

Watford House Residential Home Ltd

Watford House Residential 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 7 July 2016. Watford House Residential Home is registered to provide accommodation with personal care support for up to 43 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 36 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place on 4 November 2015. At this time, breaches of legal requirements were found in safe care and treatment, and in good governance. We issued two warning notices and told the provider to take action to meet the regulations. We also asked the provider to make improvements in other areas. The provider sent us a report on 12 January 2016 explaining the actions they would take to improve. At this inspection, we found that a number of improvements had been made, but there were further improvements required.

Risks to people who used the service were not consistently managed, and measures had not always been put into place to reduce the potential risks of people falling. Some records had not been reviewed and updated when needed to give staff clear guidance as to how they should support people safely.

People were not always treated in a dignified and respectful manner. Staff were caring in their approach, but the main interaction with people was focussed on offering support or completing a care task.

Effective systems were not always in place to assess, monitor and improve the quality of care and the provider had not always notified us of reportable incidents that had occurred.

Since our last inspection, we saw that improvements had been made to ensure some risks were managed more effectively to keep people safe. Medicines were managed safely and the environment had improved to reduce the risks of infection for people and staff. People told us they felt safe and staff were aware of how to protect people from abuse and harm. There were enough staff to keep people safe and meet their needs and the provider had safe recruitment processes in place.

We also found there were improvements with the training and support that staff received to meet people's needs effectively and carry out their roles. People received food and drink that met their nutritional needs and were referred to other healthcare professionals to maintain their health and wellbeing.

People were supported to make decisions. When people were not able to make decisions for themselves, care and support was provided in their best interests. When people were restricted, the necessary

authorisations were in place.

People were encouraged to be as independent as they could be and there was increased involvement for people and their families to be involved with the planning of their care. Staff knew people well and were aware of their preferences, and they encouraged people to participate in activities.

Feedback about the service was being encouraged and people felt confident they could raise any concerns with the registered manager.

People spoke positively about the management and leadership, and the provider was developing the management structure within the service to provide more managerial support. The registered manager and provider were keen to make further improvements within the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

When people were at risk of falling, measures had not been put into place to reduce the risks of these incidents happening again. Other risks were managed more effectively. Medicines were managed safely and the environment had improved to reduce the risks of infection for people and staff. People told us they felt safe and staff were aware of how to protect people from abuse and harm. There were enough staff to keep people safe and meet their needs and the provider had safe recruitment processes in place.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training and support to enable them to develop the knowledge and skills they needed to meet people's needs and carry out their roles. People were supported to make decisions. When people were not able to make decisions for themselves, care and support was provided in their best interests. When people were restricted, the necessary authorisations were in place. People enjoyed the food and their nutritional and healthcare needs were met.

Good ●

Is the service caring?

The service was not consistently caring.

People were not always treated in a dignified manner and much of the interaction with staff was focussed on offering support or completing a care task. People were supported in a caring way and their privacy was respected. People were encouraged to maintain their independence and visitors were made to feel welcome.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People were supported to participate in activities and were

Good ●

increasingly involved with the planning of their care and support. Staff knew people well and understood people's preferences. Complaints were dealt with in a timely manner and people were encouraged to give feedback about the quality of the service.

Is the service well-led?

The service was not consistently well led.

Effective systems were not always in place to assess, monitor and improve the quality of care. The provider had not always notified us of reportable incidents that had occurred. A positive culture was being promoted and the provider was developing the management structure within the service to provide more managerial support.

Requires Improvement ●

Watford House Residential 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 visit took place on 7 July 2016 and was unannounced. The inspection team consisted of two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with four people who used the service, five relatives, and one visiting healthcare professional, four members of care staff, the maintenance person and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of six people to see if they were accurate and up to date. We checked how staff were recruited and reviewed the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection in November 2015, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that risks to people were not always managed safely when they were eating and some people did not receive consistent and safe care when they were at risk of developing sore skin. We also found that the way people's medicines were managed was not safe; some medicines were missing and unaccounted for and staff were unsure how to administer creams and lotions that had been prescribed for people. We also identified that people were not protected from the risk of the spread of infections. We issued a warning notice to the provider that told them to make improvements as care and treatment was not always provided in a safe way. At this inspection, we found that some improvements had been made, however further improvements were required.

