

JK Healthcare Limited

Weald Hall Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 08 March 2016 and was unannounced. Weald Hall Residential Home is registered to provide accommodation and personal care for up to 39 older people. The service mainly provides care to people living with dementia. There were a total of 38 people using the service at the time of the inspection.

Weald Hall was inspected in January 2015 and was rated inadequate. A further inspection was undertaken in July 2015 and as the service was rated as inadequate it was placed in special measures. We undertook a responsive inspection in October 2015 to follow up on a number of the requirements that we had made. At our inspection in October 2015 we continued to have concerns about the governance and the levels of oversight and placed a condition on the provider's registration requiring them to undertake more comprehensive audits and to provide regular updates to the Care Quality Commission (CQC). At this follow up inspection we found some improvements however, there were continued concerns about leadership and a failure to ensure that people were protected from risks.

The service did not have a registered manager, although an acting manager was in post. We had not received an application for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Provider had systems in place to ensure that the staff they recruited were properly vetted. Staffing levels were adequate although staff were busy and task orientated in their approach towards people who used the service. Staff did not always recognise some incidents as safeguarding although they knew what the reporting mechanism were.

Risks were not always managed in a proactive way. Medicines were appropriately stored but staff were not always administering in line with how they were prescribed.

Staff were trained but did not always put their training into practice and therefore the training was not effective. We observed examples of poor practice in relation to infection control and safe moving and handling.

Relationships between people living in the service and staff were positive. Staff were caring and kind. There were some activities in place which people enjoyed. While most staff knew people well, the care planning process did not promote personalised, quality care. We observed that people did not look well-groomed and we were not confident that people's needs were met in an individualised way.

The provider was visible and staff told us that they were well supported. The concerns which were identified at this inspection however had not been identified by the registered person through the auditing process.

We had concerns about the care of individuals whose needs were more complex and we were not confident that the homes management had the knowledge to meet these individuals' needs or recognised some care practices as poor or outdated.

We found that there were a number of breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we have told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Requires Improvement'. However, the service remains in 'Special Measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in Special Measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Staff were able to outline the actions that they should take to protect people but they did not always recognise some incidents as safeguarding.

Risks were not consistently identified and managed. .

Staffing levels were adequate

The systems in place to oversee and manage medicines did not work effectively

Infection control procedures were not always implemented in a way that provided protection to people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received training but best practice was not always implemented.

Staff have demonstrated an understanding of consent but the arrangements in place for Do not Attempt Cardiopulmonary Resuscitation (DNACPR) were not clear.

The arrangements in place to support people with food and fluids had been strengthened and were working more effectively.

People had access to healthcare. However, the absence of clear care planning in relation to meet people's assessed health needs meant that people were at risk of not having their health care needs met in a consistent way.

Is the service caring?

Requires Improvement ●

The service was not always caring

Staff were caring and had good relationships with the people they were supporting.

Care delivery was task focused, and did not always meet individual needs.

People were not always treated with dignity and respect

Is the service responsive?

The service was not consistently responsive

Care plans were not sufficiently detailed and delivery of care and support was not always personalised

People enjoyed the activities on offer.

There were systems in place to respond to concerns and complaints but there were no complaints logged.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The culture of the service was open and staff told us that they were supported by the provider.

There were gaps in clinical knowledge and their ability to meet the needs of individuals with more complex needs.

The provider's governance systems did not ensure that poor practices were being identified and actions taken to address concerns.

Requires Improvement ●

Weald Hall 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 took place on the 08 March 2016 and it was unannounced. The inspection team consisted of two inspectors, one Specialist Professional Advisors (SPA) 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.

Prior to the inspection we reviewed the information we held about the service.

As a number of people who lived in the service had dementia we used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people, two visitors, and one healthcare professional. We spoke with six care staff and the acting manager. We looked at three staff records; peoples care records, staffing rotas and records relating to how the safety and quality of the service was being monitored.

Is the service safe?

Our findings

At the last comprehensive inspection in July 2015 we found the provider was not meeting the requirements of the law in the management of people's medicines. We formally notified the provider of our escalating concerns. We asked the provider to send us their action plan detailing how they would address the shortfalls we identified.

At this inspection we were not assured that sufficient action had been taken by the provider and continued to have concerns about how medication was managed.

