

# Stumpwell Housing Association Limited

## Alde House

### Inspection report

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07 August 2019

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Alde House is a residential care home providing personal care up to 17 older adults. At the time of the inspection 16 people lived at the home. The care home is located within the Chiltern area of outstanding natural beauty. People had access to a lounge, dining area, sun lounge and could freely access a garden area.

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

The service did not routinely ensure all the required pre-employment checks were completed for new staff. People were supported by enough staff who were deployed to meet their needs. Staff were skilled in recognising potential abuse and knew what to do to protect people from harm.

People were not routinely supported to have maximum choice and control of their lives and staff did not routinely support them in the least restrictive way possible and in their best interests. This was because the service did not fully adopt best practice for assessing people's mental capacity to make informed decisions.

People, relatives and staff told us the service was well-led. We found the provider and registered manager failed to notify us of all reportable events. Record management within the service required improvement.

We observed people were supported by staff who demonstrated kindness and a caring approach. People were treated with dignity and respect by staff. People and their relatives described the care home as 'Homely' and felt part of a 'Family'.

People told us they received a personalised service from staff and were supported to engage in meaningful activities. People were supported to practise their chosen faith.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 15 August 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvement had been made. However, we found the provider was still in breach of regulations.

This is the second consecutive time the service has been rated requires improvement.

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and

well-led section of this full report.

#### Enforcement

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified one breach of the Care Quality Commission (Regulation) Regulations 2009.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Alde House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector on 6 and 7 August 2019.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at information we held about the service and what people had told us. We contacted local authority safeguarding teams. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and three staff which included the head of care. We spoke with three

people and two relatives. We reviewed three people's care records in detail. We looked at three staff recruitment and training records. We read incident and accident records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four relatives and received feedback from three members of staff.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- We found the service did not ensure all the required pre-employment checks were carried out. One check which is legally required is "Satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity" (Schedule 3 Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity). None of the staff files we looked at contained a health screening. We spoke with the registered manager about this who confirmed this was not carried out.
- The registered manager informed us that they did not always receive references from a previous employer for new members of staff prior to their start date. This is a requirement stated within the Regulations.

The provider and registered manager failed to carry out all the required pre-employment checks for new staff. This was a breach of Regulation 19 (Fit and proper persons employed) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did carry out a Disclosure and Barring Service checks (DBS). A DBS is a criminal record check, prior to the person working alone with people.
- We observed people were supported by enough staff. We observed staff responded quickly to requests for support from people.
- Staffing levels were monitored by the registered manager. We noted staffing levels were discussed at team meetings and reported to the board of trustees. The service used agency staff. A relative we spoke with told us "I have got to know the agency staff as they [The service] tries to book the same person." We observed agency staff worked well with people and it was obvious they had got to know them.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to routinely assess and mitigate environmental risk to people. There were risks from fire and Legionella which were not satisfactorily assessed and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made.

- A Legionella risk assessment and water hygiene assessment had been carried out and a report of recommended actions was dated 15 January 2019. We noted a number of the actions had been carried out. One regular test on hot water temperatures was still needed. We spoke with the registered manager about this and received evidence following the inspection this had been carried out.
- Risks relating to fire had been assessed. The registered manager facilitated fire drills for staff to feel confident of their role in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) which reflected their level of mobility and support required in the event of a fire.
- Equipment used in the service was routinely maintained. A fire year hard wiring electrical safety certificate was in date.
- Risks posed to people as a result of their medical condition had been assessed. We found the use of bedrails and the risk of developing skin damage had all been assessed. Guidance was available for staff on how to minimise harm to people.

### Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed the documentation completed by the management team following incidents and accidents.

At this inspection we found the registered manager had oversight over every accident and incident and actively looked for trends to prevent a similar occurrence.

- Accidents and incidents were reported and recorded. Staff were aware of when to report concerns to the registered manager.
- The provider had forged links with another care provider. The registered manager told us in the provider information return "I have had a considerable amount of contact with their managers and senior management and find them to be very helpful and open. I found the conference helpful for firstly realising we all have similar problems and secondly for new ways to solve problems."

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

- People were protected from abuse, staff had received training on how to recognise signs of abuse.
- Staff were able to tell us about how to support people. One member of staff told us "If I thought abuse was being carried out in my work place I would inform head of care or the manager if this was not a choice then I would contact the trustees and inform them of the situation." Another member of staff told us "I would report all concerns that a resident has, either to the head of care or manager, if there are still any concerns I will go to safeguarding."
- The service had a safeguarding policy in place, which did not reflect best practice or current guidance. We spoke with the registered manager about this and they confirmed with us after the inspection this has been updated.

