

# Highcleeve Limited

# College House

## 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

The inspection was unannounced and was carried out on 20 November 2014. The previous inspection was carried out 9 April 2013 and there had been no breaches of legal requirements at that time.

College House Care Home provides accommodation and personal care for up to 21 older people. At the time of our inspection there were 18 people living in the home.

A registered manager was in post at the time of inspection. 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 and associated Regulations about how the service is run.

There was also a 'home manager' in place that we were told managed the home day to day and lived on the premises. People confirmed they saw this member of staff as the person they would go to on a daily basis as the manager. In this report they will be referred to as the home manager. We were told the registered manager had a presence in the home on a regular basis.

# Summary of findings

People in the home were not always safe. We found several errors in the recording and auditing of medicines. The procedures for managing people's medicines were not safe in all areas. This was around accuracy in medicines stock levels, discrepancies in the way 'as and when required' medicines were administered and the lack of a robust auditing process.

Only the manager, registered manager and deputy manager had received training in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. People who lacked capacity had not been assessed and action taken as a result.

The provider had not ensured that staff had the knowledge and skills they needed to carry out their roles effectively to meet the needs of people who used the service. Relevant training was not up to date to ensure staff knowledge was current.

Improvements needed to be made with the risk assessment processes. Some people's risk assessments lacked detailed professional advice that should be sought to ensure clear guidance for staff to follow to ensure people were kept safe and protected from the risk of harm.

Some people's care files lacked information in relation to their care and treatment. This included nutritional and repositioning recording charts. This posed a risk that people's individual needs would not be met effectively.

Quality and safety in the home was monitored in some areas to support the registered manager in identifying any issues of concern. People were asked for their opinion on the care they received. However, auditing systems were not robust in respect of medicines, care planning and infection control audits. The provider had not identified the shortfalls we identified during this inspection.

People were happy with the food and drink they received in the home. We observed a mealtime where people's needs were being met.

People we spoke with were positive and felt well cared for and told us that their needs were met. Positive and caring interactions by staff were viewed during our inspection.

Staff meetings were scheduled regularly and staff were encouraged to express their views. However, not all staff received regular one to one supervision to support them in their role.

Meetings were held with people and their relatives to ensure that they could express their views and opinions about the service they received. People could also raise any complaints at these meetings.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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?

The service was not safe

Not all staff were up to date with their safeguarding adults training to ensure they had the most up to date knowledge to protect people.

Medicines were not managed safely. Some people's 'as and when required' medicines were not recorded and administered as prescribed. Medicines audits were not undertaken to monitor the systems.

Infection control guidance was not available or followed. Some communal areas required improvements to be made.

**Requires Improvement**



### Is the service effective?

The service was not always effective

Staff training and supervision was not up to date. To support their role effectively.

Procedures related to the Mental Capacity Act 2005 and Deprivation of Liberty (DOLS) were not followed as required by law.

Referrals to external professionals for advice and guidance were not always made when required.

Nutritional records and repositioning charts were not completed to allow staff to monitor people's care to ensure their needs were met.

**Requires Improvement**



### Is the service caring?

People gave positive feedback about the care they received and this was reflected in the observations we made during our inspection.

People were encouraged to be as independent as possible but staff provided the support people needed.

Staff provided emotional comfort to people in a sensitive manner.

**Good**



### Is the service responsive?

Staff had a good understanding of providing personalised care and demonstrated how they treated people as individuals with their own individual preferences. People we spoke with confirmed this.

There were processes in place to respond to complaints. We saw that any complaints were responded to in line with the provider's complaints procedure.

**Good**



# Summary of findings

## Is the service well-led?

Although there were some systems to assess the quality of the service provided in the home we found that these were not always effective or comprehensive.

The quality and safety of the service was not monitored regularly. We saw several areas of the service had no auditing system in place.

Staff did not always receive regular supervision by the registered manager.

**Requires Improvement**



# College House

## 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.

This inspection was carried out by two inspectors on 20 November 2014 and was unannounced. The last inspection of the care home was undertaken on 9 April 2013 and at that time there were no breaches of legal requirements.

