

Mr B Hinde

Craigneil 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

We inspected The Craigneil on the 23rd October 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be inspecting the home.

Craigneil can accommodate up to 15 people, who require nursing or personal care and who are elderly. At the time of our visit there were 14 people living in the home.

Craigneil is situated on Marine Road in Morecambe and facing the promenade. The home is a two storey building and is registered to provide accommodation for a

maximum of fifteen people. Accommodation is provided in 13 single and 1 double bedrooms. There is a separate lounge used as a quiet room and a communal lounge/ dining area on the ground floor.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality commission to manage the service. They share the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The last inspection was in July 2013 when we found all the outcomes we inspected to be compliant with the regulations.

We spent time in the communal areas of the home, including the lounges and dining areas. This helped us to observe the daily routines and gain an insight into how people's care and support was managed.

We found the registered manager had breached Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The staffing levels in the home were not sufficient to meet the assessed needs of people. We saw the staffing levels during our inspection were inadequate. There were two care staff on duty. Staff took their breaks together. This meant the staffing levels were not always sufficient to monitor and support people adequately. You can see what action we told the provider to take at the back of the full report.

Although we found there were suitable arrangements in place to protect people from the risk of harm and abuse, we read of a recent incident that should have been reported to the local safeguarding authority. This meant people were not always being protected against the risks of harm or abuse. We asked the registered manager to report the incident to the local safeguarding authority. You can see what action we told the provider to take at the back of the full report.

The registered manager was not up to date with the policies and guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). The MCA and DoLs provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager to check their understanding of this legal process. The registered manager told us that a recent planned Mental Capacity Act training course she had booked had been cancelled. Although she was aware of the legislation and some recent changes, she was unable to explain how this could affect the people she cared for.

Although some staff told us they felt very well supported by their registered manager, this was not the case for all staff we spoke with. The staff training matrix was not up to date and one staff file was missing. This meant we could not establish if there was equal access of opportunity for all members of the staff team to receive personal development and supervision. Staff were not supported to take their breaks away from their caring role. Although staff we spoke with showed they were very caring, and enjoyed their work, it was evident from our discussions that staff could find aspects of their work stressful.

The registered manager spoke highly of her staff team and told us how much she valued their support. The staff team we met had all worked for a long time at the home. There was not a high staff turnover. The registered manager and staff told us they were very well supported by the local doctors and healthcare team. This enabled them to manage the changing needs of the people they cared for.

People we spoke with were positive regarding the care they received. One person told us, "The staff are extremely caring. My balance is poor and I need support to use the stair lift. My daughter made a good choice when she chose this home. I feel very safe and comfortable here"

At lunchtime the "surprise meal" was left uneaten by many people. Only two people were offered an alternative choice. We received mixed comments from people regarding their meals at the home.

One person told us, "Why on earth do they do it? I think they are cutting down. I should have gone out and got some sandwiches. Up the road they are beautiful sandwiches." However a second person commented, "I've no urge to complain about anything. I am well fed and watered. I am quite happy here and well looked after."

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?

Some aspects of the service were not safe.

Staffing levels were not sufficient to meet the assessed needs of people.

Although the home had a range of safeguarding systems in place to protect people from the risks of harm and abuse, we read of a recent incident that should have been reported to the local safeguarding authority. This meant people were not always being protected against the risks of harm or abuse.

Requires Improvement



Is the service effective?

The service was not always effective.

People were not supported and monitored by staff to eat and drink safely. Some people were not offered an alternative meal if they did not eat the meal presented to them.

The registered manager was not up to date with the policies and guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). The legal framework is in place to ensure any restrictions to liberty are taken in the best interests of people.

Requires Improvement



Is the service caring?

The service was caring.

People who lived at the home were seen to be supported by caring staff. People who lived at the home and relatives told us staff were caring.

Staff we spoke with showed us they had a good understanding of people`s needs.

Good



Is the service responsive?

The service was responsive to meeting people`s needs.

People were supported to participate in a range of activities both in the home and within their local community.

People`s care plan records were kept under review and there was good partnership working with a range of healthcare professionals.

Good



Is the service well-led?

The service was not always well led.

Although the registered manager had a range of systems in place to monitor the quality of the services they provided, these were not always effective.

Requires Improvement



Summary of findings

Some of the care practises within the home were not for the benefit of the people who lived in Craigneil. The staffing levels within the home and the deployment of the staff team was not effectively monitored and managed.

Some staff did not feel supported with their personal development opportunities, and staff were not supported to take breaks away from their caring role.

There were some good use of newsletters and surveys in place.

Craigneil 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 checked 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.

