accidents and incidents were not regularly reviewed to identify themes and patterns and action was not always taken to minimise further or new risks.

People's dignity was not always respected and some comments made by staff in people's records were disrespectful.

There were systems to monitor and audit the service but action was not always taken to rectify some of the shortfalls identified.

People were protected from abuse and discrimination and staff were able to identify what abuse was and knew how to report it. Staff knew where to find the safeguarding and whistleblowing policies and procedures.

Regular checks of emergency equipment and systems had been completed and the fire risk assessment had been regularly reviewed. People had emergency evacuation plans in place.

The provider had recruitment and selection processes to make sure that staff employed were suitable to work with people.

People had the support they needed to manage their health needs and there were procedures to make sure that medicines were managed safely.

Staff knew people's life histories and personal preferences. People said that the staff knew them well. Staff knew about people's backgrounds, their families and their hobbies. People were encouraged to be independent and they could come and go as they pleased.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment was assessed and recorded.

People were supported to have enough to eat and drink and people were referred to outside professionals if they had any issues with their nutrition.

Staff involved people in making decisions about their care and support. People who could, were involved in the planning and reviews of their care. Relatives told us they were kept up to date about their relative's care needs and were fully involved.

People knew how to make a complaint and there were procedures to enable them to do so.

There was a clear leadership structure at the service and staff knew what their responsibilities were. There were regular staff and residents meetings when people were asked their views on how the service could develop. The service was in the process of introducing a key worker system and staff knew that they were all accountable for the quality of the service delivered.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end 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?

Requires improvement

The service was not always safe.

Risks to people were not consistently identified and assessed and action was not always taken to reduce the risks.

There were not enough suitably qualified, skilled and experienced staff to make sure people were safe at all times.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not always communicate effectively with each other.

The provider assessed people's ability to make decisions. Arrangements were in place to check if people were at risk of being deprived of their liberty.

Food was prepared to meet people's specialist dietary needs. People had a choice about what they ate.

People had the support they needed with their health needs.

Is the service caring?

Requires improvement

The service was not consistently caring.

People were not always treated with dignity and respect.

People were supported by staff to maintain their independence.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Care plans reflected people's needs and choices but were not all up to date. People were involved in planning their care.

People were involved in choosing activities and a range of activities were available.

There was a complaints procedure and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on.

Summary of findings

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor and audit the quality of service people received. Action was not always taken to address the shortfalls identified.

Staff told us that there was an open culture and that they felt supported by the acting manager.

People were included in the development of the service.

Requires improvement

Fourwinds Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 May 2015 and was unannounced. The inspection team consisted of two inspectors 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.

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 reviewed the information included in the PIR along with other information we held about the service.

Before our inspection we looked at all the information we held about the care people received. We looked at previous inspection reports and notifications received by the CQC. Notifications are information we receive from the service when a significant events happened at the service, like a death or a serious injury.

During our inspection we spoke with fourteen people, five people's friends and relatives, three care staff, the cook, a representative from the provider organisation and the acting manager.

During our inspection we observed how the staff spoke with and engaged with people. Some people were not able to talk with us because of their health conditions so 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 looked at the care and support that people received. We viewed people's bedrooms, with their permission; we looked at health and care records and associated risk assessments for four people. We observed medicines being administered and inspected medicine administration records (MAR). We observed the lunchtime period in the dining room and lounge. We also looked at staff files and records about how the quality of the service was monitored and managed.

We last inspected the service in July 2013 and found the provider was meeting the requirements of the regulations we looked at.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I am safe here" Another person told us "If I didn't feel safe I would tell my family and they would speak to the [acting] manager".

People and their relatives did not think there were enough staff. One person said, "The staff are very good. They do their best but they are always so busy and they can't be in two places at once". A relative said, "It worries me that my relative is left in that lounge for most of the day and staff are so busy, no one checks to see if people are ok in there".

There were not enough staff on duty to keep people safe and meet their needs. Before the inspection, outside professionals told us they were concerned about the staffing levels. There were three care staff on duty for 19 people. Three people needed two members of staff to assist with their care needs throughout the day. The rota showed that this was the usual level of staffing. Care staff said there were sufficient staff on duty to meet people's basic needs but said they did not have time to spend with people. When people needed two members of staff to meet their care needs, one member of staff was left to give care to the other 18 people and to check that they were safe.