We looked at the information we had about the service. The information included the statutory notifications. A statutory notification is information about important events of which the service is required to notify us about by law.

Before the inspection we gathered information about the service, we contacted health and social care professionals

who had contact with the service. We reviewed a recent report of a visit undertaken by the local authority Quality Assurance team. The provider was required to make improvements in relation to safeguarding adults alerting, care documentation and Mental Capacity Act 2005 legislation.

The provider completed 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.

During the inspection we gathered information by speaking with seven people living in the home, four staff, the registered manager and the home manager. We looked at four people's personal care files and associated records that included their nutritional intake records. This enabled us to track the care they received whilst living at the home

We also looked at records relating to the management of the home such as staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

Medicines were not managed safely. Medicines Administration Records (MAR) showed there were systems in place to record administration of medicines appropriately. Some entries were not clear or in line with the prescribed medicine. One person's medicines box stated their paracetamols were to be given three times a day as prescribed by their GP. However, they were actually being given the paracetamol as and when required. This was the same for another person's liquid medicine. These medicines were not being given as prescribed by their GP as the MAR chart and instructions on the box did not match and people were at risk of receiving the wrong amount of the medicine.

No audit of stock levels of medicines was in place with the exception of controlled drugs. For example, all boxed medicines were placed in the medicines trolley but the records did not show the actual number each person had. Therefore staff were unable to check the actual stock of the medicine held to safely monitor people's medicines. The home manager confirmed they didn't undertake regular checks of people's medicines. They told us "we have a yearly check by the pharmacist. I know I need to do this more often".

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Infection control guidance and good practice was not always followed. While we found the home to be generally clean and free from odours there were risks of cross infection in some shared areas. We saw bars of soap and towelling towels were used in shared toilets and bathrooms which posed a risk of cross infection as everyone used the same towel and bar of soap. One upstairs toilet was badly stained as was the bathroom floor, the water pipes and skirting boards. These areas had not been cleaned effectively.

In the downstairs bathroom the silicone seal was mouldy in places and a large amount of enamel was missing from the bath. This would make effective cleaning difficult as dirt and germs could harbour in these areas.

The home manager told us there was no infection control policy in place but staff did undertake training. A copy of

the latest Department of Health guidelines was also not available. This meant staff did not have access to the latest guidance to follow to ensure correct measures in relation to infection control were followed.

Cleaning schedules were in place, however these were not monitored or audited for effectiveness. No infection control audits were done by the registered manager or home manager to ensure standards were maintained.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We asked people if they felt safe in the home. They unanimously told us, "Yes." People told us, "There's nothing wrong here" and "It's got to be the best home in Bristol." One person said, "I couldn't get looked after any better."

People told us, "Staff all know us" and "Everyone's happy, no complaints whatsoever." When asked if they felt there were sufficient numbers of staff in the home, everyone we spoke with told us, "Yes." Other comments included, "We're well looked after" and "Staff are very good." One person told us, "If I call out in the middle of the night they ask me if I want a cup of tea and help me back to bed."

Training in relation to safeguarding adults was arranged by the provider. However, not all staff were up to date with this training. Records confirmed eight members of staff were overdue this training. The manager stated they were several months overdue. We asked staff if they understood what safeguarding adults meant. Staff were able to describe different types of abuse. Staff told us, "I'd report to the manager" and "I'd phone the Care Quality Commission (CQC) if necessary." The provider's safeguarding adults policy needed updating as it referred to the 'Care Standards Act' (old legislation) which was incorrect information to be contained in the policy. The policy also lacked detailed guidance of the process for staff to follow should the need arise to make an urgent referral.

None of the staff we spoke with were aware of the local authority's 'No Secrets' policy. 'No Secrets' sets out a code of practice for the protection of adults. Therefore staff were not aware of the code of practice they should follow. All staff we spoke with understood their responsibilities regarding whistle blowing, one member of staff said, "Whistle blowing is reporting to CQC if someone's not being treated properly." Staff also told us they would have no hesitation to report any poor practice issues to the registered manager or home manager.

