

Advinia Care Homes Limited

# Burrswood Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Burrswood Care Home consists of four houses. Crompton House residential unit, Dunster House, nursing unit, Kay House residential unit for people living with dementia and Peel House nursing unit. It is registered to accommodate up to 125 people.

Therefore at the time of this inspection 106 people were living at the home.

Since our last inspection the home had changed ownership from Bupa Care Homes to Advinia Care Homes Limited. Because of the change in ownership this inspection is classed as the first inspection of the home although it has been in operation for many years.

People's experience of using this service:

We were aware, and people, their relatives and the staff told us, that in the past year Burrswood had been through several significant changes. The home had changed ownership, there had been three registered managers of the service and internal restructuring of the staff team. These changes had affected morale and confidence in most parts of the service.

We found that the new registered provider demonstrated a commitment to continuing to drive forward improvements at Burrswood Care Home. This was being achieved by additional senior management support, face to face practical training and support as well as investment into the home.

At this inspection we found seven breaches in the Regulations relating to staffing levels, the safety of medicines management, people's individual risk assessments, staff training, care plans, activities, particularly for people living with dementia, quality assurance and record keeping.

The providers quality assurance audits and systems had not identified the shortfalls we found to ensure good governance of the service.

Systems in place did not ensure that people received their medicines in a safe way. The registered provider took immediate action to address our concerns, however we need to ensure that improvements are maintained.

People's care records we saw showed that individual risk assessments were not always in place to help ensure they received safe care and support, for example, monitoring food and fluid intake, choking and moving and handling assessments.

People were supported by staff who had been safely recruited. However, we had concerns about staffing levels afforded to people to ensure they receive safe, responsive and dignified support by consistent staff who knew them well. This was particularly on Peel House nursing dementia unit where high levels of agency staff were being used.

People were not supported by staff who had received training and support to provide safe and effective care. The registered provider was working swiftly to address this matter and had plans to develop training for staff.

People told us they enjoyed their food. However, on Peel House, Kay House and Dunster House the hostesses, who had previously taken time to assist and monitor people with their food and fluid intake, had been removed and not replaced by an additional member of staff as had been agreed. The registered provider told us that this matter would be addressed.

People's records had not been kept under review. This is necessary to ensure that staff are aware of people's needs. The registered provider had yet to introduce their care plans and risk assessments. They were aware that a significant amount of work to do to implement the new paper work and plans were in place to ensure that staff were supported to complete this work.

We found that there were not enough activity co-ordinators in place or the resources needed to provide people with meaningful activity to help support their physical and mental wellbeing, particularly on the units where people lived with dementia.

Staff had received training in safeguarding adults and knew what action they should take if they witness poor care or they thought a person was at risk. They were confident that the manager would act to ensure people were kept safe.

People lived in a clean and comfortable environment and enjoyed the food provided.

People said they were always treated with respect and felt well cared for.

Rating at last inspection: This is the first inspection of this service under a new registered provider.

Why we inspected: This was the first inspection of the service under the new registered provider.

Improvement action: Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We will continue to monitor the service and carry out a further inspection within 12 months.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People's medicines were not always safely managed.

Assessments to reduce risk of harm to people, such as choking and moving and handling and guide staff how to support them safely were not always in place.

Staffing levels needed to improve to help ensure people were appropriately supported and supervised.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

People were not always cared for by staff who had received all the training they needed to support them safely and effectively.

Peel and Kay units were people live with dementia would benefit from improvements to the environment.

People enjoyed the food and drink offered but monitoring records for those who were at risk of malnutrition needed to improve.

**Requires Improvement** ●

### Is the service caring?

The service was caring

People spoke positively about the support they received from the staff team.

The atmosphere was welcoming, calm and friendly.

**Good** ●

### Is the service responsive?

The service was not always responsive

People's records were not always kept under review to ensure that they reflected their changing needs.

**Requires Improvement** ●

Activities particularly on the dementia units needed to improve.

**Is the service well-led?**

The service was not always well-led

The registered provider was aware of the shortfalls in the service and in the process of resolving them.

The registered provider had put significant regional management support in place to help ensure that the shortfalls identified were addressed.