People were left alone for long periods of time in the lounge and they could not all reach a call bell to ask for assistance when they needed to. A relative said, "There never seems to be enough staff, they are always so busy. We hardly see them". Incident reports showed that most accidents and falls had occurred in the lounge. Staff said, "We try to check that people are ok in the lounge, but we are busy in other areas seeing to people's needs".

Staff were often rushed. One person had slipped down in their chair in their bedroom. Staff entered their room to get the hoist and told the person they would be back to reposition them. We observed that staff were busy in other areas of the home and they did not return until lunch time which was two hours later.

We observed that one person was left needing assistance with no staff present, so were assisted by their relative. Their relative said "I don't know if I am supposed to support them and I worry in case something goes wrong, but what can I do, I can't just leave them there and there are no staff around".

CQC received Information from the provider before the inspection which said 'We calculate the dependency levels of the residents and produce rotas accordingly to meet the needs of the service users. Assessment of needs is completed for all service users with support plans in place to address each area of need and the level of support required'. Care plans we viewed during the inspection were not up to date. Dependency assessments were included in care plans but these had not all been completed.

The acting manager came into the service on their day off to support the inspection. The acting manager was interrupted throughout the inspection by having to support staff with people's care.

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service at all times. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action was not always taken to reduce risks to people. Before we visited we were notified of an incident when a person had been returned to the service by the police as they had been found in the community in their dressing gown and slippers. A risk assessment instructed staff to make sure the doors and exits were closed. On the day of our inspection this person was walking up and down the hall way and said, "I am trying to get out but I haven't found an open door yet". The door to the balcony and from the staff room to the garden had been left open so the person had the opportunity to leave the premises.

Some people were at risk from falls. A visitor told us they were concerned about the number of falls their relative had been having. They said that they had concerns about the safety of their relative. They told us, "The staff are caring but they don't seem to know how to handle risks. My relative has had several falls so I do worry a bit". One person had grazes to their face following a recent fall. There was no record of the falls for either person included in their care plans and risk assessments had not been completed. There was no guidance for staff on how to deliver one person's care whilst they had an injury. People had not always been referred to a falls specialist for extra support and assessments had not always been completed to explore the reason why people were having falls or how to reduce the risk of falls to make sure people were safe.

Requires improvement

Is the service safe?

There were not enough call bells in the lounge. Outside professionals had highlighted that people could not reach the call bells and there were no other means of calling for staff attention. They had asked the provider to rectify this. The provider had not addressed the lack of call bells in the lounge and people could not raise the alarm if an accident happened.

Care and treatment was not always provided in a safe way for people. The provider did not always assess the risks to the health and safety of people receiving care or treatment and had not taken action to mitigate such risks. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all staff had attended safeguarding training but they were aware of what to do if they suspected abuse. The acting manager told us that the provider was in the process of organising training for those staff who needed it, but there was nothing to show that training had been booked.

Staff were able to tell us what the different types of abuse were, including issues of discrimination, and they knew how to report any concerns. One member of staff told us, "I would report any concerns about abuse to the [acting] manager straight away. If I wasn't happy with their response I would contact the local authority". Staff knew where the whistleblowing and safeguarding policies and procedures were and said that they held all the information they would need if it became necessary to report abuse.

People had individual emergency evacuation plans in place so that staff knew what to do in an emergency. These plans set out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. Fire risk assessments were up to date and maintenance. Records showed there were regular fire drills.

The provider and acting manager worked together to recruit staff. Prospective staff completed an application form and gave information about previous jobs, their reasons for leaving, qualifications and experience. Staff completed a health declaration so the provider was aware of any health issues and a criminal records declaration to declare any convictions. Qualifications and staff's identity were checked. Prospective staff attended an interview and records showed the interview process was thorough.

Written references from previous employers and character references had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new members of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines when they needed them and were protected against the risks associated with the unsafe use and management of medicines. One person said, "The staff look after my tablets and give them to me when I need them. I prefer it that way".

People could look after their own medicines if they wanted to. Staff supported this and checked that people had the right supply of medicines and that they took their medicine as prescribed. Medicines were stored safely. The medicine trolley was securely locked in a dedicated room when not in use. Some medicines had specific procedures with regards to their storage, recording and administration. These medicines were stored safely and records for these were clear and in order. There were records of medicines received into the service and records of administration and disposal of medicines. When medicines were stored in the fridge the temperature was taken daily to make sure the medicine was stored at the right temperature.