We audited people's medicines and found discrepancies which indicated people had not been administered medicines which had been signed for on their medicines administration record (MAR). We counted 11 boxes of tablets, out of these, four contained the incorrect number, and the acting manager told us that she regularly audited medication but these had not identified the shortfalls found. Where people had been prescribed 'as needed' medication (PRN) such as pain relief or medicines to aid their sleep, guidance was not available to staff to determine when to use these medicines. For example, where people were unable to communicate verbally that they were in pain, or anxious, there was no personalised guidance provided to guide staff when to use these medications.

We checked the controlled medicines held at the service and found the controlled drugs register to be falling apart. The acting manager told us she had ordered a new register. We checked several controlled drug medicines and all balanced. However we found two oral controlled medicines which had not been booked in, both bottles did not have a clear opening date recorded. We also found that appropriate checks by the manager on controlled medication had not been carried out

Creams and lotions had not been administered to individuals as prescribed. There was a lack of consistency. For example one individual was prescribed three different types of topical creams but there was no guidance for staff on the MAR outlining where on the body the medicine should be administered. There were some records to show that creams were being administered on an ad hoc basis but there was no regular use of a cream type as prescribed and none were recorded as having been administered over the week previous to the inspection.

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

At our previous inspection in July 2015 we found that the provider was not meeting the requirements of the law as people were not protected from risks associated with the safe use of equipment used to deliver care. At this inspection we found that staff were more confident in their use of the moving and handling equipment but continued to have concerns about how they supported people to mobilise. We observed a number of people being mobilised using a hoist and staff knew where and how to attach the loops to the hoist and transfer people safely. However moving and handling risk assessments were not always up to date or followed by staff. We observed staff transferring one individual using a hoist but when we looked at

this individuals care plan we saw that they had not been assessed for this equipment. People were not always moved in a way that promoted their independence and safety. We observed a member of staff supporting an individual to move from a wheelchair to a chair. The individual had a weakness on their left side but the member of staff placed the wheelchair in a position which meant that the individual had to move this side rather than the stronger right side. The individual was very un-steady and at high risk of falling. At the last inspection we expressed concerns about an individual being moved using a stand aid who was not able to weight bear. At this inspection we observed a similar issue, an individual was moved who had a weakness on one side and was not able to hold on to the equipment placing them at risk.

We continued to have concerns about how risks to individuals with more complex needs were managed. The service used a range of assessment screening tools to identify individuals at risk but these were not effectively managed. For example waterlow risk assessments were undertaken to identify those at risk of pressure damage to their skin. Where risks had been identified, specialist mattresses and cushions were in place to reduce the likelihood of damage to the skin. The settings of the pressure mattresses had been identified and repositioning charts were used to evidence that individuals at risk were being repositioned on a regular basis. However staff had not recognised that an individual had developed a grade three ulcer, but had described this person as having an area of "dry skin." The manager had in response made a referral to the district nurse but had not flagged up the severity of the pressure sore and the need for immediate attention. We brought this to the district nurses attention who arranged for the wound to be dressed immediately.

The Malnourishment Universal Screening Tool (MUST) was used to identify individuals at risk of malnourishment but this had not been fully completed and the system was not well understood by staff. This meant that individuals who were at risk of malnourishment may not be identified promptly. We saw that some individuals who were identified as being risk were being weighed fortnightly but we noted that one individual had lost 5kg in a short period and there was no actions noted in response to safeguard this person from further weight loss and neither any referral for specialist advice and support.

At the last inspection in October 2015 we identified that individuals in bed were not having their weight monitored. This had not changed and we were not assured at this inspection that the provider had taken action to protect people against the risks of receiving care that was inappropriate or unsafe.

People at risk of falls were identified and we saw that falls diaries were in use to enable staff to identify patterns. We saw that body maps were completed following a fall and staff told us that individuals were monitored closely for five days to ensure no further injuries.

Environmental risks were generally well managed although we did find a door at the top of steep flight of concrete stairs open. The manager told us that the residents often push the green emergency access button as they walk by and it has to be reset. However no alarm was sounding and we expressed concern that this placed people at risk of falling down the stairs. The provider assured us that this was a one off and told us that the door has been repaired. We saw that the fire officer had visited within the last year and a range of checks were undertaken on the fire safety equipment. A certificate was in place to evidence that the risks associated with legionella were being managed. We saw that moving and handling equipment had been checked to ensure that it was safe to use.

