

# iMap Centre Limited

# Church Lane

## Inspection report

20 Church Lane  
Weaverham  
Northwich  
Cheshire  
CW8 3NN

Date of inspection visit:  
19 April 2016  
21 April 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The first day of the inspection was announced and took place on the 19 April 2016. A second day of inspection took place on the 21 April 2016 and was unannounced.

Church Lane is a service that provides support to people living with autism and or a learning disability, the service is registered to accommodate up to two people.

The service has a registered manager. 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.

We found that whilst some aspects of the care and support were satisfactory, there were areas which required improvement and did not meet the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Not all accidents and incidents were recorded in the accident book and so issues not always investigated. This meant that themes and trends may not be highlighted and the likelihood of further events and risk reduced. Risk assessments were not in place to direct staff in managing specific health conditions that affected the health and welfare of those at the service such as skin integrity and the management of constipation. These were breaches of Regulation 12 of the Health and Social Care Act 2008.

The registered provider had made changes to the management structure in an attempt to improve on staff support, career progression and retention. Feedback about the effectiveness of the new structure from relatives and staff was mixed.

Quality assurance systems were in place to monitor the quality and safety of service by both the registered manager and the registered provider but these were not fully effective in highlighting and resolving issues.

Information around people's care needs was not stored securely to ensure that people's confidentiality was being maintained.

These were breaches of Regulation 17 of the Health and Social Care Act 2008.

Staff spoken with had an understanding around how to incorporate the basic principles of the Mental Capacity Act 2005 into their day-to-day practice. However, this was not evident in their recording and they did not carry out an assessment of a person's mental capacity to make a decision. This meant that they did not evidence where they were acting in person's best interest. We made a recommendation that the service review their decision making records to ensure they comply with the Mental Capacity Act 2005 and its code

of practice.

Staff had undertaken training around the deprivation of liberty safeguards (DoLS). DoLS had been appropriately to the local authority for the people who needed them which meant that people's liberties and rights were being protected

Although matters had been investigated, the comments and complaints records held at the service and by the registered provider did not reflect these. Therefore there was not an accurate record in regards to complaints made about the service. We made a recommendation that the registered provider ensure that their records are kept up to date in line with their own complaints policy .

Staff had a good understanding around people's care needs and demonstrated knowledge of the strengths of those that they supported. Care records contained information about the person that should enable staff to understand their preferences and support needs. However, not all of a person's support needs were clearly indicated.

People were supported to engage in activities, such as going for walk in the morning, swimming or watching their favourite television programs. Relatives were not always confident that people had the opportunity to engage in activities as recorded in their care plan or that new opportunities were explored

Medication records (MAR) were in place and kept up-to-date. The MARs showed that people were supported to take their medication as prescribed. Improvements were required to the recording of creams. It is important that staff know where and how creams should be applied to ensure people are given the correct treatment.

People's relatives told us that they felt the service was safe. Staff had received training around safeguarding people from harm. Staff were aware of how to report any concerns they may have. There were sufficient numbers of staff in place and recruitment processes were robust enough to ensure people's safety. Staff treated people with kindness and people's privacy was maintained, for example, during personal care interventions

People were supported to access support from external health and social care professionals when required which helped ensure that people remained healthy.

There was a feedback process in place for people who used the service. The registered provider had engaged with relative and staff over some of the changes to the service via meetings and questionnaires.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not completely safe.

The risks associated with health conditions were not documented and so people may not receive the oversight required. Accidents and incidents were not always appropriately recorded.

People said they felt safe and staff knew how to recognise and report any safeguarding concerns. Medicines were administered in line with the prescriber's instructions.

People were supported by staff that had been deemed of suitable character to work within the social care.

### Is the service effective?

**Good** 

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and the implications of this upon their day to day work. However, there was not always an assessment of a person's mental capacity and ability in decision making. People were protected with the application of the Deprivation of Liberty safeguards.

Staff received supervision, appraisal and training intended to support them in their roles.

Staff supported people to help them meet their dietary and health needs.

### Is the service caring?

**Requires Improvement** 

The service was not always caring.