Staff were trained in how to manage medicines and were observed by the acting manager to check that they were still competent in administration. Staff told us about people's needs regarding their medicines. Staff knew about people's individual preferences in how they liked to take their medicines and told us about the ways they encouraged people to take their medicines. Staff approached people discreetly and respectfully and sat beside people and explained what the medicine was. Staff gave people drinks and waited with them until they had taken their medication. If people refused to take their medicine, this was respected and staff tried again later and called people's doctors for advice if necessary.

The service was clean. There were alcohol hand gels available and staff wore personal protective equipment, such as, aprons and gloves when supporting people's care needs. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

Requires improvement

Is the service effective?

Our findings

Some people told us that they thought the staff had enough experience and knowledge to support them with their care. One person said, "The staff seem to know what they are doing". A relative told us, "I don't worry about the staff, they are very good at looking after my relative". Another relative said "The staff do the best they can". Others had a different view, one person said "Some of the staff don't help me the way I like to be helped." Another person said, "I like to be seen to before breakfast and sometimes I am left in bed".

Staff did not always communicate effectively with each other to make sure people's care needs were met promptly and in the way they preferred. When staff went for their breaks they did not always tell other staff about people who may continue to need assistance whilst they were gone.

When staff began working at the service they had a four day induction and shadowed other staff until they felt comfortable and were competent to work on their own. Staff had regular one to one supervision which gave them the opportunity to talk about their roles and explore what skills they needed to develop as well as receiving feedback on their performance. Staff had an annual appraisal to check their competencies and to set goals for their learning and development.

People did not always have their needs met by staff who had the right skills and knowledge to support them. Most staff had received training including fire awareness, infection control, first aid, health and safety and manual handling. The provider told us that they were in the process of arranging further training for new staff and staff who needed refreshers. The provider also told us that they were planning other training for staff relevant to people's needs, such as managing behaviours that challenge and understanding dementia. This training had not been booked. Training records showed that only 8 out of 20 staff included on the training record had training in Alzheimer's and dementia awareness. 2 of these staff attended training in 2010, the record showed that since then only two staff per year had received training up to and including, 2014. Staff files we looked at did not hold certificates for training in dementia.

Staff were not able to demonstrate that they were knowledgeable about the symptoms of dementia. A relative said "Some people here have dementia and the staff don't seem to understand that they need a little more time to do things". At lunchtime we used our Short Observational Framework for Inspection tool (SOFI) and observed that one person with dementia was being assisted by staff who were walking behind them. The person became anxious. Staff did not recognise their anxiety or adjust their support so the person could be led from the front. One staff member said "Come on, pick your feet up you are blocking the door" instead of reassuring the person and assisting them to go at their own pace. Staff did not recognise that some people with dementia have difficulty passing through thresholds. Later during the inspection one member of staff said "I would like to do extra training and learn more about dementia care and I mentioned this in my supervision, but I still haven't had the training".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people who use services, by ensuring that, if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff were aware of the need for people to consent to their care and support. Staff had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. People told us that the staff always asked them if it was alright with them before providing any care. Family members and advocates had been involved in supporting people to make important decisions.

People were supported to have enough to eat and drink. People said that they enjoyed the meals provided and that they could chose something different if they didn't like what was on the menu. One person said, "There is always more than enough to eat and the food is lovely". People were offered hot and cold drinks of their choice throughout the day. Staff said, 'We have a chart in the kitchen which

Requires improvement

Is the service effective?

highlights people's needs'. People had the special diets they needed which had been recommended by a dietician. Menus were discussed at monthly residents meetings to make sure that people had a say about what was on offer.

When people were at risk of losing weight or of dehydration, food and fluid charts were completed and were up to date. When people had difficulties swallowing they were referred to the speech and language therapist and recommendations to reduce the risks of choking were followed.

People were supported to maintain good health and received on-going healthcare support. People's health needs were assessed and recorded in their care plans with actions staff should take to help people remain as healthy as possible. People's health was monitored and when it was necessary health care professionals were involved to make sure people had the support they needed. If people's mental health deteriorated they were seen by the local older people's mental health team or the psychiatrist. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them.