**Requires Improvement** ●

# Burrswood Care Home

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

This inspection was unannounced on the first day and took place on 4, 5 and 12 December 2018. The inspection was undertaken by an adult care inspector, a bank inspector and a pharmacist inspector on the first two days of the inspection. An expert by experience was also present on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a background dealing with older people. The third day was undertaken by an adult care inspector and a pharmacist manager who checked that improvements to the safety of the medicines management systems had been made.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available at the time of our inspection. The home was being run by members of the Advinia North West Regional team with the improvement manager.

Notice of inspection:

This inspection was unannounced on the first day and took place on 4, 5 and 12 December 2018.

What we did:

Before our inspection we contacted the local authority safeguarding and commissioning teams and the local clinical commissioning group (CCG) who raised concerns with us.

At the time of this inspection the registered provider had put in place a voluntary suspension of admissions into the home. The local authority and commissioning clinical teams had raised concerns about delays in addressing their concerns and the leadership and management of the home. They later put an organisational safeguarding in place and formally suspended admissions and were closely monitoring the home. However, prior to this inspection we were informed that the authorities felt more confident that their concerns were being addressed.

We had not received a Provider Information Request (PIR) from the service. A PIR gives us information about the service and what plans were in place to make continuous improvements.

During our inspection we used on Peel House and Kay House a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. 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 six people who used the service and three visitors. We also spoke with the regional improvement manager who was running the home on a day to day basis, the regional director, the compliance manager, the clinical services manager, the head of care, three nurses, two unit managers, one senior carer, two night staff and three day staff. As well as the chef, laundry staff, the maintenance person and administrators.

We looked round most parts of the home and observed care and support in communal areas. We assessed the medicines management system, reviewed five people's records and management records.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations had not been met.

Using medicines safely

- People were not safely supported to have their fluids thickened to prevent them from choking or aspirating. They were at risk because there was no information for care staff to follow to make sure that their fluids were thickened properly and safely.
- We saw that nine people ran out of one or more of their medicines for between one and ten days placing their health at risk of harm.
- The records about medicines were not always clear and could not evidence that medicines were given as prescribed. There were missing signatures on the Medication Administration Records (MARs) which made it difficult to tell if medicines had been given. There were daily stock counts recorded on the MARS which showed that medicines were not always properly accounted for.
- Some medicines must be given before meals or food and we saw that no arrangements had been made to give them at the correct times. If medicines are not given at the correct times they may not be effective.
- People were prescribed medicines to be taken "when required". Information to support their safe administration was not consistently available to care staff to make sure they were given safely and consistently.
- On 12th December 2018 we revisited the home to check if appropriate actions had been taken to improve medicines handling and ensure people were being kept safe.
- The home had developed an action plan to make the necessary improvements and this had on the whole been completed. People with thickened fluids were being managed safely, staff had been retrained, records had improved and care plans contained sufficient detail.
- All medicines were seen to be in stock and medicines were being administered and recorded appropriately; time specific medicines such as those that needed to be administered before food were now being given correctly.
- Care plans for when required medicines had been updated and these contained sufficient detail to help care workers administer them safely.
- We looked in more detail at topical medicines such as creams and found systems did not support their safe use. Records were incomplete and information to support their safe use was not always available. We saw staff took immediate action to try and improve this by reviewing record keeping and cream stocks.

These findings evidenced a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 safe care and treatment.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People did not always have the risk assessments in place to guide staff in how to support individual people safely. This related to people who were identified at risk of choking and those who needed to be transferred



by use of lifting equipment such as a hoist.

- We found insufficient information in relation to the condition and management of a wound.
- Record keeping for monitoring of fluid intake was poor.
- A staff member was the designated moving and handling trainer for the service but there was no evidence to support that they were qualified to undertake this role.
- A moving and handling audit had been carried out and additional equipment was found to be needed, for example, slide sheets. This equipment had yet to be supplied to the home.

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 safe care and treatment.