### Using medicines safely

- We found medicines were received, stored and administered safely. Staff involved in handling medicines received training around safe administration of medicines.
- The service had received a medicine audit by the clinical commissioning group (CCG) in October 2018. A number of recommendations had been made. We observed an improved system had been imbedded in the service since the audit.
- We observed medicine administration, this was conducted in a professional and calm manner.
- People who had been prescribed thickener for fluids were supported as prescribed. Thickener powder was kept safe to prevent its misuse.

## Preventing and controlling infection

- Staff received training on how to minimise the risk of infections.
- The home was clean and tidy with no unpleasant odours.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- Relatives were complementary about the environment. Comments included "The home is kept extremely clean and well maintained, as is her room, plus the garden and grounds which provide a safe, secure environment, enabling my mother to be outside, as she likes to be in the fresh air when the weather permits."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always follow national guidance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

- We observed the service had documentation recorded for 'Dementia', 'MCA/Legal status/DoL', we looked at three people's records and found them contradictory. For instance, all three stated the person had no mental impairment in one care plan and in another care plans it stated the person had a diagnosis of dementia.
- We discussed the mental capacity assessments with the registered manager who agreed they were lacking in knowledge in the subject.
- We checked with the local authority if any DoLS applications had been made. They confirmed they had not received any. We observed many of the external doors had keypad locks on them. We asked the registered manager about supporting people in the least restrictive manner. They advised us people would either be prevented from leaving or escorted by staff if they wished to go out into the village.
- The registered manager told us the safeguarding lead for the clinical commissioning group (CCG) had advised them in November 2018 about making DoLS applications. One person was actively seeking to go to the front door to ask about when their son was visiting. To date no applications had been made. We discussed this with the registered manager and they agreed to review people who were living at the home and consider if a DoLS application was needed.
- Some people were subject to restrictions on their movement. For instance, the use of bed rails was in place. The service had not routinely considered if this was the least restrictive option and if it was in their best interest.

This was a breach of Regulation 11 (Need for consent) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the care home, people's holistic needs were assessed. This included gathering information about a person's health, social and emotional well-being. At the time of the assessment a level of dependency was calculated. The registered manager used this to inform them if the person's needs could be met within the home.
- The service was sensitive to ensuring they would be able to meet people's needs. The registered manager considered existing residents needs prior to agreeing for a new resident to move in.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provide reviewed the requirements for induction of new care workers.

At this inspection we found new care staff were supported to study the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.

- Staff were supported with an induction period. One member of staff told us "I completed an induction when I started, and I did four weeks shadowing. . . I felt confident to start work unsupervised and there was always someone to ask if I had a question, everyone was very approachable."
- Staff told us they felt supported. Comments included "The support I have had from management has been good. I have been helped if I needed to ask a question or ask for help doing my NVQ." The registered manager and head of care recorded brief discussions with staff. However, records relating to staff support were not routinely shared with staff. We discussed this with the registered manager who agreed a better system for recording one to one discussion should be implemented.
- The provider supported staff to maintain their skills and knowledge through refresher training in subjects it deemed mandatory.

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

- People's nutritional needs, likes and dislikes were well known by the cook and kitchen staff.
- We observed one meal time. People were visibly enjoying the food. People told us "The food is very nice." We overheard a member of staff ask a person if they liked the food and they replied, "Yes, very much so." The meal time was very relaxed, and people were observed to speaking to each other at the tables.
- People's dietary needs were detailed in their care plan. For instance, if people required a soft or pureed food, this was recorded, and the cook was aware.
- Relatives were complimentary about the food. Comments included, "The overall quality of the food and beverages is extremely high (my mother is particularly fussy but is generally quite complimentary, which is praise indeed!). There is an annual festive gathering for residents and their families when the home provides a first-class quality buffet, plus a summer tea party," "The food is very good" and "Summer tea party recently, excellent food, nice event."

Staff working with other agencies to provide consistent, effective, timely care;

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

- Staff worked together and with external healthcare and social care professionals to ensure people received effective care.