We found that risks were not consistently managed. For example, we observed that one person had sustained an injury to their face. We spoke with staff about this and were told that this injury had occurred when they had fallen. Staff were unclear if this person was at risk of falling. One member of staff told us, "They are not at risk of falling, so they just wander about. I think they got up from the table and fell somewhere." We looked at records for this person that showed us that they were at low risk of falls. However, following this fall, the risk assessment had not been reviewed and actions had not been taken to prevent this from happening again. We also observed that some people were unsteady on their feet when walking. Records showed us that there had been six un-witnessed falls in the previous month. These incidents had been recorded, and the registered manager had looked at this information. However, follow up actions had not been taken to minimise these risks and keep people safe. For example, referrals for these people had not yet been made to the falls prevention team who can offer advice to minimise potential risks. We saw that a number of people used frames to assist them with walking, but staff were not able to tell us when they had last been assessed to ensure that the equipment was still suitable for them. We also saw three examples that when people had fallen, their risk assessments and support plans had not been reviewed or updated to reflect any changes in their support or if this was needed.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we told the provider to make improvements in the way risks were managed to keep people safe when they were at risk of choking or developing sore skin. At this inspection we saw that when needed, referrals had been made to the speech and language therapist and staff were aware of how people's food should be prepared for them to have it safely. We saw that food was given to people according to these recommendations and their care records reflected what we saw. We also found that when people were at risk of developing sore skin, staff were aware of this and ensured that people had the specialist equipment to use. We found that this equipment was fit for purpose. This meant that these potential risks to people were now managed safely.

People who used the service had a personal evacuation plan in place that explained to staff how to support them if an emergency, such as a fire, happened. These had been reviewed so that the information was up to

date. Staff told us how they would check that the equipment they used to transfer people was safe to use. One staff member said, "During my training I was shown how to check that the slings are okay to use and not ripped." Another staff member told us how they were given the opportunity to look at people's care files which outlined any risks that they needed to be aware of.

At our previous inspection, we told the provider to make improvements in the way that medicines were managed. At this inspection we found that improvements had been made. Medicines were accounted for and we found the stock levels to be correct. Staff who administered medicines knew how to administer any creams and lotions as prescribed. We saw that medicines were stored safely so that only authorised people could have access to them. Staff told us they had received refresher training on administering medicines safely since the last inspection. The registered manager said, "The senior carers administer people's medicines, and we are arranging further training for them to support people who are diabetic." This meant that people could receive these specific medicines from staff rather than rely on visiting healthcare professionals. We observed staff administering medicines to people, and saw that they talked with people explaining what the medicines were for. People were given a drink to have and staff checked that people had taken their medicines before moving onto the next person. The administration records we looked at were completed correctly and were up to date.

At our previous inspection, we told the provider to make improvements within the environment to reduce the risks of infection for staff and people who used the service. At this inspection, we found that improvements had been made. One relative told us, "Since the last inspection it is a much cleaner, brighter place." One staff member said, "It is a lot cleaner." A visiting health care professional told us, "It is cleaner now, there are more cleaners around." We saw that that refuse bins were fit for purpose and there was access to hand washing facilities. We observed staff using disposable gloves in the correct manner and saw that the sluice room was clean with the necessary cleaning materials available for use. We saw that a number of areas within the home had been redecorated and that there was a schedule for further work to take place.

At our previous inspection, we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that some staff were unsure as to how they would report any concerns they had, and safeguarding incidents had not always been reported in accordance with local safeguarding procedures. We issued a requirement notice and asked the provider to make improvements in the way people were safeguarded from abuse and harm. At this inspection, we found that improvements had been made. One staff member said, "We have to protect people from abuse; especially when they cannot speak up for themselves." Another staff member told us, "We have to make sure people are treated well; if I saw anything untoward, I would report it to the manager. There are also posters up where I could find out more information." Staff we spoke with were aware of the different types of abuse that could happen and told us how they would recognise any potential signs of abuse.

People told us they felt safe. One person said, "I never feel frightened; I do feel safe here." One relative told us, "I know my relation is safe; they would tell me if they had ever been mistreated. I've never seen anything that would concern me, and I'm here all the time." Another relative said, "I think my relation is very safe here; I'm assured of that." Staff also told us about the whistle blowing policy that was in place. This policy protects staff if they want to report any concerns, anonymously if they preferred. One staff member said, "I would use this if I had any concerns; the manager would support me." Another staff member told us, "I would report anything without a doubt. It could be anything, for example staff not following or doing what they should."

