

Windsar Care Limited

Heathlands Care Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Heathlands Care Centre is a residential care home providing personal and nursing care to up to 46 people. The service provides support to older people including with dementia and other mental health needs. The service is provided over two floors. At the time of our inspection there were 16 people using the service.

People's experience of using this service and what we found

The provider and the registered manager did not operate effective quality assurance systems to oversee the service. These systems did not identify shortfalls in the quality and safety of the service or ensure that expected standards were met. People's, relatives' and staff's feedback were not continuously sought to use for making improvements to the service. We are mindful that relatives' and people's feedback was positive compared to our inspection's findings and observations. To be fair and proportionate, we have included their feedback throughout the report.

The provider and the registered manager did not ensure consistent actions were taken to reduce risks to people and plans were not in place to minimise those risks. Effective recruitment processes were not in place to ensure, as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Not all staff were up to date with, or had received, their competency checks and mandatory training. We did not have evidence the management team kept their knowledge and competencies checked and up to date. Staff did not have regular supervision and appraisals, and team meetings.

When incidents or accidents happened, it was not always clear that it was fully investigated, and if any lessons were learnt or themes and trends reviewed. The registered manager did not ensure that clear and consistent records were kept for people who use the service and the service management. The registered manager did not inform us about notifiable incidents in a timely manner. Staffing levels did not always support people to stay safe and well. Staff deployment was not always managed effectively as we observed people did not always receive timely support. People were at risk of social isolation because the provider did not ensure activities were more personalised and people had opportunities for social engagement according to their interests.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's families and other people that mattered felt they were involved in the planning of their care. However, the care plans did not contain information specific to people's needs and how to manage any conditions they had. Staff did not have detailed guidance for them to follow when supporting people with complex needs. Staff were not always following the care plan to provide the right support to people. Staff did not understand they used restrictive practice with people and did not have any guidance how to support

people when they were anxious or distressed. People had meals to meet their nutrition needs. Hot and cold drinks and snacks were available between meals. However, we were not assured people's hydration needs were monitored and met in a consistent way. Relatives said they were kept informed about their relative's health and welfare. Care plans and related documents had some information about people, but it did not always contain information specific to people's needs and how to manage any conditions they had.

We have made a recommendation about the premises being suitable for people living with dementia. We have made a recommendation about compliance with the Accessible Information Standard.

People and relatives were positive about staff being kind, caring and respectful. However, our observation did not confirm this during the inspection. Staff also did not always uphold people's privacy or respond in a way that maintained people's dignity. People and relatives felt they could approach the management or staff with any concerns and felt they had good communication and relationships with the service.

Most of the staff members felt staffing levels were sufficient to do their job safely and effectively. However, some made comments that more staff were needed to complete their tasks as part of the job. The registered manager appreciated staff's work, contributions and efforts to ensure people received the care and support. Staff felt they could approach the management team for support and advice.

People said they were safe living at the service and relatives felt their family members were kept safe. Staff told us they understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. The management team was working with the local authority to investigate safeguarding cases and make other improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 19 April 2022 and this is the first inspection.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about people's safety and wellbeing, care and risk management, and staff skills in supporting people such as moving and handling techniques. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see all the key question sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance; risk management; notification of incidents; record keeping; effective and person-centred care planning; seeking consent, respecting people's decisions and using restrictive practices; privacy and respect, management of medicine; staff training, competence,

and recruitment at this inspection. We have made a recommendation about the premises being suitable for people living with dementia. We have made a recommendation about meeting the Accessible Information Standard.

We took civil enforcement to ensure people's safety and ensure improvement occurred at the service. We served a warning notice to the provider following the inspection for the breach of regulation 17 (Good governance). A warning notice gives a date the service must be compliant by and we inspect again to check that compliance against the content is achieved within the timescale.

Please see all the actions we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Heathlands Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They contacted the relatives for feedback.