- Staff had daily handover meetings at the start and end of each shift. This ensured important information was shared with all staff.
- Where required, referrals were made to external healthcare professionals to ensure people's health needs were met. We noted people were being supported by the local district nursing service and a GP was in regular contact with the home.
- On day two of the inspection we observed a person being visited by a community healthcare professional to assess them for a new walking aid. The person was so pleased when the equipment was left with them as it supported them to be more independent when walking.
- Relatives told us the service supported people when they had been admitted to hospital and health concerns were responded to in a timely manner. One relative told us their family member had "Recently had a week in hospital and the staff were quick to visit and let her know they were there for her." They went on to say, "In particular [Name of head of care] is always on top of health issues."

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

- People and their relatives told us they liked the home as it replicated their own home. People were encouraged to bring their own furniture into the home.
- Since our last inspection some refurbishment had been made. This was commented about by relatives. They told us "It has improved over the six years that my mother has been residing here, made it more homely, new carpeting and furniture and landscaping."
- On entering the home visitors were met by a calm, relaxed and homely atmosphere.

# Is the service caring?

## Our findings

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

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

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

- People told us they were supported by staff who were kind and considerate. We observed this to be the case.
- Comments from people included, "I like living here, staff are so friendly." We observed a person say to a member of staff "We miss you when you are not here."
- Relatives told us staff were friendly and welcoming. Comments included "Staff interaction with residents, as good as it gets, very personal and always helping the service users" and "Staff in Alde house are friendly and always approachable."
- People were supported to practice their chosen faith or religion.
- Staff demonstrated kindness towards people and had got to know their likes and dislikes. Comments from staff included, "I know the residents very well and have learnt what each resident likes by talking to them and spending time with them. Where residents have limited vocabulary, or more severe dementia we talk to their family's and gather information." Another member of staff told us "One resident only used to feel calm when she was carrying a doll around, another lady likes having her soft toys with her at all times as this helps her anxiety, to calm one lady down I talk about her time in Malta where she lived for a while about her dancing and her dogs which she used to have."

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

- People and their relatives were involved in decisions about their care. One relative who visited their parent every day, was complimentary about the staff. They told us, "Staff are always able to update me on how [Name of person] has been."
- People or their representatives had been involved in the information in both the care plans and the risk assessments. This was to ensure they were accurate and in line with people's preferences and needs.
- People and their relatives referred to the care home as 'Homely'. Comments included "In Alde house the residents are encouraged to maintain their individuality" and "In Alde House I always feel that the residents are made to feel like a big family, and relatives are made to feel part of that family too."
- Relatives told us they were free to visit at any time and felt welcomed by staff. One relative told us "The home is very clean and comfortable, and convenient for family members and friends to visit."

Respecting and promoting people's privacy, dignity and independence

- We observed people were supported with dignity and respect. People were spoken to by staff with their preferred name.
- Staff were able to demonstrate how they supported people. One member of staff told us "I have provided

privacy and dignity to the residents as when performing personal care, I ask before I do anything and inform them as to what I'm doing so they don't panic. I close all curtains in their room and shut the door so no one who shouldn't be watching can't see." Another member of staff told us they were mindful not to talk to people in a loud voice when discussing their toileting needs. Telling us "The resident may become embarrassed."

- A relative told us "Staff interaction with residents, as good as it gets, very personal and always helping the service users."

## Is the service responsive?

### Our findings

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

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

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

- Each person had a care plan in place. People or their representatives had been involved in the information in both the care plans and the risk assessments. Care plans were reviewed regularly by the head of care.
- The registered manager and head of care routinely supported people to receive a personalised service.
- The registered manager gave us examples of how they have supported people to maintain their lifestyle. For instance, one person liked to listen and watch the television. However, they were very hard of hearing. The service had purchased a hearing device which allowed them to do this without disturbing other people who lived at the home.

Meeting people's communication needs

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

- The service had assessed people's communication needs and had arranged for large print books to be available within the home. We saw a large screen computer with adapted keyboard and mouse was available for people to use.
- Staff were aware of people different communication needs and what they support they required.

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

- People were encouraged and supported to maintain contact with family and friends. People were supported to celebrate important events in their life, like birthdays. Relatives told us they felt welcome.
- Relatives told us they visited the home frequently and often took their family member out. One person was taken out to a garden centre on day one of our inspection.
- The service was visited by an external exercise facilitator on a weekly basis. We observed an exercise session. This was well attended by residents. It was clear from people expressions they enjoyed the event.
- On the second day of the inspection we observed an entertainer visit the service. They sang along to playing a guitar. People were joining in with the singing and fully engaged with the event.