## Is the service safe?

Risk assessments were developed and in place to safely meet the needs of people living in the home. Some files contained risk assessments for malnutrition, falls, and other risk factors appropriate to the individual. While plans were in place to reduce the risks, not all were referred to other professionals for guidance and support promptly. For example the manager told us should people experience several falls in a short space of time, they would review the risk assessment and refer the person to the community falls team for advice and guidance. However this was not the case for all the risk assessments that we viewed.

We asked staff if they felt there was enough equipment to meet people's needs. Staff told us, "I feel yes. We've got a hoist, slide sheets and we've had training to use all of these." We saw walking aids were individual to the person and had people's names on them. Equipment was regularly serviced to ensure it was 'fit for purpose' and safe to use.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken and was confirmed in three staff files that we viewed. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of

two references were sought and the home manager told us no member of staff would start working in the home before all relevant checks were undertaken. These measures helped to ensure people were care for by suitable staff.

People were supported by three care staff during the day and two night staff who stayed awake to support people's night routines. The home manager, registered manager and deputy manager were also available each day to support care staff. The provider also employed a domestic member of staff and an activities coordinator. The home manager told us there sufficient staff to meet the needs of people and staffing numbers were determined by means of monthly care reviews. The home manager told us they lived on the premises and so was always available to support staff.

We asked staff if they felt there were always enough staff on duty, staff told us, "Most of the time" and "It's like everywhere, you might have a busy day. It depends how the residents are." One person living in the home told us "oh yes staff come quickly when I ring my bell. I can't ask for better" During our inspection people's care needs were met in an unhurried relaxed manner.

Staff were aware of the procedures to follow in the event of a fire and told us they had taken part in fire drills. The home manager told us personal emergency evacuation procedures were in place.

# Is the service effective?

## Our findings

Although people we spoke with spoke highly of the staff that supported them and felt they were skilled not all staff were up to date with training to support people living in the home. This training was defined by the provider as what was required for staff to meet the expectations of their roles. Some staff had not received refresher training in moving and handling training, health and safety, food hygiene, safeguarding adults, infection control and dementia awareness. One member of staff said, "I think I've done safeguarding training" however, another member of staff told us they hadn't done safeguarding adults training. The home manager told us they were aware of the training shortfalls. They also confirmed they had no training plan in place to ensure essential training was not missed.

We checked the records of six members of staff's one to one supervisions. Supervision is dedicated time for staff to discuss their role, personal development and training and support needs. All the records that we saw showed staff had not received regular one to one supervision during 2014. The home manager told us "I know I should have but I haven't had the management time lately in order to do this. Staff can come and talk to us anytime and they do. No I don't have a supervision plan in place".

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All staff we spoke with during our inspection told us they had completed training for Dementia. One member of staff told us, "We did 'Freedom of Choice' in the dementia training." Staff told us, "It's good" and "It's excellent." Staff said, "It helps to understand the condition and how to deal with people" and "Training is good". "A trainer comes in for a few days over a few weeks to make sure everyone does it. They are an excellent trainer."

The registered manager and the home manager both recently attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS) training provided by the local authority. DoLS is a framework to approve necessary restrictions for a person when they lack mental capacity and need protecting from harm. The home manager confirmed that while MCA awareness was 'touched on' in

dementia awareness training, care staff did not currently receive dedicated training in relation to DoLS or MCA. However they stated they intended to arrange this in the near future for all staff.

The provider had not followed the requirements in relation to MCA and DoLS to protect people's rights. We saw evidence that some people's care records failed to record MCA information as required. One person was diagnosed as having dementia and received an annual review from dementia services. However, assessments and care planning documentation did not reflect mental capacity legislation. For example, there were no mental capacity assessments or best interest meetings recorded where people lacked capacity. In all the care files that we saw there was no MCA information some people would be unable to make complex decisions independently. The home manager confirmed our findings and told us this training was going to be planned in the future and they would arrange for the MCA assessments to be completed for all people that required them.