We observed and people told us there were enough staff to meet people's needs and keep them safe. One relative said, "Sometimes the staff are busy, but mostly there are enough." One staff member said, "I think

there is enough staff; as we are getting more residents I think the numbers will increase." The registered manager told us, "Within the new care plans is a dependency tool which will identify people's needs better and therefore how many staff are required." Another staff member told us, "We work well as a team, so we have enough staff." We saw that when people requested support, they did not have to wait for staff to help them. This demonstrated there were enough staff to respond to people when needed.

We found that the provider had safe recruitment processes in place. One staff member told us, "I had a police check so the provider had all the details for that before I could start. I had worked in care homes before, so I had to wait for my references from them." We had feedback from the local authority who told us that when they had checked staff files, these confirmed that the necessary employment checks had taken place before staff were able to start work.

Is the service effective?

Our findings

At our previous inspection, we identified that some staff were not fully trained to support people with their care needs. At this inspection, we found that improvements had been made. One staff member said, "Training is much better and there is a lot more now." Staff told us about the various training they had received and the registered manager told us, "We have arranged more training for staff." We saw that the registered manager was working on the training plan that identified which staff needed certain training and when this was happening. One member of staff said, "I've now been booked in to do dementia and safeguarding training. This didn't happen before as I don't get involved with direct care, but it has been good to be included with this now. "

Staff spoke positively about the induction training that took place when they started working. One staff member said, "The induction was good; I had training that was very informative. We covered moving and handling and other mandatory areas. I then shadowed other staff for a few days a week. It was good; it gave the chance for the residents to get to know me and also for me to find out more about them." This staff member also told us that they were completing the Care Certificate as part of their induction. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People and their relatives said that the staff had the knowledge and skills needed to support them and meet their needs. One person told us, "They do know what they are doing." One relative said, "They are really on the ball, they understand about my relation." Another relative told us, "The staff are knowledgeable and confident at what they do." This demonstrated that the training and induction was effective at enabling the staff to be able to carry out their roles.

Staff spoke positively about the communication and support they received from the registered manager. One staff member said, "I have had a one to one with the manager; she is approachable. We also had a staff meeting yesterday." Another member of staff told us, "We have a handover each shift to find out if there are any changes. We discuss anything that's happened and what people need."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw the provider was working within the principles of the MCA, and that when needed, authorisations to

deprive people of their liberty had been granted. People were encouraged to make decisions for themselves, and staff were aware of how people communicated these decisions. One staff member told us, "People will make choices in different ways. If someone doesn't want something, they may show us by pushing the item away." Another staff member said, "Some people choose to go to their rooms and spend time there, and that's fine." We saw that when people were not able to make certain decisions for themselves, capacity assessments had been completed and decisions made were shown to be in their best interests. Staff were aware of the principles within DoLS. One member of staff said, "It's about the law; when we may be restricting people." We observed staff gaining consent from people before they received support, and staff explained what was happening so this was clear for people.

People told us they enjoyed the food. One person said, "The food always tastes nice. I like to have salt and pepper and they always fetch it out for me." Another person told us, "There's a board that's appeared recently which shows the two choices of meals. I'm given options." One relative said, "I know my relation likes the food; they've put some weight on." One staff member told us, "Since the last inspection, we now have the hot trolley to keep the food warm, which is a lot better." When needed, people had been referred to specialists who had made recommendations as to how their food should be prepared and we saw that this happened. We also saw that when required, people's weight was monitored and action had been taken if they had lost weight.

During the lunchtime meal, we observed people being given other alternatives, for example an omelette, when they did not want the main meals available. We saw people were enabled to make choices about the drinks they had; staff gave them a visual prompt by showing them the clear jugs of juice, and people made a choice by seeing the colour of the drink. One person asked for a chilled water, and staff brought this to them straight away. The registered manager said that she was looking to improve the meal time experience for people further; for example by having the vegetables, gravy and custard served at the tables rather than it being plated up.

People were supported to maintain their health. One person said, "I did have someone visit me last week to check my health. They asked me about what I was eating and suggested some other foods I could have. I'm healthy." Another person told us, "The doctor is coming to see me, I'm waiting for him." We saw that the doctor attended. One relative told us, "My relation had improved so well since they have been here; that's reassured me that it was the right move." Another relative said, "My relation was poorly a couple of months ago and the home responded well to this and kept the family informed." A visiting healthcare professional said, "There are no problems with us receiving referrals, and the communication is okay." The registered manager told us, "There can be problems with GP allocations for the people who live here as we are on the border of a number of areas. But the nursing teams are very helpful and we do get things sorted out." We saw that a variety of referrals had been made to different healthcare professionals to enable people to maintain their health.