Improving care quality in response to complaints or concerns

- The service had a complaint policy in place. Systems were in place to respond to complaints or concerns.
- The service had received one complaint about the food. This had been resolved and feedback was used to improve the service provided. Relatives told us they knew how and who to raise any concerns to. One

relative told us "I have never had cause for any concern."

#### End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs. Where people were willing, the service explored their end of life care wishes.
- The registered manager spoke highly about the importance of getting end of life care right. The provider wanted to provide a home for life and worked hard to support people achieve that.
- The home had received complements from relatives of past resident who had been supported at the end of their life. Comments included "Mum was so well cared for, a perfect ending for a perfect mum" and "We thank you for the bottom of our hearts for all the love and care you gave mum. We really could not have been looked after by anyone more caring, our lives have been enriched by knowing you all."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify us as required, of safeguarding events, a police incident and deaths of people who used the service. This meant we could not effectively monitor the governance of the service and were unable to track events that might impact on people's care. This was a breach of Regulation 16 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found some improvements had been made. We had been routinely informed of deaths which occurred at the service. However, we found ongoing concerns about other events which required reporting to us.

- There was a registered manager in post.
- One person had sustained a fracture to their hip in May 2019 as a result of a fall within the home. The provider and registered manager had failed to report this to us. We discussed this with the registered manager who advised us on day one, no-one had sustained any fractures since our last inspection. However, it was clearly recorded in the person's file and the registered manager agreed on the second day a fracture had occurred.

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

- The provider had policies and procedures in place which did not routinely reflect best practice or national guidance. For instance, the service had a safeguarding policy which referred to a disbanded organisation. Policies did not have date of issue or review dates, we discussed this with the registered manager, who agreed changes were required.
- Records held within the service about safe recruitment of staff and ongoing support for staff were incomplete and not routinely shared with staff.
- Records relating to health and safety of the building were lacking, for instance we found monthly hot water temperatures were not routinely recorded.

- The registered manager had systems in place to monitor the quality of the service provided. They carried out a number of audits, which included, care plans, health and safety, medicine and infection control as examples. However, the audits failed to identify the issues we found.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Following the inspection, the registered manager shared a form which the board of trustees wanted them to complete. This was a checklist of all reportable events to us. The registered manager was confident this would act as an aid memoire to them.
- People's records were accurately and securely maintained, and staff used passwords to access computer records.
- Members of the board of trustees carried out a face to face visits to the home to check the quality of the care provided. Feedback was provided to the registered manager, any changes or areas of improvement suggested were adopted by the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us the service was well led. A relative told us "Over the years I have seen how the manager and all his staff aim to treat each client with individuality, allowing for the clients habits and preferences" Another relative told us "[Name of registered manager and name of head of care] lead the team and in my opinion cannot be faulted."
- Relatives told us they felt staff had time for them to discuss their concerns. Comments included "The staff are all pleasant and welcoming, making it feel a relaxed and friendly atmosphere. I particularly want to mention the manager, [Name of registered manager], for his wonderfully cheerful disposition, always ready to chat and go out of his way to help with any concerns or queries arising regarding my mother. Also, [Name of staff] head of care, is absolutely amazing with the residents, displaying immense patience and professionalism."
- Staff told us the management were approachable and supportive. Staff told us "I feel able to raise any concerns with the manager," "The manager is approachable and fair to the staff" and "I feel supported in my role and can discuss any issues or ideas with the head of care who will listen and will put things in place if needed."
- Relatives told us there was good communication with them. One relative told us "I am always called if [Name of relative] is unwell."

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had forged links with another local care home provider to keep up to date with any changes in health and social care.
- The service told us "We are members of the National Care Forum, we have several trade papers, we subscribe to the Fundamental Standards Toolkit"
- Throughout the inspection we found the registered manager receptive to our feedback.
- The provider and registered manager engaged with the local authority and clinical commissioning group (CCG) and referred people to the local external healthcare professionals when required.
- People and their relatives were consulted about the service they received. One relative told us "I would highly recommend Alde House."

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met</p> <p>The provider and registered manager had failed to report all events it was legally required to do so.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met</p> <p>The provider and registered manager failed to follow the guidance of the Mental Capacity Act 2005 and fully assess if an application was required to authorise a person's deprivation of liberty.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The provider and registered manager failed to ensure system or processes had been established to effectively ensure compliance of the regulations. Records were not routinely maintained about hot water temperatures, one to one support for staff and policies did not reflect current or best practice.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

#### How the regulation was not being met

The provider and registered manager failed to ensure all the required pre-employment checks were carried out. For instance, the service did not routinely check on the health status of all new candidates.