Outcomes from meetings with health care professionals were recorded and staff followed any guidance and instructions from people's doctors and district nurses to make sure people's health needs were met.

Requires improvement

Is the service caring?

Our findings

People told us that most staff were kind and respectful. One person told us, "[Staff member] is my favourite. They are a love, we all love them. Nothing is too much trouble for them. They will do anything for you." Another person said, "Sometimes they [staff] could be friendlier, some are better than others".

Peoples dignity was not always respected. We used SOFI to observe staff assisting people at lunch time and saw that staff were kind and caring and people got the help they needed for most of the time. However, one person seated at the table during lunch time indicated that they needed assistance to go to the toilet. Rather than assisting the person a member of staff misunderstood the person's needs and told the person to "calm down". The acting manager intervened and took the person to the toilet. While people were having their meal a member of staff entered the dining room and sprayed a strongly fragranced air freshener around the room. We observed that droplets landed on some people's meals. One person said "Please don't, its ruining my food" The member of staff continued to spray the air freshener.

One person's bedroom door was left open. They were resting on their bed. They were lying on a bare rubber mattress because their bed had not been made. The sheets were left strewn over their chair. Staff passed their room but did not go into the room or speak with the person. Staff could see that the person was beckoning for assistance. The person was not made more comfortable until the inspector spoke to the senior member of staff.

Some of the comments in care plans were not respectful. A person with dementia had been having falls. A comment had been recorded after a fall which said, 'They haven't learned from this'.

During feedback at the end of the inspection, the acting manager said they had made a note of these issues and would be discussing how staff were going to improve their practice at their next supervisions.

Staff knocked on bedroom doors and asked for permission before they entered people's rooms. Staff made sure doors were closed when they helped people with their personal care.

People were involved in assessments of their needs and in planning the care they needed. People could give their views about their care at review meetings when people could invite family members to take part. When people did not have family or other representatives the acting manager had contacted and organised independent advocates to support people to give their views.

Information about people's lives, past careers and family life was recorded. Some people and their family members had taken part in writing about their lives. Staff knew this detail and told us about different people's hobbies, interests and family backgrounds. Staff spoke with people about this and engaged people in conversations about their previous pastimes and hobbies.

Staff responded if people appeared to be anxious. Staff knelt beside people so they were at the same level and gave them eye contact when they comforted them.

Visitors told us there were no restrictions on when they could visit. One relative said. I can come and visit whenever I want, the staff are always very friendly".

People were encouraged to maintain their independence. People were able to go out when they wanted to and were supported to arrange a taxi if they needed one. The acting manager confirmed that they only used reputable taxi firms who people were familiar with. One person said, "I would hate it if I couldn't do what I wanted. I like to go into town and do my own thing. They [staff] are very good at supporting me with that".

Requires improvement

Is the service responsive?

Our findings

Records showed that some people's needs had been recently reviewed and assessed. However, some care plans were not up to date and did not include detail of people's current needs and assessments, including risk assessments. Care plans included a falls risk assessment with an 'action and follow up sheet' but these had not always been completed even though some people were at risk of falls. One person's care plan stated that they wore glasses. The person told us that they had not had their glasses for a while and did not know where they were. The person's care plan showed that the person wore glasses. There was nothing recorded to say what action had been taken to address the missing glasses. No arrangements had been made for the person to have their glasses replaced. There was no record of a referral for the person to see an optician. One member of staff said they were not aware that the person needed glasses.

Charts to monitor people's weights, food and fluid intake had been fully completed and dated. Some people had nutritional assessments included in their care plans. They had been completed but were not dated so it was unclear if they were up to date.

People and their relatives were involved in planning their care. Care plans included people's life histories. People told us they had enjoyed talking about their lives. Relatives said they had been asked to share people's interests, hobbies and family histories. A relative said "The [acting] manager makes sure we are involved and keeps us well informed about things". Relatives were encouraged to attend people's reviews and shared their views on the care their relative needed.

Care plans contained information about what was important to the person, such as what they were good at and how they liked to be supported to maintain their independence along with any preferred routines they had. Plans included details about people's communication, mobility and health needs.