Records were not kept securely which meant that confidentiality was not always maintained.

Staff were aware of how to promote people's dignity and privacy

People appeared to be comfortable in the presence of staff that were caring in their approach.

### Is the service responsive?

The service was not fully responsive

There was a complaints procedure in place but concerns were not always logged in line with the registered provider policy.

Most of the time, people received their support from staff who knew them well.

Care plans contained information to help staff provide communicate with people. Records did not contain all the information required for staff to provide consistent and individualised care. People were encouraged to be independent as far as they were able.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

There was a registered manager in place. There were mixed views about the effectiveness of the management team and changes that had recently been made.

There was a quality assurance system in place with oversight of the service from the registered manager or the registered provider. However, this was not fully effective in identifying and addressing issues. The views of staff, relatives and people who used the service had not been sought.

CQC were notified of concerns in line with our policies.

**Requires Improvement** ●

# Church Lane

## **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.

The inspection team consisted of an adult social care inspector. The inspection took place over two days on the 19 and 21 March 2016, the second day was unannounced.

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 the service does well and improvements they plan to make. This was returned within the given timescale.

We also contacted the commissioners of the service and the local authority safeguarding unit who informed us that there were no current concerns about the service.

We observed the care and support to the people who used the service and spoke with their relatives during and following the inspection. We also viewed two people's records relating to their care, support and medication. We were able to speak with eight staff during the course of the inspection.

We looked for a variety of records which related to the management of the service such as policies, recruitment, staff and training. We also met with the registered provider to clarify information and to provide further feedback.

# Is the service safe?

## Our findings

People were relaxed and comfortable in the presence of staff which indicated that people felt safe. Relatives commented that people were, "Safe with the people that know them well" but that "We worry a bit when staff less familiar with my relative are there" and that, "People are kept as safe as possible" within the service.

We saw that a record book of accidents and incidents was kept, but that this was incomplete. Staff were aware of what should be reported but told us that "Not all staff are as diligent as others in recording significant events that occurred during the course of a shift". Incidents were recorded in a variety of places: person's daily records, accident book and a staff handover record. We found that the information in these records did not always match. For example: the handover record stated that the medicines cabinet had been left open one night: this was a potential risk but had not been logged as an incident. The registered manager was not aware that this had occurred and therefore an investigation had not taken place. An entry in the accident book stated that a person had fallen to the floor and hit their head but their daily record indicated they had been observed as, "Relaxed, calm and happy with no problems to report". There was no information as to what action had been taken following the fall or what further monitoring had taken place. This meant that the arrangements within the service to recognise and reduce the potential risks to people were not robust. This inaccuracy and inconsistency in recording reduced the ability of the registered provider to identify themes and trends and to explore ways to make people safer.

Risk assessments were in place within people's care records to support staff in managing specific situations: for example travelling in a car or preparing a meal. Where risk assessments were in place, they were up to date and reviewed on a regular basis. However, we identified that staff managed additional risks associated with specific health or medical conditions but did not follow the risk assessments that had been put in place. Risk assessments support staff in monitoring these conditions and aid staff to recognise and reduce the risks of harm. We found, for one person, a lack of monitoring had meant that when they had become unwell staff had not recognised the potential cause. This meant they were at risk of not receiving the correct level of care or oversight.

On the day of the inspection, we noted a bulb missing from a side lamp but the unit was still plugged in. A person who used the service was observed 'fiddling' with the lamp and there was a potential risk of harm from the electricity supply. They showed increased agitation as they tried to get the light to come on. We brought this to attention of the staff who advised that no spare bulbs were kept at the premises. It would be sensible to ensure a supply of essentials such as light bulbs were available to avoid such situations.

These are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to assess, monitor and mitigate the risks to people who used the service.