At our previous inspection in July 2015 we found that the provider was not meeting the requirements of the law as they did not always ensure that care was provided in a safe way as infection control procedures were not followed by staff. At this inspection we found that there continued shortfalls with a lack of implementation of infection control procedures. There was a strong unpleasant odour on entering the

service and we observed two staff providing personal care without the use of protective aprons. Bedding which we were told was clean was placed on the floor. Staff were not using appropriate disposal bags to store soiled items such as incontinence pads.

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

At our last inspection we found shortfalls in the level of staffing and while they were adequate on the day of this inspection we were not confident that they were consistently maintained at this level. One person said, "There's not enough staff. It's understaffed. Some weekends, evenings, people are undressed and into bed by 7.30. Some blokes don't want to go to bed that early." Another person I said, "They're very short-staffed. I have to wait to be moved."

We looked at the staffing rota and saw that the service generally operated with five carers and a senior carer; however there were occasions, usually at weekends when the numbers of care staff had dropped to four care staff.

Staff told us that there was generally sufficient number of staff to meet people's needs but they, "could be short staffed sometimes." One staff member told us, "If everything runs normally things are good, we gel well as a team." Staff told us that senior staff help if there were last minute staff shortages, or agency staff are used. We were told by the provider that the service was gradually reducing the levels of dependency and that dependency tools were in use. However we noted that one of the individuals who had recently been admitted had significant and complex needs.

Our observations were that there were sufficient staff on duty on the day of our visit, although we observed that some staff came on duty mid-morning, one of whom told us that they had been off sick. Staff were observed responding to call bells promptly. On the day of our visit the manager supported staff by administering medication.

We looked at the recruitment of staff and saw that they followed safe practices. We viewed the records for three staff and saw that these detailed that all checks had been completed before the staff had begun working at the service. This included ID checks, two references and a check from the disclosure and barring service to show that they were not barred from working with adults in social care

People told us that they felt safe. Staff told us that they had undertaken training on abuse and demonstrated an understanding of what constituted abuse. They told us that they would tell the manager or provider if they had any concerns. A member of staff told us they would have no hesitation in raising a concern and they were certain that appropriate action would be taken. However we saw that staff did not always recognise incidents as safeguarding, so for example one individual had been assaulted by another but this had not been reported to the local safeguarding authority for investigation.

Is the service effective?

Our findings

A number of new staff have been recruited since the last inspection and we were told us that they were working towards the care certificate. This is a new framework for staff induction which enables staff to demonstrate their skills knowledge and competence. Staff were in the process of working through workbooks and told us that the training included safeguarding training, health and safety, manual handling and food hygiene. We spoke with a number of long serving staff and they told us that had undertaken training in a range of areas including dementia care and healthy eating. They told us that they received regular updates. There was also a training matrix in place which set out what training staff had completed. However this was not up to date and there were gaps in areas, where training in meeting the needs of the people they cared for such as diabetes care and catheter care had not been provided.

There was evidence of some competency assessments being undertaken to check on staffs understanding of what they had learned. However we could not see that this was being effectively implemented, as we observed inconsistent practice during the inspection. For example staff did not always demonstrate knowledge of best practice in the safe moving and handling of people from chairs to wheelchairs. People were placed at risk by poor moving and handling practice.

This is a Breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they were supported by each other and the homes management. They told us that new staff shadowed experienced staff. Newer members of staff told us that they could go to the manager or established members of staff for information and advice. One staff member told us, "I shadowed for 2-3 weeks and staff were supportive." Staff also received support through bi-monthly one-to-one supervisions. Records confirmed there was a clear structure for supporting and supervising staff.

CQC is required by law to monitor the operation of the Deprivation of liberty (DoLS) and the Mental Capacity Act 2005 (MCA) which provides legal safeguards for people who may be unable to make decisions about their care. At the last inspection we found that the principles of the MCA code of practice had not always been followed in assessment of people's mental capacity and in response to people whose freedom of movement may be restricted. At this inspection we found that staff had a gained a better understanding of obtaining consent and what "best interests" meant. We saw that there were records to show that some decisions had been made in individual's best interests where they had been assessed as lacking capacity. Staff were able to tell us how they supported people to make choices on a day to day basis such as choosing what they would like to eat and drink. A staff member told us, "I will offer people a choice either verbally or by using visual aids."

We saw that a number of individuals had a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) but there were no best interest decisions in place for people who lacked capacity. For example, we saw that for one individual there was a lack of evidence that they or a relative had been consulted about the decision not to undertake resuscitation. This information about who was subject to a DNACPR was not stored in a

consistent way which could mean that staff may not be able to locate them in an emergency. This is vital information that should be held in a central place and updated regularly or as soon as any changes occur.