Service and service type

Heathlands Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heathlands Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post and they supported us during the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the opening of the service including information from the local authority and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, two registered nurses, and six care staff. We observed interactions between staff and people living at the service, spoke to two people who use the service and briefly with three people. We gathered feedback from 12 staff members. We reviewed a range of records relating to the management of the service, for example, records of medicines management, risk assessments, accidents and incidents, quality assurance systems, and maintenance records. We looked at 11 people's care and support plans and associated records. We looked at ten staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at further records and evidence including quality assurance records, training data, meeting minutes, and policies and procedures. We spoke to 10 relatives about their experience of the care provided to their family members. We contacted 10 professionals who work with the service and received five responses.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- The registered manager and senior staff did not demonstrate they had the knowledge, or information to ensure people were protected from risks. Risk assessments were not always robust and did not include sufficient information about how identified risks were to be managed or mitigated to ensure people's safety. Risk assessments were also generic and lacked personalisation.
- There was no evidence of oversight or audits in regard to the risk management and changes of care delivery. Staff did not have accurate information about people therefore they could not follow steps to mitigate risks to people.
- For example, one person had a moving and handling assessment that suggested a referral to physiotherapist was required. However, there was no rationale for this, and no evidence that the referral had been completed.
- One person had a care plan to manage diabetes which stated that their blood glucose levels should be monitored weekly, but we found this was not happening. This person had recently fallen. It was also recorded in the falls care plan the person was at risk of having low blood sugar. However, it was not reviewed and identified whether this has contributed to falls previously. The person had to be checked every 30 minutes but there was no reason noted how it would mitigate the risk of falls effectively. No record had been maintained of these checks taking place and so we were not assured that the risk management plan was being followed.
- Bed rails were being used without there being a clear rationale as to why. For example, bed rails were in place for one person, who had no known risk of falling from bed. This person was also mobile, this increased the risk of falls from height or of entanglement in the rails. There were no records to show how this person and their family was involved to discuss this equipment. Other bed rail risk assessments had not been accurately or fully completed.
- Another person's care plan identified that their behaviour was potentially a high risk to others. We asked the registered manager about it, how it would be managed, and any risks identified to other people, staff or visitors. But they were not able to tell more about this part of the care plan. The potential impact of this for others had not been assessed or planned for.
- Records also did not assure us that planned safety checks on people were happening.
- Accident and incident records had not been fully completed and so we were not assured that following safety related incidents that people's wellbeing and safety were monitored in line with the provider's policy.
- There was no evidence that the cause of accidents and incidents have been investigated in line with the providers policy. This is important to help ensure that remedial actions can be taken to prevent similar incidents from happening again.
- The provider and the registered manager did not review incidents and accidents to help identify themes or

trends that might require further action to be taken.

- The registered manager did not ensure the premises and safety of the living environment were consistently checked, and managed, to support people to remain safe.
- The provider was not able to demonstrate that they had systems in place to protect people from risks associated with legionella.
- We were informed that a handle of one of the fire doors had been removed to stop one person leaving the service without supervision. We asked the registered manager to provide us with evidence and information that this was discussed with a fire officer to ensure the removal did not create a higher risk of people being trapped in the building in case of fire. We did not receive this information. We have referred the service to the Fire and Rescue service due to our fire safety concerns.
- Pull cords used to activate the call system were tied up, out of reach of people, meaning they would not be able to seek help when needed.

The registered person did not consistently assess risks to the health and safety of people. Insufficient action had been taken to mitigate identified risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager did not operate effective and robust recruitment and selection procedures to ensure they employed suitable staff.
- The registered manager had not ensured all of the required recruitment checks had been completed before staff started work.
- The recruitment records of nine staff did not contain all of the required information such as evidence from previous employment regarding staff's conduct and verifying reasons for leaving. Eight staff files viewed did not have full employment history.
- In three examples, we were not assured that Disclosure and Barring Service (DBS) checks had been completed prior to staff commencing work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager is taking action to address our concerns. However, failing to obtain all of the required recruitment information before allowing staff to work, placed people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the Regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were not always deployed in a way that kept people safe or in a manner that met that their needs.
- The registered manager used a dependency tool to inform decision about staffing levels. They told us they had, when necessary, adjusted staffing levels to ensure that people's needs were met safely. Despite this, one person had managed to leave the building unsupervised twice in June 2022. It was not clear that adequate measures had been taken to adjust staffing to ensure this risk was able to be managed.
- Some staff felt there was not enough staff at all times to do their job safely. One staff added there was often a lack of staff which meant that they could not provide an adequate level of personal care, activities engagement and spent quality time with people.
- One relative added, "Yeah that's one thing at the moment they haven't been able to recruit an Activity Coordinator. They have puzzles and games but there is no structure as such". The registered manager said they had some extra staff to do activities during the day and one-to-one activities with people. However,

according to the rota and out observation, there was very little activities and engagement going on during two days of inspection. Staff did not have time to take people out for a walk in the garden. Staff were focused on completing the tasks and had little time to spend time with people.

- There were insufficient staff to provide timely and responsive care to people at lunch time and the mealtime experience was disorganised and poorly managed.
- A professional told us, "Staffing ratio has been raised as a concern with the home and immediate changes were made initially (within 24hrs). Staffing levels continue to be monitored as per the improvement plan and concerns remain in this area."

The registered person did not ensure appropriate deployment of competent, skilled and experienced staff so that people were safe and had their needs met. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the nurse on duty to be very busy throughout the day, but they were also supportive and directing staff at times.
- Relatives were positive about staff's availability and said, "Yes pretty much. Our [relative] does not like being left on their own and they are pretty good at making sure [relative] isn't", "Yes, I presume so. We only see [relative] in the evenings and looks all under control", "There is always staff around. [Relative] is bedridden now so they are always checking on [relative]" and "When I have been there, everything I see that needed is accommodated." One person added, "Yes [staff] respond to call bell...they help me".