The acting manager told us that they were in the process of training the staff to update the care plans as part of their key worker role. Staff said they were aware of people's current care needs. One staff member said, 'We are aware the care plans may not all be up to date so we check the communication book and the [acting] manager makes sure we are up to date with things when we have handovers'. A relative told us, "My relative was not doing so well recently. The staff were great, they all knew about the changes to their care and were well informed".

People were encouraged to maintain meaningful relationships and one person said, "If it wasn't for my friend here I don't know what I would do. I am very nervous and unsure of myself and she is so helpful and caring". Other people told us that they had made new friendship's since they had moved into the service.

An activities co-ordinator was employed and people said they had been asked to choose activities they would like to see on offer and there were pictures of people engaged in activities of their choice on the notice board. People said they thought there was a good range of activities at the service. People said there was an exercise or art class most mornings and that they enjoyed being creative. One relative said, "My mother loves to do art although she can't see very well, but it passes the time for her". Another relative said, "Since doing art and exercises, my father is much more alert and I am now able to have a conversation with him". One person said they liked to help with domestic chores so staff made sure they were able to do some light dusting.

People told us that the service catered for people who had differing cultural beliefs. One person said, "My priest calls to see me every other week to give me Communion and the staff arrange for us to go somewhere quiet for this". Another person said, "I like to attend church on occasions and the staff support me to do this".

There was a complaints procedure for people and relatives to raise any concerns and there was a suggestions/ complaints box which was visible in the hall. The acting manager said that this was for anyone to use if they didn't feel that they could speak to them directly or if they wanted to remain anonymous. People told us that they could also raise any issues at the monthly residents meetings or could talk to the acting manager in private. One person said, "I complained about the green beans at lunch time, I didn't like them at all, the menu was changed and now we have something different". A relative said, "I have not needed to make an official complaint I can just speak to the [acting] manager and things get sorted out". They told us that on one occasion their relative was not wearing their own clothes and action had been taken to rectify this straight away.

Requires improvement

Is the service well-led?

Our findings

The provider's representative told us that they had been working with the local authority commissioning team to improve their service. They said "More robust systems are in place to monitor and audit the quality of service people received". They said regular quality checks were completed in areas, such as, medicines, fire safety equipment, the environment and the quality of the care people received.

Before the inspection, outside professionals shared concerns that the acting manager did not have time to complete or update important paperwork because they were often needed to help with people's care needs. The acting manager said that 'they did not have time to make sure all the paperwork was up to date because they worked with the staff on a daily basis to keep an overview of the staff practice'. The provider had not recognised that this meant the acting manager did not always have time to complete all the necessary paperwork and address the shortfalls identified during audits. No action had been taken to address this. Care plans were not all accurate and up to date with the information staff needed. One person's care plan said they enjoyed a weekly bath. Other records showed they had not had a bath for eight weeks. Staff told us they were having regular baths but this had not been recorded. Some care plans lacked detail in how people liked to have their care needs met, such as when they liked to get up or go to bed and what order they preferred to do things when having assistance with their personal care. This was important because some people had dementia and needed a consistent approach.

Action was not consistently taken to manage risks. Before the inspection outside professionals had highlighted that there was a lack of call bells in the lounge and had identified that this represented a risk to people's safety. No action had been taken to address this. Incidents and accidents including falls had not been analysed to look for patterns or triggers and risk assessments were not always completed. As a result action was not always taken to reduce the risk of falls and further accidents.

The acting manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings. One member of staff said, "We have regular meetings where we can make suggestions and when any issues about the service are discussed. Another member of staff said, "The [acting] manager involves us in how the service is developed, it's nice to know we are listened to".

There was a management structure for decision making and accountability which provided guidance for staff. Staff were clear on what their roles and responsibilities were. The acting manager said 'they were reinforcing the vision and values of the service to make sure staff had the attitudes and behaviours the provider expect of them'. During feedback they acknowledged that there was more work that needed to be done in this area and said they would address the shortfalls identified during staff supervisions.

The provider had a range of policies and procedures that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider had submitted notifications to CQC in an appropriate and timely manner when needed.

There was an open culture where people, relatives and staff could contribute ideas about the service. There were regular residents meetings and people told us that they openly discussed things that were important to them including how the service developed.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people. The provider did not always assess the risks to the health and safety of people receiving care or treatment and had not taken action to mitigate such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service at all times.