Is the service caring?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and asked the provider to make improvements in the way people's dignity was promoted and privacy respected. We saw that some people had to wait for their personal care needs to be met and some people looked unkempt and uncared for. We also found that some people's privacy was not respected within shared rooms. At this inspection we found that improvements had been made; people's personal care needs were met in a timely manner and people did not look unkempt and were dressed in clothes that reflected their own personal styles. There were no longer any people sharing bedrooms, and the registered manager said, "I have said that unless people want to share a room, then it isn't really right that people should. However, there are now screens in place in these rooms, so people's privacy can be respected at all times."

However, even though these improvements had been made, we found that there were occasions when people were spoken about in an undignified manner. For example, we heard some staff referring to people who needed support to have their meals as 'the feeders'. We also observed some staff talking loudly about one person who had had an accident. This meant that the other people were aware of what had happened and knew who the staff were talking about. We saw some staff enter rooms and engage with the other staff on duty, but did not always acknowledge the people or interact with them. We saw that a lot of the interaction between staff and the people who used the service was related to the task in hand, rather than having a general conversation about things that interested people. When staff did speak with people about topics they were interested in, the conversation flowed a lot freer and people did seem to engage more.

We were told about and did observe some positive caring relationships between the staff and people who used the service. One person said, "The staff don't talk down to me." Another person told us, "The staff are caring." One relative said, "My relation tells me that the staff are lovely; and I think they are as well." We observed staff gently reassuring people if they became anxious and we saw people smiling and laughing with each other. We saw staff straighten people's clothing so they were covered up when sitting down and staff would knock on doors before entering people's rooms.

People were encouraged to be as independent as they could be. We observed staff supporting people to walk from one area to another, and we saw people walking around and making choices about where they wanted to go. One staff member said, "It's important that people can do as much as they can for themselves; it's not right to wrap people up in cotton wool and take their independence away." We watched staff give people time to take their medicines in the way they wanted to, taking tablets out of the pots one by one if that was their preferred way of doing this.

We saw visitors arrive at different times during the day and one relative said, "I have never felt so welcomed anywhere." Another relative told us, "There are no restrictions; I can come when I like." This showed us that people could visit as and when they wanted.

When people found it difficult to speak up for themselves and didn't have a relation to support them we saw

that referrals had been made for an independent advocate to assist them.

Is the service responsive?

Our findings

At our previous inspection, we saw that little stimulation was offered to people who used the service. At this inspection we saw that improvements had been made. One relative told us, "There is a lot going on; my relation is a quiet, private person, but the staff will always offer the activities to them." Another relative said, "Since the last inspection, they have sorted the garden out. No one used to go out there, but now it's lovely and people can use it." One person told us how they had helped water the plants in the garden the day before, and said, "We had a lot of fun out there!" We observed staff supporting people to play games in the lounge and saw staff singing with others which people responded to positively.

At our previous inspection, we found that some staff were not well informed about people's needs. At this inspection, we found that improvements had been made. One relative told us, "The staff are very efficient, and if I have any questions, all the staff can give me answers." Another relative said, "The staff are ever so good; they know my relation and their needs really well." We were told how relatives would be asked about the needs of their relation. One staff member said, "We will ask people's families if we need to know more about individuals needs and they can't tell us themselves." We were told how staff would get information from people's care plans. One staff member said, "I found out about people's dislikes and likes by having a look at their files." The records we looked at included information that was individual to people and also reflected their life history. We saw that work was being completed to update individuals care plans to ensure the information was up to date and accurate.

We saw that there was increased involvement for people in the planning of their care. One relative said, "Another family member had a meeting with the manager about a week ago to make sure things were up to date." Another relative said, "I have been invited in to discuss the care plan for my relation." The registered manager told us, "I have sent out letters to all the families to invite them in to discuss the care plans and the support their relative needs. The person is always included with this meeting; sometimes they are able to contribute, but other people find it difficult. But these review meetings with the families are really helpful while we implement the new care plan system."