Staff responsible for the medication management had undertaken training and there were policies and procedures in place to support this process. Medication was stored in a locked cabinet. Staff used a

medication administration record (MAR) to document when medication had been administered, and the quantity remaining. We reviewed the medication records and medications available for one person and found these to be accurate and up-to-date. Where a person required medicines "as required" [PRN] care plans were in place to record how and when these were to be administered and for what reason. Some people were prescribed creams. Staff were able to tell us what medical condition these were used for and how they were to be applied. However, there was little information recorded to guide staff unfamiliar with the person as to where and how to apply creams. It is important that staff have this information documented to ensure people are given the correct treatment.

Records indicated that staff had completed training in safeguarding adults and children. Staff we spoke with demonstrated they had an understanding of safeguarding and recognised the different types of abuse that could take place. This indicated that they had the knowledge to protect people from the risk of abuse. Staff were aware of how to report their concerns. Some staff said "I would go to management. If they weren't available I would go to social services" and another said "I'd probably go straight to the local authority or to CQC as I am not always confident in the management".

Each person required support and monitoring from a member of staff at all times and some situations were assessed as requiring two staff. We checked staff rotas to ensure that there were sufficient numbers of staff in place, and found that there were. This meant that people were receiving the correct amount of support they needed to maintain their safety.

Some staff and relatives said that, in their opinion, there has been some inconsistency in staff due to the use of bank staff to cover shifts. They told us that they felt that "This had impacted on the people who used the service as they became unsettled". The registered manager told us that the bank staff have all worked in the service regularly and know the individuals well. Some staff from another service that work closely with Church Lane have provided support, but this is to be pro-active in building a contingency team.

We recently visited the organisations head office where the recruitment files were kept. We looked at a selection of the recruitment files for people employed by the registered provider and saw that the organisation followed safe recruitment. Each of the staff files we viewed contained two references and an up-to-date check from the disclosure and barring service (DBS). These were in place before staff started working at the service. A DBS check ensures that staff are of suitable character to work with vulnerable people. Recruitment processes were therefore robust enough to ensure that people's safety was maintained.

Each person had a personal emergency evacuation plan (PEEPs) in place, which outlined how staff should support them in the event of an emergency. This helped ensure that people received the consistent support needed to maintain their safety.

Staff had also received training in infection control, and the environment was very clean. Other safety measures were in place to maintain the safety of people this included windows that were secure and radiators were covered to prevent people from burning themselves. The registered provider carried out checks on the building and the utilities to ensure that the environment was safe, for example there was an up-to-date Legionella certificate in place, and water temperatures had been monitored on a weekly basis. There continued to be some gaps in the recording of fridge temperatures even though this had been picked up previously on audits carried out by the registered provider.



# Is the service effective?

## Our findings

During the inspection we observed staff engage with people and offer them choices such as what to do, what to wear or what to do. Staff presented as competent and in discussion with us demonstrated an understanding of people's needs.

We looked at how the service met the requirements of the Mental Capacity Act. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that staff were working within the principles of the MCA, and that conditions on authorisations to deprive a person of their liberty were being met.

There were systems in place for seeking and obtaining consent to care and people's human rights were respected. The registered provider had a set of policies and procedures that informed staff about the rights of people who used the service. These included people's right to give or withhold consent and what to do if a person did not have the capacity to consent to care.

Staff had received training in the MCA and showed an understanding of the basic principles and the associated DoLS. Staff gave examples around how they would ensure the principles of the act were embedded in their day-to-day work, their comments included, "We always make sure we let people do the things they are able to themselves" and " People can understand more than we think, it's a matter of you both being able to communicate and work out their wishes". "[Person] should be involved in all decisions about their life to the best of their abilities". This meant that staff had sufficient knowledge to ensure that people's rights were protected.

Records indicated that people who used the service were not always able to make a decision for themselves. Support plans stated that people were not fully aware of the risks associated with some of their behaviours or how to keep themselves safe and well. Staff were able to tell us how they had reached that conclusion and why in those circumstances they acted in the persons "best interest". For example: staff told us that, on occasions, they restricted a person's fluid intake as they would "Drink and drink all day and night and never feel satisfied". Staff were able to outline what actions they took and why; but they did not record an assessment of the persons mental capacity to understand this behaviour or demonstrate that actions taken were in a person's best interest.