#### Staffing and recruitment

- We reviewed three staff recruitment files and saw that each file contained an application form with included a full employment history, references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants.
- The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.
- We asked people if they thought there were enough staff to provide care and support. They said, "There are enough staff both day and night", "At times there just don't seem to be enough staff", "They are often short of staff. Often when I press the buzzer because I need the toilet. Sometimes they cancel it and say somebody will come but it can take over an hour for that to happen", "There are generally enough staff" and "There are enough staff you can always find somebody."
- Relatives said, "Since the change of management staff aren't happy and there doesn't seem to be enough of them", "It was OK until a few months ago but now there is a lack of staff. Some staff were moved to other units so there are agency staff on this one. Staff who know [relative] can deal with [relative] but [relative] gets distressed when agency staff deal with [relative]" and "You sometimes have to wait a long time for help depending how many staff there are."
- Staff thought that on some units agency staff were used too frequently and did not know the people who used the service, neither did they attend handovers.
- We saw that there were four agency staff members working on Peel House that meant people who lived with dementia were being supported by staff who were not familiar to them or with their needs.
- People who ate in their rooms told us that their meal was often cold by the time they received it.
- There had been a reduction in staff on Peel House, Kay House and Dunster House because the hostesses that used to be available to people who needed assistance to eat and monitoring of food and fluid intake were no longer in place.
- We saw that at times there was no visible staff presence in the lounge areas. This was a particular concern on Peel unit.
- The registered provider was aware of these issues and a recruitment drive was in process.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 staffing.

#### Preventing and controlling infection

- We asked people if they thought the home was clean. They said, "It's very clean, the cleaner comes in everyday" and "It's very clean."
- The environment appeared clean and was warm.
- We saw housekeepers were available and cleaning in people's rooms and public areas.
- The local authority health and protection team has recently carried out a full audit and an action plan had

been developed to address improvements identified.

Systems and processes to safeguard people from the risk of abuse

- We asked people and their relatives if they felt safe at Burrswood. They said, "Yes I feel safe", "I feel safe", "I like it here", "Yes I'm exceptionally well cared for", "Yes [relative] is" and "[Relative] is reasonably well looked after."
- We were aware that there were several concerns being investigated through the local authority. Of the eight we had been made aware of five had been unsubstantiated and one partially substantiated. However, there were repeated concerns about the accuracy of paper work. Two concerns were still under investigation. The registered provider was working in co-operation with safeguarding professionals to resolve issues as they were identified. The safeguarding professionals informed us that their confidence in Burrswood had improved recently.
- Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not been met.

Staff support: induction, training, skills and experience

- We asked people if they thought that staff had received the training they needed to support them. They said, "Most staff are good but some are not trained enough", "They seem to know what they are doing", "Staff are trained they are wonderful" and "Some of the carers aren't very good."
- Staff received an induction when they started working at the home.
- Records we reviewed confirmed that staff had not always received the training and supervision they required to be able to provide safe and effective care.
- We saw evidence to show that the regional team were working hard to rectify this and significant headway was being made.
- The regional management team had arranged for a mentor to come into the home to provide practical support to staff to ensure consistency of care and to build up team work.
- The mentor had offered support during the night and at weekends. The staff team responded positively this type of training. The regional management team told us that this support would carry on for the next three months or longer if needed.
- The learning and development manager told us and showed us information that Advinia Care Homes Ltd intended to offer staff from January 2019.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 staffing.

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

- Most people told us the quality of food served in Burrswood was good. They said, "The food is good, you get a choice. If I don't like what is on offer they will cook me something else", "Food is champion, you get a choice. They will make you stuff if you ask them", "I like the food", "I like the food, I get a choice", "The food is OK. If I don't like what is on the menu I'm asked what I would like."
- One person said, "I'm not happy with the food. I struggle to eat some food. I need to be fed and by the time that happens the food is cold. I rarely get a good meal" and "Since the takeover they have changed the way they record food. It is now less detailed so it's harder to see what [relative] is eating. I'm concerned about the new system for measuring what relative eats but I don't want to make a fuss."
- The chef said that since the change of ownership they had better control over the menus so that they could accommodate people's likes and dislikes better though some minor changes to the quality of food such as tea and biscuits had been noted by people.
- Concerns were raised by people and a relative about how people were assisted with their meals or if they needed close monitoring of what they ate or drank through recording.

- Many of the double handled mugs people used to help them remain independent were plastic and were very badly stained.
- Menus were not always displayed for meals that were available.
- Food and fluid intake charts were found to be poor.
- We refer to record keeping in the well led section of the report.