We inspected Craigneil on 23 October 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be inspecting the home.

The inspection team consisted of a lead adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what it does well and the improvements they plan to make. The provider did not return the PIR and we took this into account when we made the judgments in this report.

We contacted Lancashire County Council Commissioning Team, in order to ask their opinion of the service. There were no concerns reported to us regarding this service.

We also reviewed the information we held about the home such as statutory notifications, safeguarding information and any comments and concerns. We looked at previous inspection reports. This guided us to what areas we would focus on as part of our inspection at Craigneil.

During this inspection we used a method called 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. This involved observing staff interactions with the people in their care.

We spoke with seven people who lived in the home, the registered manager, four members of the staff team, and three relatives. We also looked at a range of records which included people's care plan records and risk assessments.

Is the service safe?

Our findings

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We arrived at the home during the breakfast period. This was a busy period of the day. We saw there were two staff on duty providing care and support for 14 people. One member of staff was designated to support people to take their morning medications. This meant there was only one member of staff available to support people with their needs.

We observed staff were responsible for preparing breakfast as the cook did not start duty until 10 am on weekdays. We were told at weekends there was no cook on duty. At weekends the registered manager employed an extra member of staff between 10am and 1pm.

The registered manager was not on duty when we arrived. She arrived later to support us with our inspection. She told us that usually Thursday was her day off. This meant she was not officially on the rota on the day of our inspection to provide support. The registered manager or a senior member of staff was available via an on call system should staff require advice or support.

Following the lunchtime period the two staff on duty took their lunch break together. Although the staff on duty were very caring, we saw they were regularly interrupted during their break time. We noted the registered manager was available during this period to provide assistance.

We spoke with relatives regarding the staffing levels in the home. One relative told us, "I think there is never enough staff."

Although one member of staff us they felt there were sufficient staff to meet the needs of people, this was not consistent with what we observed. One member of staff told us, "I really enjoy working in the evening because there is more time to get to know the residents when you are putting them to bed. Things are so busy during the day there is never really time". This showed us there were not always sufficient staff on duty to meet the assessed needs of people.

We found the provider had breached Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The staffing levels in the home were not sufficient to meet the assessed needs of people.

We checked to see how the home supported people to take their medicines safely. We saw the management and administration of medicines in the home was safe. Our discussions with the designated staff member on duty confirmed they had a good knowledge and understanding of this role. They had undertaken relevant training.

However during the administration of medicines at both breakfast time and lunchtime we observed there was a firm expectation that people should remain seated at the dining table until they had received their medicines. Some people did in fact leave their table when they had finished in order to ensure they had the first choice of a favourite seat. This caused unease amongst other people who remained compliant. We saw on occasions people were actively discouraged from moving away from the table until medicines had been administered. This was uncomfortable to observe, because it denied people their freedom and choice within their own home. This practice also resulted in prolonging the length of mealtimes.

When we spoke with the staff member administering the medicines, we were told that this practice is the policy of the home. We were told that if people moved away from the table it would take longer to find people and administer medicines. This showed us that there were not enough of staff on duty to meet the needs of the people living in the home. We also found that some of the care and support provided by the home was not based around people`s individual personal care needs.

We discussed our concerns regarding this practice with the registered manager. She acknowledged our concerns and told us she would review this practice.

People who lived at Craigneil were encouraged to help to prepare their own breakfast. We observed some people accessed the kitchen during breakfast to make toast and drinks. Two people helped to lay tables, stack used crockery on trays and wipe placemats following meals. This helped people to maintain a level of independence within their home. There were risks assessments in place. This meant the risks posed to people were being effectively managed.

Is the service safe?

The service had safeguarding procedures in place for dealing with allegations of abuse. Our records indicated there had not been any safeguarding concerns reported since the last inspection. It was evident from the previous inspection report that staff used effective de-escalation techniques when people living at Craigneil became stressed, agitated or aggressive.

Relatives and people we spoke with felt they were safe living at Craigneil. One relative told us, "I like the staff here and think they are coping. I like the manager; she tries her best and is very approachable. I feel my relative is safe". A second person commented "The staff are extremely caring. My balance is poor and I need support to use the stair lift. My daughter made a good choice when she chose this home. I feel very safe and comfortable here".

Staff we spoke with showed us they had a good understanding of their responsibilities to report any safeguarding concerns they may witness or suspect. Staff were able to explain what signs they would look for when people may not be able to express or articulate their concerns to staff.

However we read of a recent incident that should have been reported to the local safeguarding authority. This meant people were not always being protected against the risks of harm or abuse.