Some staff believed that families were able to make decisions on behalf of their relatives. As a result they

had asked relatives to sign consent forms authorising support plans where there was no evidence of a legal authority (such as a Lasting Power of Attorney) to do so.

We recommend that the registered provider ensure that an assessment of mental capacity and decision making is recorded in line with the Mental Capacity Act and the associated code of practice.

DoLS were in place for those people who needed them and these were reviewed on a regular basis. Records contained evidence that best interests meetings had been held with other professionals to ensure that decisions made on people's behalf were in line with the principles of the MCA.

The environment met the needs of the people who used it. People had access to their own lounge, bathroom, and bedroom and kitchen area. However there was also the opportunity for more "communal living" and activity. There was plenty of open space and we observed good use being made of the outside garden. A summer house had been built and we saw that this was very well utilised by people at the service.

We met with the training manager for the service and they explained that training and induction was organised at a central location for all of the services managed by the registered provider. An induction was in place for new members of staff, which consisted of time spent training in the class room and a period of time spent shadowing experienced staff. New staff were required to complete the care certificate as part of their induction. The care certificate is a set of minimum standards that have to be met by care staff. This meant that new staff were supported to receive the training they needed to care for people effectively. On-going training was planned and delivered in order to ensure that people remained confident and competent in their roles.

Staff told us that they received supervision and records viewed confirmed this. Supervision should enable the manager and staff to identify areas of development and improvement, and also be a formal setting to discuss any issues. Staff had a mixed view of supervision and not all staff felt it was constructive or an arena in which they felt able to speak about their concerns.

Records viewed showed that people had been supported to access health professionals, for example their dentist and GP. People had regular health checks to meet medication conditions and staff involved the GP where there were concerns. People were also encouraged to attend routines checks such as the dentist and the opticians. This meant that people were supported to stay healthy

## Is the service caring?

### Our findings

People were comfortable in the presence of staff and there were positive interactions; there was laughter and banter throughout the day. Relatives confirmed that staff were kind and patient and that good relationships had developed with most staff. One person said "My [relative] sees the care staff as their peer group and they get on really well with them"

All staff were trained in recognising the importance of confidentiality, both in their induction and as part of their on-going professional training. This was reinforced in the staff handbook and in the code of conduct. Staff gave us examples of how they maintained confidentiality of the person. However we found that personal information and records were not kept securely in an office or locked cabinet. Records relating to people, staff and the management of the service were held within the personal space of the people who used the service. Information waiting archiving was kept in a large plastic box in one of the dining room/ kitchen areas. This had been highlighted through the registered providers audit system in December 2015 but had not been rectified. This demonstrated that people's confidentiality and right to a private space was not always maintained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because records should be kept secure at all times.

Prior to residing at the service, an assessment was carried out to ensure that the service could meet a person's needs but also that a person would be able to live alongside others at the service. Staff told us that currently both people complimented each other and got on very well.

People were supported to maintain relationships with their relatives and family /friends were welcome to visit at any time. A relative told us that "[relative] is always happy to go back, so we know they are settled".

Records focused on the positive traits of a person's personality which helped promote a view of a person that was encouraging. Words such as 'good humour', 'sociable', 'capable', and 'mischievous' were used to describe a person's personality traits.

Staff assisted people to maintain their dignity and to take a pride in their appearance. We observed that staff ensured people had clean and appropriate clothing on before they went outside. One staff member told us "[person] sometimes drops food on their clothes so I make sure they have an older tee shirt on at meals and then we encourage them to change into something clean before they go out. It is important to help them to take a pride in their appearance".

People each had their own room which had been personalised with things of personal interest. We saw that staff asked permission to enter a person's room or to use their bathroom facilities.

There was a service user guide and complaints leaflet which showed information for people who used the service. It had recently been updated to include an easy read format, which ensured that information was

accessible .This was available at the service for people to access.

## Is the service responsive?

### Our findings

People responded well to the support they received and records indicated that they were settled and had gained further independence. Relatives gave examples where they felt a person had gained new skills and made comments such as "They [relative] have gained in confidence", "My [relatives] speech is much improved and "Although [relative] still has their 'moments', they are much more settled".