We also saw that relevant guidance about MCA and DoLS was not available for staff to follow. The home manager told us they were aware of the need to make DoLS applications for some people who may have a form of dementia living in the home. However they didn't have the paperwork available or system in place to do this but had asked for this to be supplied. Therefore correct requirements were not being followed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people if staff asked their consent before providing any care or treatment. People told us, "We always have a choice about things" and "They always ask us what we want." One person said, "We can do what we want."

People were not always receiving care that ensured their needs were met. Care plans were available for nutrition, moving and handling and other health needs. Three people whose care plans we looked at had sustained a number of falls. However these people had not been referred to the GP or 'falls team' for further advice and guidance. This posed a risk of people not receiving appropriate monitoring and follow up from other healthcare professionals.

Another person's support plan which identified the need to have soft food was not comprehensively completed to



## Is the service effective?

ensure staff had full information. For example, we did not see any records from a speech and language therapist to show this person had been assessed for swallowing difficulties. There was no guidance to advise what a 'soft food' diet consisted of for this person. We asked the home manager about this person's requirement for a soft diet; the home manager explained their food was "normal blended food" which was what we viewed during our inspection.

Some people needed repositioning in their bed every two or three hours to prevent skin damage. However, there were no records of this having been done. Therefore we could not see if repositioning took place in line with their assessed need and would be difficult for staff to monitor if this had been done.

We saw that one person who was underweight was prescribed a high energy drinking supplement. This was a high protein drink specially formulated for people with increased nutritional requirements. The home manager explained that when people have low body weight they are referred to the doctor. Supplements prescribed by doctors are used and these should be recorded on people's medicine administration records to demonstrate people received this as part of their nutritional care plan. There was no record of the prescribed drinks being given to enable staff to monitor that the person had received their drinks.

One person's support plan noted the person had a pressure ulcer. The home manager explained that district nurses were called to support the management of this. However there was no documentation in the care plan to explain what treatment had been offered or the progress of healing. Without monitoring records staff may not be aware of the healing progress of this wound, or if any interventions may be required.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Three support plans contained records of healthcare professional visits, these included GP's, district nurses and

opticians. We observed staff summoning help from emergency services when one person became unwell. People told us, "They get a doctor in if we need them" and "They ask if everything's alright." One person told us, "We've had people come in and check we're alright."

We asked people if they felt staff had the right skills and training. People unanimously told us, "Yes." People said, "I bet we've got the best staff in Bristol" and "They're top of the tree, they're really nice." One person said, "My family put me here, I'm really lucky."

We asked people if they were involved in care planning. Some people weren't sure what this meant. However, two support plans had been signed by the person they related to that demonstrated their involvement. Staff we spoke with were able to demonstrate ways in which they involved people. For example through their monthly care plan reviews. This is a process to ensure care plans reflect people's current need and their preferences are maintained.

We observed lunch in the dining room. The tables were attractively laid with flower centre pieces. People were offered a choice of drinks with their meals. Cutlery was available with large handles where necessary, this meant people were able to use the cutlery independently. A choice of main course and sweet was offered. Staff told us a vegetarian option was always available. We saw staff offering additional helpings and alternatives, staff said, "If they want more they can have more." Staff offered appropriate assistance such as cutting food up for people, where necessary.

People told us, "We eat and sleep well" and "We've got the best food." Other comments included, "It's all cooked well and it's nice", "It's good living here" and "We always get a choice." People told us there were alternatives available; one person said, "If they put food up that someone doesn't like they can have something else." One person told us, "They cut my food up for me."

# Is the service caring?

## Our findings

People looked comfortable in the presence of staff. We observed staff talking politely with people. People responded well to staff and there appeared to be a good, friendly relationship between them. Singing entertainment was going on during our inspection. Staff supported people sensitively to be involved throughout the activity. A member of staff was heard to say "[name] would you like me to help you into the dining room? Shall I sit with you here". This person was observed smiling and engaging with the member of staff. This person told us, "All the staff are very caring they do their utmost for me".