We asked the registered manager to report this to the local safeguarding authority. A safeguarding report was made by the registered manager as requested following the inspection. Staff were aware of the home's 'Whistle Blowing' policy. This means staff are supported to report any poor practice they may witness.

When we arrived at the home to undertake our inspection we observed one of the care staff did not wear a uniform. This showed us staff were not supported to wear protective clothing. When the registered manager arrived, she arranged for a uniform to be available. The registered manager assured us in future the staff member would have a uniform to wear when on duty.

We spoke with the cleaner and other staff in the home regarding infection control and hygiene in the home. Our discussions confirmed staff were aware of what actions to take to promote good standards of hygiene. Staff presented as very conscientious and showed a level of pride in their work.

The registered manager had a safe recruitment system in place. This was evidenced when we looked at a sample of staff files. We read that pre-employment checks took place and staff were supported through an induction period. Staff we spoke with confirmed they were supported through an induction period.

Is the service effective?

Our findings

We observed the care and support provided for people to eat and drink safely. During lunchtime we saw the care and support for people needed improvement. There was limited evidence of social interaction between staff and the people they supported during their meal.

The role of the two staff on duty was focused on serving and clearing pots, with occasional words of encouragement as they passed by. We did not see staff sit and encourage people to eat and drink. We observed that staff were under pressure, because one of them was required to administer the lunchtime medication. The registered manager was providing assistance and observing people. However the registered manager had not planned to be on duty that day and had arranged to work in the home to support the inspection.

Although three people told us the food was good and always enjoyable, this was not consistent with our observations. Only three residents ate the lunch and we observed that only two people were offered a sandwich as an alternative. This offer was not made to the other people, and this was of a particular concern for those who may be unable to express a choice or opinion. This meant that we observed people were not supported to receive adequate nutrition.

Lunch consisted of spaghetti carbonara with garlic bread. This was served plated to everyone with no choice of portion size offered. Other comments from those who could express an opinion to us were extremely negative; not only about this meal but the food in general. One person told us, "Why on earth do they do it? I think they are cutting down. I should have gone out and got some sandwiches. Up the road they are beautiful sandwiches." A second person commented, "It`s one of the worst meals I have had". We observed lunchtime was not a pleasant experience for people who used the service.

We spoke with the cook, who told us everything was home cooked on the premises. Menus were prepared over a four week period. The main meal was provided at lunch time and the cook prepared the evening meal before they finish duty at 1pm.

Menu choices for the day were made at breakfast. We saw people were encouraged to make a choice of their meals for the day. Lunch for that particular day was going to be a

"surprise". However this system did not support people to make informed decisions. We found for those people who experienced difficulties with their memory recollection, or in expressing their preferences; the choices on offer did not support people to participate in a meaningful way.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

The care planning system did support regular weight monitoring. We spoke with one staff member who showed us they had an understanding of the needs of people regarding improving their hydration. Staff were also aware of how to contact specialist advice should they have any concerns. Although staff were knowledgeable in this area this was not consistent with the way we observed people being supported.

The premises had been adapted to meet the needs of the people who lived in the home. The home was currently undergoing refurbishment. There were new decorations and carpets to some areas of the home. The provider had also installed two new heating boilers. This meant there was a contingency in place in the event of one system not working. The home felt warm and adequately ventilated during our inspection.

Some areas of the home however appeared to be worn and in need of improvement. We observed the wooden sill by the kitchen window was rotten. The front door was also worn. The registered manager advised that re-decoration was on-going and the front door would be repainted when the weather permitted. It was also apparent that the testing of the electrical system was a week overdue. The registered manager assured us she had made arrangements for this to take place. Although monthly environmental checks took place, the last one in October 2014 had failed to remedy this omission.

One staff member explained to us how they carried out daily fire checks to ensure the home was free of obstacles in the event of an emergency evacuation being required.

We saw good use of resources available in people`s bed rooms to aid their memory and independence. There were prompt boards, large faced clocks, and a talking calendar. Staff prepared scrap books to assist people with recalling information and events that were important to them.

Is the service effective?

People's bedrooms were decorated with a range of personal effects, photographs and possessions. There was the use of photographs on people's bedroom doors to assist them with orientation within their home. One person had brought their piano to the home. The registered manager told us people had been encouraged to choose wallpaper and carpets. This helped to create a homely environment for people to live in.