We looked at the complaints log for April 2016 and saw that no complaints had been raised. The older logs were not available and we were told they had been "Archived in the loft". The registered manager told us that no concerns had been raised in the last 12 months about the service. However, we were aware from staff and relatives of a number concerns that had been raised in regards to aspects of the service. We asked the registered manager about these and she told us that these issues had been addressed informally. We met with the registered provider and saw that only one of the incidents referred to had been logged in the central complaints record. However, action had been taken, to investigate and resolve these matters. The registered provider's complaints policy states that a written record will be maintained around concerns raised by people, the next of kin and interested others.

We recommend that the registered provider clarify with staff their expectations around the recording, management and learning from complaints and concerns.

Each person had an initial profile and assessment to identify their needs, appropriate staffing requirements, and any issues that might arise from their compatibility to live with the other people at the service. One person had previous placements that had not been successful but a social work review indicated that this service had been effective in helping them adjust and met their support needs. The review stated that they were now "More settled and their behaviours were supported well".

Each person had a support plan that provided information around their health, social, behavioural, learning and physical needs. They outlined the type of care and support that was required for each person. Care records were reviewed on a monthly basis, and updated to reflect changes in need. This helped ensure that information was up-to-date and accurate.

We looked in detail at the records of two people who used the service. There was evidence that support plans were written with an emphasis on achieving independence. For example "When I get dressed, partially put on my clothes and I will finish it off" and "I can run my own bath but need help once I get in". Staff told us that they aimed to assist a person to become more independent. Each person had a set of agreed "targets" and staff were to monitor their progress on a daily basis. Outcomes included helping with washing and laundry, preparing breakfast, or putting things away. A progress chart was in place to record a person's daily progress. These records had not been consistently completed. For example; one person records stopped on the 19 March 2016. This meant that their progress towards independence and the effectiveness of interventions could not be measured or demonstrated. The registered manager informed us that they were reviewing how to measure and record a person's achievement as the current process was not effective.

Care plans also outlined behaviour traits and the habits people exhibited and what they might mean. Staff were aware of things that could upset a person or make them anxious. This knowledge should allow staff to pre-empt a situation and anticipate what a person needed. There were guidelines for staff as to how to manage a person's behaviours and escalation of techniques to use should this happen. However, the daily records suggested some patterns of behaviours that were not recorded in a person's support plans and there were no strategies in place to manage these: For example: a person had regular periods where they searched out food and appeared hungry. One staff member told us "We all get hungry periods" and another indicated that these were "Long standing issues". Daily records indicated that staff did not take a consistent approach to the situation. Their support plans and risk assessments made no reference to these behaviours. This meant that there were no constructive strategies for staff to follow and no trigger factors identified.

Our observations indicated that staff supported people with food and drink preparation. There was no record of people's specific likes and dislikes but general comments were documented such as "I like most foods unless they are chewy" and "Please slow cook my foods" or "I prefer wet based foods". Staff told us that they had got to know people well and so knew their likes and dislikes: if a person did not want to eat what was on offer then an alternative could be found. Staff told us that menus were designed around the "Sorts of foods that everyone likes".

Menus were on display but they did not offer a choice. Daily notes indicated a person's food consumption for the day but this did not always correspond with the menu. We saw that a person had eaten chips on four consecutive days. Records did not indicate if this was the person's own choice or what staff had served. We found that the person whose care plan indicated they did not like 'chewy foods' and wanted 'slow cooked foods' had been given meat pie, chicken Kiev's and battered fish. Staff told us that they shredded the meat but support plans did not indicate how this person's foods were to be prepared. We spoke with the registered manager about a review of the menus to ensure that they reflect choices, dietary needs, and are nutritionally balanced.