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

- There was no evidence of Peel and Kay House being a specialist dementia unit. There was limited pictorial signage and no specialised aids and adaptations for people living with dementia.
- Bathrooms and toilets had sufficient aids and adaptations in place. However not all bathrooms had a picture on the door to help people who may lack capacity identify them.
- The small kitchens on the units were seen to be in poor condition. Concerns had been raised by the local authority food hygiene inspector and relatives.
- The registered provider was aware that work was needed to improve the facilities on both dementia units. The chief operating officer told us that money had been made available for the refurbishment of Kay House and this was confirmed by the unit manager. We saw pictures of what the refurbishment would look like.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The regional improvement manager told us that not all the applications to renew people's DoLS had been made to the local authority. The regional improvement manager had been in contact with the DoLS team and was in the process of addressing this. Records we saw confirmed this.
- The regional improvement manager had provided some staff with additional training in the MCA, DoLS and best interest meetings to help ensure they knew the correct action to take. Feedback from the staff concerned was very positive about the support they had received and understood their legal responsibilities.
- We asked people and relatives if they had a lasting power of attorney. They said, "I do have one and the home has seen it" and "I have a financial power of attorney I don't know if the home has seen it."
- We asked people if they were asked for their consent and choices when providing care and support. They said, "Staff always explain what they are doing and seek consent", "I get to choose activities and when I go to sleep and get up" and "I get to make choices about my routine."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care.

- We asked people and their relatives if they were able to see a doctor if they needed to. They said, "If I need the doctor the staff will contact them", "If I need the doctor I ask the staff", "Staff will contact the doctor", "The staff made referrals to hospital when [relative] arrived. They succeeded in getting [relative] an appointment where I hadn't managed" and "My [relative] was ill yesterday. The staff responded quickly and a nurse assessed [relative]. They called an ambulance and [relative] went to hospital."
- People were supported to maintain good physical and mental health through regular monitoring in the

service and attendance at external appointments for example, hospital appointments.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We asked people if they thought that staff were kind to them. They said, "They are very nice", "The staff are nice", "The staff are nice to me", and "The staff are caring."
- We asked people if they thought staff knew them well. They said, "Yes the staff know me", "The regular staff know me, the others don't", "The regular staff know [relative] but agency staff don't and this can cause problems because [relative] struggles with people [relative] doesn't know."
- The atmosphere throughout the home was calm, relaxed and friendly. People were aware of the changes in ownership, management and staff team and the uncertainty this had brought to the home. However, they told us that the standard of care they received remained good despite this.
- We saw many cards throughout the home thanking staff for caring for their relatives and particularly as people reached the end of their life. One card stated, 'Your care and consideration has been outstanding especially during the last few days of [relatives] life' and "The loving care and kindness has been wonderful and I am sure [relative] appreciated it for as long as they were able.'
- We carried out two SOFI's. During these times we saw staff were polite and always talked to people about what was happening and encouraging them, for example, to eat more.

Respecting and promoting people's privacy, dignity and independence; equality and diversity

- We asked people if staff respected their privacy and treated them with respect. They said, "They respect my privacy. They always knock on the door", "They definitely do", "Yes, they always explain what they are doing and ask if it's okay. The night staff are really good they change me whenever I need it" and "[Relative] is very resistant to personal care but the staff work with [relative]. [Relative] is very proud and they respect that."
- Confidential information relating to the people supported and staff were stored securely and could only be accessed by staff authorised to do so.
- We asked people if staff supported them to maintain their independence. They said, "I have a bus pass they let me use it when I want to go out. I let them know where I'm going", "They support me in doing what I can", "I have been ill and had to stay in bed. The nurse on the unit has put together a series of exercises to help me start walking again. [The nurse] supports me in doing them" and "They support [relative] with walking and to make what choices [relative] can."
- Staff have access to training in equality and diversity and also privacy and dignity.