Staff had undertaken a range of training courses as well as nationally recognised qualifications (NVQ's). Training included the safe handling of medication, Dementia Awareness, Nutrition and Health, Moving and Handling, Safeguarding and Infection Control. However we found access to staff training courses was not consistently managed. Some staff had not accessed training courses to assist them in their role. The cook had not attended a food hygiene course and another staff member had not attended a food hygiene course. When we looked at staff files, we found one staff member's file was either missing or they did not have one. This meant we were unable to confirm what access to training this staff member had attended. When we asked to look at the staff training matrix the registered manager told us the one she had was not up to date. She told us she intended to complete an up to date matrix. We requested the registered manager send us a copy for our monitoring purposes.

In the three files we looked at we saw evidence staff had received supervision meetings to support them with their personal development. The registered manager told us she had planned to implement a staff appraisal system. As part of this initiation, she showed us records of staff surveys recently undertaken. This included feedback to the registered manager, as well as supporting staff to

contribute their ideas. This showed us staff were supported to influence the way the home cared for people. One of the suggestions we read was for more staff meetings, to enable staff to provide improved consistency of care for people.

Staff we spoke with clearly enjoyed working as part of the team at the home. One member of staff told us, "I think the training is fabulous, she's [registered manager] is up on it." A second member of staff told us, "I do really enjoy it. I do understand care plans and I feel I can discuss my ideas." However we observed staff were not supported to take their breaks away from their caring role. Although staff we spoke with showed they were very caring, and enjoyed their work, it was evident from our discussions that staff could find aspects of their work stressful.

We saw there were a range of good communication systems within the home that staff were familiar with. This included a daily handover meeting, and a message book. This showed us staff were supported to keep up to date regarding any changes and in the needs of people they supported.

The registered manager was not up to date with the policies and guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). The MCA and DoLs provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager to check their understanding of this legal process. Although she was aware of the legislation and some recent changes, she was unable to explain how this could affect the people she cared for. There were restrictions upon people's freedom within the home such as key pads on doors. This meant that the legal framework in place to ensure such restrictions are in the best interests of people had not been implemented.

Is the service caring?

Our findings

People we spoke with and their relatives consistently spoke highly of the staff team. One person told us that staff were kind and compassionate and they were treated with respect. A second person added, "If there is a problem, staff will sort it out". People told us the home supported them with their care needs. One person commented, "The manager personally took me for a medical appointment which meant that I didn't need to wait for my daughter to come."

Relatives present during the inspection indicated that they could visit without restriction except during meal times. One relative told us that although their loved one had only been living in the home for a short time, they were impressed by the caring attitude of the manager and staff. They commented, "No restrictions on visiting, everyone is welcome". A second relative reported positively, "The manager is very helpful and on the ball. She arranged a doctor's appointment off her own bat". This showed us staff were caring towards people living in the home.

We met one person who had some significant caring needs who had recently moved into the home. The registered manager had liaised with local healthcare professionals in order to explore ways of making improvements with the management of their condition. This was to good effect as it was reported that there had been some initial significant improvements made for this person.

All staff we met and spoke with including the registered manager showed us they were caring and had good knowledge of the people they supported. Staff showed us they had a good understanding of people's life history and people's preferences. We saw staff had developed close working relationships with people. People's bedrooms reflected people's individual tastes and preferences. We observed staff treat people with respect. When staff showed us around the home, staff knocked on people's doors before entering their rooms. When staff discussed people's care needs with us, they spoke in ways that upheld their dignity. We observed when staff supported people with personal care that they ensured they promoted their privacy and dignity.

Although we observed staff to be caring, at times we observed staff were under pressure with conflicting demands made upon them due to the staffing levels within the home.

The registered manager told us her staff had received training in advanced care planning. This means that staff support people and their families to discuss their wishes for their care towards the end of their life. The staff then incorporate people's wishes into their care plan. This information assists staff to ensure they provide the appropriate support. Advanced care planning can provide people with peace of mind and reassure families that support systems are in place. The registered manager advised us one of her staff takes a lead in this area of care. Although this staff member was not on duty during our inspection, we were told that she supports staff to develop advanced care planning. Some people had been supported to make advanced care plans. The care plan records we reviewed showed us there was a system in place to support people with their end of life care wishes.

We asked the registered manager about ways they could support people who may not have any relatives. The registered manager showed us an information board with the contact details of the local advocacy services. Advocates can assist people who use services in relation to making choices and decisions or raising any concerns they may have. This is particularly important for those people who are not able to express their wishes. This showed us the home had a range of systems available to support people to access these services.

During the inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helped us to assess and understand whether people who used the service were receiving the level of care that met their individual needs. We spent time in the lounge and dining area for short observational timeframes. During this time some people were able to occupy themselves independently. We saw one person completing a word search and another person using their mobile telephone. During this period staff were taking their break together. Although our observations showed us there were concerns regarding the staffing levels, we did observe staff try to be attentive and caring towards people.