People were able to access activities outside of the service and this was recorded in their daily records. On the days of the inspection people spent some periods out in the community going to the shops, for a walk or for a drive with staff. The registered provider had a vehicle available and people who used the service made a financial contribution towards its running costs. It was shared with people who resided at another service managed by the registered provider. Relatives had raised concern that they did not feel that access between the services was equitable. This was being addressed by the registered provider and a detailed breakdown of the usage provided to those concerned.

Care records contained information about people's likes and dislikes in regards to activities, hobbies and interests. We observed that one person liked listening to music and DVD's whilst another ran around the garden and sat quite contented in the summer house: this corresponded to information provided within care records. This information helped ensure that people received support that met their social needs. Relatives felt that people would benefit from more structured and meaningful activities apart from "Usual things like walking, swimming and going to the disco". The registered provider informed us that activities had been reviewed. We strongly suggested that they ensure that the registered manager had consulted with relatives and people who use the service before changes are implemented.

There were links with the local community with people attending the lighthouse in Weaverham, and local events organised by the parish council. The registered manager had met with the parish council previously to discuss our services, and community involvement with a very positive outcome.

A health passport was completed for each person and this contained essential information about their

needs. This ensured that if they had to attend hospital the staff would know something about them to ensure that their care was not disrupted and routines were maintained.

## Is the service well-led?

### Our findings

Relatives were complimentary about the care and support on a day to day basis. Comments included "We are very happy with the care overall" and "There are some excellent staff that we trust implicitly". However, people felt that communication with management could be improved in that "We see or hear very little from the manager or deputy, if we need to know anything we ask the care staff as they seem to know what is what" and "We are never asked to make comments or suggestions".

There was a registered manager in place and she was aware of her roles and responsibilities. CQC requires registered providers to inform them of key incidents and events that affect the service and the people who used it. The registered manager had ensured that the CQC were aware of such occurrences in a timely manner.

The registered provider had introduced a new management structure in the last six months that it hoped would better support to their staff and the people they supported. The registered provider has planned to seek the opinion of staff, relatives and users of the service as to its effectiveness. A number of staff told us that they were "Not at all confident that the changes had been effective." A deputy role had been introduced to monitor the day to day quality of the service and to provide support to staff. They had not yet received any training for this role. Key workers had also been introduced across all of the services managed by the registered provider in order for better oversight of care plans, health needs, family and professional communication for a specific person. Staff had not yet been appointed to these positions at Church Lane. Relatives told us that they were not clear about the new structure or the roles and responsibilities of the current senior staff. The registered provider confirmed that explained in detail the new company structure to relatives but would ensure that this was reiterated.

Staff told us that they felt able to go to another staff member with an issue and that they worked well together as a team. They stated that peer support and relationships were stronger those with the management team. Staff meetings were also held with day and night staff and minutes of these meetings were available. These were set up as an opportunity for staff to raise issues of concerns about the service and the people they supported. Staff also had the opportunity to attend "Cascade" meetings with staff from other services run by the registered provider. This was a forum for information sharing and to see staff views on the future development of the overall service. Senior staff also had the opportunity to meet with their counterparts in the other care homes run. The feedback we received suggested that people did not always feel able to discuss issues or were not confident that concerns would be taken on board. We discussed these issues and concerns directly with the registered provider.

There were a variety of systems in place to assess the quality of the service, for example peer audits were completed by a manager from other service run by the registered provider, and quality audits were completed by the registered manager. These audits focussed on areas such as care records, the environment and medication, and took place on a daily, weekly and monthly basis. However, our inspection process found that these audits were not robust or effective as they did not highlight the issues evident upon inspection. We also noted that where audits highlighted issues, remedial action was not always taken. We



identified failings in the identification, recording and investigation of some incidents and complaints. There were shortfalls in the recording of some prescribed treatments, care plans, risk assessments and daily notes : this meant that records were incomplete or inaccurate.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the system and processes in place were not robust and did not identify where quality and/ or safety were compromised so that action was taken without delay. Records in respect of each service user must be accurate, complete and contemporaneous.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider failed to assess, monitor and mitigate the risks to people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The audit systems and processes in place were not effective as they not always identify where quality and/ or safety was compromised so that action could be taken without delay. Records were not kept securely at all times.