We recommend that the service seek advice and guidance from a reputable source, about The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS) and how they can ensure that people's wishes are met.

We were told that applications had been made to the appropriate professionals for assessment when people who lacked capacity and needed constant supervision to keep them safe as required by the Deprivation of Liberty Safeguards (DOLS.)

At the responsive inspection in October 2015 we found that people were not being adequately supported to access nutrition and fluids. At this inspection we found that some improvements had been made and people told us that the food was good. One person told us the food was, "Very Tasty." We observed that people were offered regular snacks and were told that there was a drinks trolley provided in the evenings. The meals served at lunchtime looked appetising and we saw that there was little food waste. People did not have to wait unduly for their meal. We observed a member of staff assisting one person to eat and this was undertaken in an appropriately paced way. People were offered choices, one person for example were shown a variety of yoghurts to help them make a choice.

People were supported to access health care but the care planning documentation did not promote consistency of care.

We saw that referrals had been made to the GP and other health professionals. We spoke to one visiting health care professional and they told us that they visited regularly and did not have concerns about the service.

There were records on people's files to evidence that they had seen the chiropodist. Care plans however did not provide staff with clear guidance about how to support people's health needs. For example we looked at the records of one person with diabetes and while this was mentioned in the front page there was no guidance about how this should be managed and what staff should look out of. A second person who was diabetic had information printed off in the care plan about hypoglycaemia and hyperglycaemia but this was not personalised. We noted that another individual had been prescribed thickener and this was used by staff to thicken drinks. However there was no guidance for staff in the care plan about its use and how much should be used.

This is a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

At the last inspection in July 2015 we found that people were not always consistently well cared for. At this inspection we found some improvement but the practice was not consistently good.

Most people however spoke positively about the service and told us that they valued the good relationships they had with staff. One person told us, "I must admit the staff have been pretty good. They do their best with what they have." A relative said, "They seem quite nice and cheery when we came. They have a lot to do. They are all quite nice, they have a laugh. "

We found most staff were respectful and treated people in a caring way. However we observed a situation where staff demonstrated a lack of awareness in supporting and protecting an individual's privacy and dignity. Personal care was provided with the individual's bedroom door open and without any covering on the bed. Other interactions were more positive. For example, we saw one member of staff supporting a person to eat their meal independently, by prompting them. We observed the manager at breakfast administering medicines in a very supportive way by sitting with people and offering them a drink while they took their medicine. We observed staff stepping in quickly to diffuse an argument between residents and spoke in a calm and kindly manner to the individual who was distressed and guided them away to a different part of the room.

On the day of the inspection, staff were busy and there was a limited opportunity to spend sustained quality time with people with activities that were not task orientated. Staff were jolly and interacted with people in a warm way. We observed interactions between staff and individuals and the majority were kind and compassionate. We observed a member of staff crouching down to ensure that they had eye contact with the individual they were communicating with. Staff touched people gently and stoked them affectionately as they went past. When supporting people and asking their preferences, staff did so at an appropriate pace, giving people time to make their decisions and express their views. Staff were able to tell us about people's personalities and what they liked and didn't like. For Example one person did not like vegetables and staff were aware of that information.

We saw that people had opportunities to make their views known and the activity organiser held meetings in the lounges on a regular basis to ask people for their views on areas such as food and activities. These meetings were minuted and we also saw minutes of meetings with relatives. The last recorded meeting took place in January and relatives spoke positively about the, "different atmosphere "in the service.

Is the service responsive?

Our findings

At the comprehensive inspection in July 2014 we found the provider was not meeting the requirements of the law. Care plans were insufficiently detailed to guide staff in actions they should take to mitigate risks and meet people's care and treatment needs. This placed people at risk of unsafe care. At this inspection we found that the provider was in process of rewriting and updating care plans however some of the new care plans remained inadequately detailed. For example the support plans did not indicate the degree of incontinence or provide guidance about how people may wish their continence to be supported, such as, taking them to the toilet upon waking, prompting them to use the bathroom throughout the day or a plan to consider any other support required. We observed one individual sitting in soiled clothing for some hours and that staff did not use specific continence pads for specific individuals. Continence aids are individually assessed and failure to use the assessed item is detrimental to individuals skin and could lead to leakage around the pad

We looked at the care plan for a newly admitted resident and could not find information about the individual's preferences such as for bathing and how staff should support them with areas such as foot care. Another individual had an indwelling catheter but the care plan did not provide information to staff about how often the catheter bag should be changed. We asked a member of staff and were told that this was undertaken by staff every three or four days but there was no record of this being undertaken and there were no bags available in this individual's room. We noted that a number of people had hearing impairments and we could not see any care planning or records maintained of hearing aid care for example when hearing batteries should be and were last changed.