We observed staff demonstrated patience when assisting people and took time to ensure that people were comfortable with the support they received. Staff told us how they assisted one person who sometimes didn't like support being offered and said, "It's important to know that people have still got free will to make their own decisions."

We asked staff how they supported people to be as independent as possible. Staff told us, "I've always tried to give people the opportunity to do as much as they can". "We encourage people to do things for themselves" and "Our aim is to keep people as mobile and independent as possible." People living in the home told us staff were kind and friendly and that staff listened to them. People told us, "We're all friends" and "We get on well." Other comments included, "We want for nothing."

Staff told us the care plans gave them the information they needed about how people liked to be cared for. Staff said, "The longer you're here the more you get to know people's

characters, likes and dislikes" and "We ask them." Staff told us they weren't sure if people were involved in reviews of their care plans. People living in the home told us, "We can't be anywhere better".

People's dignity was respected. Everyone we spoke with told us that staff treated people with respect and their privacy was respected. One person told us, "Staff knock on my door." Staff described how they cover people when they are giving personal care and ensured the door and curtains were closed. We observed this in practice during our inspection.

Compliment cards were given to the home by people and their relatives that demonstrated people were happy with the service they received. Comments included; "Always a pleasure to visit you are all so welcoming" and "you are all so caring and marvellous". All of the cards that we viewed provided very positive feedback about the home and the staff.

As part of the provider's quality monitoring, we found people's opinions were sought through surveys and resident meetings. This helped ensure that people were able to raise any concerns or issues that they had, as people were asked for their views and reminded of the complaints procedure.

Surveys were completed yearly and given to people living in the home, their relatives and friends. We looked at the results of the last survey dated October 2014. Every person who responded said they were happy with the care provided and 100% of people said they felt there were sufficient numbers of staff on duty. Comments included: "excellent care and nothing is too much trouble for the staff" and "they are so good here I am very happy". People also confirmed in their feedback that they knew how to make a complaint should the need arise.

# Is the service responsive?

## Our findings

We asked staff about their understanding of personalised care. Staff demonstrated a good understanding. Staff told us, "Some residents are able to look after themselves. I try to encourage people to do as much as they can for themselves" and "We're not rushed, we've got plenty of time." One member of staff also said, "We have a male care assistant on duty at night; they always work with a female care assistant. If any personal care is needed we always give people the choice of carer." Some people we spoke with confirmed this. One person told us "It doesn't matter who helps us with personal care, they're all good".

We observed one person who became unwell during lunch. The person was attended by caring and considerate staff and received appropriate care throughout. Staff talked with the person to provide comfort and reassurance at all times. Other healthcare professional staff were involved appropriately. Staff responded quickly and professionally during this emergency incident and ensured the person was supported throughout and remained central to what was going on.

Staff led a sing-song in the morning and people were encouraged to exercise their arms and legs with the music. In the afternoon we saw that a musician entertained people. The activities file contained information about the various activities available for people, which included quizzes, bingo and various games. People told us, "We do lots of things". People we spoke with confirmed the activities were both meaningful and enjoyable.

We saw the activities file which identified the activities available to people. Church services were offered to people if they wished to support them to continue activities important to them.

We asked people if they were able to attend resident's meetings; most people said they could. People told us, "We can if we want to, they listen to us" and "We can talk about anything we want."

We asked people if they knew how to complain if they needed to, people told us, "We can complain to the staff or the boss if we want to. Never heard anyone complain yet though" and "We're all happy and get on with each other." Another person said, "If it wasn't right we wouldn't be in here." People told us, "No-one's got any complaints here."

People were provided with care and support that met their individual needs. Initial assessments took place to ensure the home could meet the person's needs. Care plans provided guidance for staff to support the person with all aspects of their daily living needs. We asked staff to tell us what they knew about people living in the home. Staff were able to tell us about people's current daily care needs and information was gathered through the process of care reviews and reassessments to ensure any changes in need was identified.