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

- The staff understood the need to involve the people and their relatives in making decisions about the care provided.
- A meeting was held with residents and relatives on 9 November 2019. This gave relatives the opportunity to raise concerns about the service.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations had not been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:  
End of life care and support

- We asked people if they had seen or been involved in their care plan. They said, "I have seen my care plan. I spoke to my social worker about it", "I haven't seen my care plan", "I've talked to the social worker about the care plan" and "The staff discussed it with me when [relative] first came in."
- Care plans and risk assessments informed staff of the care to be provided but they were not updated regularly to ensure they accurately reflected the person's current care needs.
- End of life plans were not in place for people who needed them. It was not clear how many staff had received training in how to support people who were nearing the end of their life.
- Evidence of monitoring care plans and risk assessments was found to be poor in some care records we reviewed. This information is necessary to ensure person centred care is delivered by staff and agency workers.
- Staff were now completing daily reports and care plans but not all had received the training they needed to do this.
- We were aware that the registered provider was still using the previous owner's documentation and this was confusing for staff. New care plans and risk assessments for people were due to be introduced soon.
- We asked people if they were involved in activities. They said, "I do things like bingo, the quiz and the news hour. I also go when we have a singer. They come and tell us what is happening", "I don't do activities. I can if I want to", "I don't do activities but I always know when they are happening" and "They don't have activities I can do. I would like to do some activities."
- Relatives said, "[Relative] does exercises, bingo, dominos, arts and crafts. [relative] also went out on a trip to a Remembrance Day event. The staff come and get [relative]" and "There aren't a lot of activities. [Relative] would benefit from it if there were more."
- We found that there were not enough activity co-ordinators in place or the resources needed to provide people with meaningful activity to help support their physical and mental wellbeing. This was particularly the case on the houses for people who lived with dementia.

These findings evidenced a breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014 person centred care.

Improving care quality in response to complaints or concerns

- We asked people if they knew how to raise concerns. They said, "I've never had to make a complaint but I'd speak to [Crompton unit manager], "I've never had to complain but if I did I would go to the desk", "I complained about how a carer spoke to me. The manger came to see me to talk about it and said I must always complain if I was unhappy. I don't know what happened but the carer doesn't work here anymore."
- Systems were in place to manage complaints. Records we saw showed what action the provider had taken

to address them.



# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care. Some regulations had not have been met.

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

- The registered providers regional management team were overseeing the day to day management of the service. They were aware of the concerns raised by the local authority and that improvements were needed.
- We found shortfalls across many areas of service. The registered provider was aware of these shortfalls and had put additional temporary support and plans in place to address them.
- We asked people if they thought the home was well managed. They told us, "Yes I think it's well managed" and "There have been problems since the takeover but I think it is starting to settle down now. It feels well managed."
- Staff told us they continued to enjoy working with people but the number of changes over the previous year, in ownership, three changes of manager and an internal restructure had left the home unsettled. They said they were beginning to see changes albeit slowly.
- We saw that the registered provider held regular regional quality and governance meetings to help ensure management oversight of the service. They also sent out a newsletter to the homes in the region called 'Quality Matters' which gave staff up to date health and safety information.
- The registered provider was investing in the home and we saw regular deliveries of equipment arriving throughout our inspection.
- Quality assurance audits and systems in place at the service had not identified the shortfalls we found at this inspection.
- The registered provider took immediate action to rectify our concerns, for example, rewriting thickener protocols and other medicine management concerns. They also arranged for mentors to work alongside staff in their day to day work caring and supporting people.
- People's records were not always accurate and did not reflect their changing needs.

These findings evidenced a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014 good governance.

Engaging and involving people using the service and staff

- There was a plan in place for 2019 to hold regular meetings with people, relatives and staff. Although there were meetings with senior staff across departments, more work was needed to engage with people who used the service and staff.

Working in partnership with others and involving people using the service.

- The regional management team were working hard to develop a better working relationship with the local

authority and clinical commissioning group. Feedback from the safeguarding and quality assurance teams was they thought the regional management team were now responding to their concerns in a timely manner and this had led to some reassurance about the quality of care at the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's care records were not always kept under review. Regulation 9(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not have appropriate arrangements in place to consistently manage medicines safely. Regulation 12(2)(g)
	Where there were risks to people's health, for example, choking and moving and handling, assessments had not always been carried out to ensure people were safe. Regulation 12(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider did not have systems in place to effectively assess, monitor people's health and safety or improve the quality and safety of the services provided.
	Accurate records were not being maintained for each person using the service. Regulation 17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient staffing needs to be in place to ensure people were safely supported and supervised at all times.
	Staff needed to undertake all the basic training provided to enable them to carry out the duties they are employed
	Regulation 18(1)(2)(a)