Is the service responsive?

Our findings

People were supported to receive care and support that was responsive to their needs.

In care plan records we reviewed we saw good evidence of staff working with a range of healthcare professionals. We found documentary evidence that showed how the registered manager had worked closely with the community mental health team. The outcome of this involvement was that additional staff support was offered for one of the people living at the home by the community team. Although this support had been declined by the individual concerned this showed us the home was working effectively to achieve positive health outcomes for people. We saw regular reviews and assessments had taken place in order to support people.

We saw good use of prompts and resources available in the home to help orientate people and promote their independence. Individual members of staff had a key worker role. This meant staff spent time with individual people to ensure their care plan reflected their needs and wishes and liaise with their family if required. Staff we spoke with showed a good insight into the needs of people they supported.

People were offered a range of social activities each afternoon delivering a combination of occasional visits from external entertainers and activities organised by staff. We saw that there was a planned programme of activities available for people. These included: films, quiz, reminiscing, darts, manicures, music and movement, sing along, leg and foot massage, hoopla, cards, board games, hand massage, bingo and beauty sessions.

In addition to this people were encouraged to participate in community activities. One person had attended a luncheon club. Records were maintained indicating what activities people had participated in.

One person told us that they had appreciated a visit from a musical group the previous day; who organised a singsong with everyone. They added, "It was good to sing the old songs"

Although a second person did not appreciate the music group, for those who did not want to participate could either go to the quiet lounge or use their bedroom. A third person told us how much they had really enjoyed being taken out. We were told there had been a recent trip for four people to the café in a local supermarket.

The registered manager undertook to meet with people on a regular basis. Following a recent meeting she had produced a monthly newsletter. We reviewed a copy of the October 2014 newsletter and read that people were encouraged to raise concerns and reminded how to make any formal complaints they may have. People were encouraged to feel involved in the running of their home, and we read of a suggestion to improve access to chiropody care. We also noted that people were reminded to be courteous towards one another, as there had been some conflict regarding the seating arrangements in the home.

Comments we received from one relative stated, "I am quite happy since my relative has been here. I can raise concerns." Some people we spoke with had a general vagueness regarding how they could raise concerns and complaints. The registered manager had allocated named members of staff to encourage people to feel they could speak with should they have any concerns.

Is the service well-led?

Our findings

We found the service was not always well led by the registered manager. There were systems in place to monitor and improve the quality of the service provided; however these were not always effective.

We identified a number of shortcomings during this inspection which had not been identified by the audits carried out by the registered manager. We found the staffing levels and some of the practises within the home were not always there for the benefit of the people who lived in Craigneil. The administration of medicines curtailed the freedom of movement and liberty for the people who lived in the home. There were shortcomings in the areas of food and nutritional support for people.

The registered manager was not up to date in regard to her legal responsibilities regarding the Mental Capacity Act. Not all staff had access to training and support. Staff were not supported to take breaks away from their caring role. This had the potential to create undue stress for staff and could impact upon the quality of the care provided.

Although the registered manager was aware their electrical certificate had become obsolete, she had not taken steps to ensure the contractors had undertaken the tests in a timely way. This meant that people did not benefit from a well-managed service.

This is a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The registered manager told us she was aware of her responsibility to submit statutory notifications to the Commission regarding certain events that may take place within the home. This information assists the Commission with their on-going monitoring of services. Since the last inspection there had not been any notifications submitted to the Commission. However during the inspection we became aware of an incident within the home that had taken place in January 2014. The registered manager should have notified us. We asked the registered manager to submit a notification regarding this incident to the Commission. We also noted there had been a recent incident in the home that should have been reported externally to the appropriate authorities under safeguarding procedures. We requested the registered manager report this incident to the local safeguarding authority. A safeguarding report was made by the registered as requested following this inspection.

We did note some good practice within the home. It was evident during our inspection that the registered manager and her team were working in partnership with a range of healthcare professionals to meet people`s needs. We saw evidence of good use of local community links, to support people to feel part of their local community.

We received many positive comments from relatives and some people who lived at the home. People told us they felt they were supported by caring staff.

Surveys and newsletters were undertaken. We read evidence of a recent resident meeting taking place. This showed us the registered manager encouraged people to be involved in the way the service was provided. There was a suggestion box in the hallway and information available regarding advocacy services.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The registered person had not ensured that support was provided where necessary to enable people to eat and drink sufficient amounts for their needs. There was a lack of choice and support available to meet some service users` needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to monitor the quality of service delivery.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not taken appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.