People told us they knew how to raise any issues or make a complaint. One relative said, "I have no concerns with anything, but if I did, I would just talk to the manager; I know she would sort things out." We saw that the complaints procedure was displayed so people would know how to raise any issues, and when people had made a complaint this had been responded to and dealt with in a timely manner. The registered manager told us, "Sometimes people have an issue but they don't want to make a formal complaint, so now I record any concerns that are raised and how these have been dealt with for people." This enabled the registered manager to monitor any concerns and the actions taken.

We were told that people were encouraged to provide feedback on the quality of the service. One relative said, "On the first Saturday of each month there is a coffee morning and we can have our say." Another relative told us, "I have been sent surveys to complete." We saw that information was shared with people and their families in the form of a newsletter, the first edition had just been sent out to people. The registered manager told us that meetings for the people who used the service were being arranged to

ensure that their voice was heard.

Is the service well-led?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that staff had not been adequately trained or supervised to support people with their care needs; serious concerns regarding the safety of people had not been identified, actioned or reported to the Local Authority; and the audit systems were poor and not sufficiently robust to ensure people were provided with safe, high quality care. We issued a warning notice to the provider that told them to make improvements. At this inspection, we saw that some improvements had been made. Staff told us that they had received more training and that supervision sessions were arranged to give them support. We saw that the registered manager was updating the training plan to gain a full picture of the training that staff needed. We saw the provider had reported serious concerns to the relevant people for further investigation to take place. However, we found that further improvements were required.

The registered manager had started to analyse any accidents or incidents that had been reported, and had tracked this information to identify any trends. However, we saw and the registered manager agreed that even though these accidents had been analysed, no action had yet been taken. We also saw that while the temperatures for the fridge which stored medicines were now recorded each day, staff had not informed her when the temperature had dropped below the recommended levels on a couple of occasions. This meant that no action had been taken. The registered manager told us, "It's still work in progress with implementing the quality assurance systems that are needed, but we'll get there. There has been a lot to do." They told us how they had identified that certain information within people care plans was not thorough enough and this would be rectified as each person's plan was reviewed and updated.

We saw that there were some audits in place. For example, the maintenance person had a diary which staff used to record any work that needed to be carried out. This meant it was clear when jobs had been identified and when they had been completed. We saw that a monthly audit for each of the rooms was carried out to check that everything was in order, and an annual audit was completed with the provider. The maintenance person told us, "This has made things easier as everything is recorded and written down, so we know when jobs need doing. The provider will always ensure that what is needed is available." We saw that various improvements had been made to the environment and there was also ongoing work happening.

At our previous inspection, we found the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as they had not notified us of incidents as they were required to do. We issued a requirement notice and asked the provider to make improvements. At this inspection, we found that some improvements had been made, but further improvements were required. The registered manager had informed us of some incidents and events that had occurred, but after observing people and reviewing the information available, we advised the registered manager that others should have been considered. For example, there had been an altercation between two of the people who used the service where one had been injured. We had not been notified of this incident.

This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Since the last inspection, there had been another change in the management arrangements. The previous registered manager had resigned and the provider had recruited into this position immediately. People were aware of this and spoke positively about the changes. One person told us, "There is a new manager, and she has been very approachable." Another person said, "I can air any problems I have." We observed that the registered manager had a visible presence in the home and people who used the service and staff were confident to approach her. We saw the registered manager take immediate action when one situation arose, and one staff member told us, "The manager is strict, but fair, and that's what we need." People spoke positively about the overall culture of the home, and one relative told us, "It's a good care home with a nice atmosphere." Another relative told us, "Overall, I'm very, very pleased." We were told that the registered manager would contact relatives about any issues and share information with them as needed.

One staff member said, "We are working together to put everything right." Another told us, "We have seen positive changes since the last inspection. The new manager is approachable, and the providers take it in turns to be here." The registered manager told us there was now an 'on call' phone available for staff. This enabled them to contact the registered manager if she was not on duty for any advice and support. The registered manager also told us that a new post of deputy manager had been created, and that this person was due to start work at the beginning of August. The registered manager said, "That will make a huge difference as there will be another person available and they will be able to take on some of the outstanding actions."

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 provider did not notify us of incidents as they were required to do. Regulation 18 (2) (a) and (e).
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. Risk assessments had not been reviewed or updated and the provider had not done all that was reasonably practicable to mitigate some risks to people who used the service. Regulation 12 (2) (a) and (b).