The home manager told us "care plans are developed slowly with people to ensure we learn about their preferences and get to know them well". This was confirmed by a person that we spoke with this person said, "Staff know me very well they are a good bunch."

We saw a record of complaints was kept and saw that the provider had contacted the complainants to discuss the issues raised and the provider's complaints procedure was followed and resolution was reached. People we spoke with told us they knew how to make a complaint and felt staff were approachable.

# Is the service well-led?

## Our findings

The service was not always well led. Some systems and process had not been developed to monitor the quality of the service being provided. Although there were some we found that these were not always effective or comprehensive. We saw several areas of the service had no auditing system in place.

A visit undertaken by an external body identified areas for improvements and we reviewed this information as part of our inspection planning. However, when we asked the home manager to show us their improvement plan they told us one had not been completed. Therefore without this plan the home manager was unable to demonstrate any progress that may have been made. The home manager told us they knew this needed to be completed and needed to arrange dedicated management time to do this.

A yearly audit was undertaken by an external company that covered all aspects of the home environment, systems and policies. The last one was undertaken in June 2014. The home manager or registered manager did not undertake regular audit checks in between these yearly occurrences to ensure quality and safety was maintained. For example, no auditing system was in place to monitor infection control, medicines and safeguarding adults which may have identified the shortfalls found during the inspection. The home manger also confirmed that although the registered manager oversaw the running of the home, no formal record of these visits took place for auditing purposes. This could ensure any actions required were completed and followed up by the registered manager.

Staff told us they had team meetings and minutes that we viewed confirmed this. However some of the minutes were just a list of bullet points of 'staff must do' and did not

evidence how staff were involved in service development or sharing of good practice. If meeting minutes are not structured with clear discussions and actions required, it would be difficult for the provider to ascertain when actions had been completed for service development purposes and to demonstrate staff views were taken into account.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The home manager was the person in daily charge of the home and lived on the premises. People living in the home and staff saw this person as 'the manager' and would go to them if they had any concerns or queries. There was a registered manager at the service and the home manager confirmed they came in most days to oversee the service. The home manager told us "we are going to arrange in the future for me to become the registered manager as it makes more sense as I am the day to day manager. The registered manager comes in every day to make sure I have done things".

We asked staff if they felt the service was well-led, staff told us they felt it was. Everyone told us they were able to go to the home manager at any time and they would be listened to. We asked people if there was anything that could be done better; they all said there was nothing to be improved. One member of staff told us, "We're H A P P Y, happy!"

We asked staff if they were able to raise any concerns; all staff confirmed they were. Staff said, "they are a very open manager, you can go and talk to [name]" and "I feel I can talk to [name] and is very approachable and understands." The home manager told us they were visible and hands on every day. They told us they exercised an open and transparent culture in the home to make it a good place to live and work.

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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording and prescribed guidance on how 'as required' medicines was not always followed. Regulation 13.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The registered person did not protect service users against the risk associated with lack of infection control guidance. The latest Department of Health guidance was not available for staff to follow and a comprehensive policy was not in place. Not all communal areas were effectively cleaned.</p> <p>Regulation 12(1) (a) (2) (a) (c) (i).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered manager did not have effective training plans in place to ensure staff undertook training to support their role to provide safe care. Some staff had not received some mandatory training. Regulation 23 (1) (a).</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered person did not ensure that legal processes related to the Mental Capacity Act 2005 and Deprivation of Liberty (DOLS) were followed. The registered person did not have suitable arrangements in place for staff to follow. Some service user's documentation failed to record MCA information as required by law.

Regulation 18.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Not all records were completed fully. Some people's care files lacked recordings in relation to their care and treatment. Some people's nutritional and repositioning records were not always completed. This posed a risk to people's individual needs not being met effectively. Regulation 20 (1) (1) and (b).

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The provider did not have a robust quality assurance and auditing system in place to monitor the quality of the service that people received. Regulation 10 (1) (a) and (b).