We looked at the records of baths and saw that some individuals received baths on a two to three weekly basis but we could not ascertain if this was their preference or if they had been offered a bath in the interim period. One person told us that they had to wait to have a bath, but "there's not enough staff, so I have a complete wash down instead." Some individuals looked well-groomed but this was not consistent for everyone. We observed one individual wearing items such as slippers which were very stained and some individuals had long nails, which were not always clean. We spoke to the manager about one individual who was unshaven and the manager agreed to support this individual in response to our concerns. Daily records were maintained but were not in sufficient detail to enable monitoring, so for example we noted that one individual had been calling out in pain as they could not open their bowels but no records had been maintained of bowel movements. Staff only recorded "pad changed." This meant that people were put at risk of developing unidentified health complications.

This was a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had some opportunities to follow their interests There was one activity co –ordinator and we saw that they had arranged activity sessions which included bingo, games and nail painting. The provider told us that the activity organiser organised both group and one to one activities for those individuals who did not want to join in with a group. We were told that external entertainment acts were booked each month. No

outings were provided but people had opportunity to access the garden.

At the last comprehensive inspection in July 2015 we found that the registered person did not have an effective system for the management of complaints which was a Breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people expressed greater confidence in the system although we did not see that any complaints had been formally recorded as received or investigated. One resident said "There's very little to complain about." Another person told us that they raised any concerns with a relative. The complaints procedure was clear and referred to the role of the local Government Ombudsman.

Is the service well-led?

Our findings

At the last three inspections we found significant shortfalls in the leadership of the service. This related to a lack of good governance as the leadership was not proactive and there were limited processes in place to assess and monitor the quality of the service. In response to our concerns we required the provider to provide us with action plans setting out how they intended to address the shortfalls. We placed a condition on the provider's registration requiring them to provide us with monthly reports to demonstrate that checks were being undertaken on the quality and safety of the service. The action plan and monthly reports have been received as required. The monthly reports have been very positive focusing on changes in the service and the impact on people living there.

We carried out this inspection to check that the provider had made the improvements they told us they would make in meeting the requirements of the law. Whilst we acknowledge that some improvements have been made and audits are now being undertaken, the findings at this inspection would indicate that the reports that have been sent to us have been over optimistic. For example at the last three inspections we expressed concerns about moving and handling practice, the provider has provided us with assurances that practice has improved but we have continued to find shortfalls at this inspection. We concluded that while training had been undertaken, the homes management had not adequately managed the staff to ensure they were delivering care in line with good practice. Similarly with medication and care planning, we have been told that audits have been undertaken, but they have failed to identify the shortfalls that we found at this inspection. People with more complex needs were at risk of poor care. For example we found that people weight was not always being monitored and the systems in place to identify and manage skin damage were not working effectively.

There is currently no registered manager although the existing Deputy Manager was acting as manager. A new Deputy Manager had not been recruited and therefore the management of the service was not operating at full capacity.

The leadership of this service did not recognise some practice as poor and therefore the audits have not identified or fully addressed the issues. This has impacted on our confidence in the leadership of the service and their ability to ensure that people are well cared for.

This is a continued Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the issues identified staff were motivated and morale was good. Staff were positive about the staff team and the support they received from the homes management. They told us they enjoyed their work and people appeared comfortable with staff. One member of staff said, "They want us to be the best I can be... things are getting better and better.....the provider encourages us to be open." We saw that regular staff meetings were held which were well attended and staff told us that they felt listened to. The provider told us that a new administrator had been appointed and it was planned that this would enable the acting manager to spend more time with staff observing and directing practice. This however did not happen on the day of

our inspection as the manager was acting as a senior and administering medication.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use this service did not always receive care which was appropriate, person centred and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use this service and others were not protected against the risks associated with unsafe care as the registered provider was not doing all that was reasonably practicable to mitigate risks 12(b)12(h) People who use this service were not protected by the systems in place to manage medicines 12(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements were not working effectively and driving improvement
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use this service were not supported by staff who were sufficiently skilled to carry out their role