Using medicines safely

- People did not have their medicines managed safely.
- Medicines administration records (MARs) did not always include specific information about people's allergies or how they preferred to take their medicine.
- People were prescribed 'when required' (PRN) medicines to help them manage various conditions. Some PRN protocols did not contain clear information specific to the person such as symptoms to look out for, how people expressed themselves when in pain or needing a particular PRN medicine, any side effects to observe for, correct dose of medicine or when to review it.
- Two people had PRN medicine prescribed to help prevent or manage distressed behaviours, however, there was no protocol in place guiding staff on how or when these should be administered. The frequency of use of the PRN medicine was not monitored and we were not assured that alternative approaches to managing distressed behaviours such as distraction techniques were being used before administering the sedating PRN medicines. For example, one person medicines administration record (MAR) showed that in the week prior to our inspection, they had received a sedating medicine 18 times. No record had been made of the reason why the medicine had been administered or the approaches that had first been tried. We asked the senior staff about the guidance to support this person, but they were not aware of it or where to look for it.
- One person had been diagnosed with epilepsy and although a risk assessment was in place, inaccurate information was included. For example, part of the risk assessment said, "In the event of a seizure... [administer] PRN [when required] diazepam and monitor the effect of diazepam given." However, when this was discussed with the registered manager, no diazepam had been prescribed. There was no guidance how and when the diazepam should be given. The registered manager told us the person have not had any seizures since being at the service, but this was not the case. This evidenced there was a lack of understanding and knowledge of the person's condition, how to monitor it and assess and mitigate the risks of injury or harm.
- The registered manager did not ensure time specific medicines were being administered appropriately. At least one person needed time specific medicine due to their condition, but this was not noted in their care

plan, medicine profile or MAR sheet. The records did not include any reference requiring medicine to be given at the same time every day. The staff we spoke with were not aware of this requirement. When we checked this with one senior staff, they were unaware that the medicine was not being given as per instruction; or that it had to be given at specific times to help manage that condition. This meant that people were at risk of not having their medicine on time thus having poor control of their condition.

- Some people had topical creams prescribed. The provider's policy outlined a clear procedure to follow to ensure this was done safely and correctly, but this was not always being followed in practice.

Medicines were not consistently managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The medication room was kept locked, tidy and clean. Staff checked temperatures of the room and the fridge regularly.

Systems and processes to safeguard people from the risk of abuse

- The registered manager knew how to report allegations of abuse or neglect to the local authority, so they could be investigated. There were some ongoing safeguarding cases at the time of inspection and the provider was working with the local authority to investigate these.
- A professional told us, "It is felt that the home is making progress and is managing the risks that had been identified, but the service remains red flagged and closely monitored during this time. The original safeguardings which led to the red flag have all been investigated and closed."
- Relatives stated people were safe at the service. They said, "Yes, it is all secure...The equipment there is to support [relative] from falling and I have no reason to think [relative] is unsafe", "Yes definitely. My [relative] deteriorated last year and had lots of falls in other care homes. When I have been in Heathlands [relative] has always been safely set in a chair or bed. I have no problems at all".
- Not all staff had received training in safeguarding adults at risk. The staff were able to explain how to recognise the different types of abuse and how to report any concerns. Staff also said they were familiar with the provider's whistleblowing policy and how to raise concerns about poor care practices. Staff were confident the management team would act on concerns reported to ensure people's safety.

Preventing and controlling infection

- Overall, we were assured that staff were following safe infection and prevention control practice. We did observe one staff member not wearing a face mask properly. We informed the registered manager about this so they could address this with the staff member. One downstairs toilet did not have hand towels.
- Otherwise, we were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The staff at the service carried out checks before the inspection team were allowed to enter the premises.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had not ensured that the service effectively met people's needs and positive outcomes were being achieved consistently for people.
- Care plans were basic and did not include sufficient or personalised information for staff to follow so that they could meet people's needs safely and effectively. It was not evident that staff were always showing a genuine interest in people, their wellbeing and quality of life.
- One person's care plan stated that one-to-one support was required. However, neither the registered nurse nor the registered manager could not explain why this was necessary.
- One person was observed to be continuously shouting out about some issues they had. We met with this person several times, talked through their concerns and reassured them. However, during the two days of our inspection we did not observe any staff going to see this person to ensure they were alright, to find out more about their issues or just to check if they had everything they needed. The care plan did not have any guidance for staff to help them approach and support this person. We asked one of the staff about the shouting. They were dismissive, indicating this was a typical behaviour. They said, "That's just [person's name]."
- Records did not provide assurances that staff were always delivering care in line with people's assessed needs. For example, one person's care plan stated that they needed to be taken to the toilet every two hours. This was not happening in practice.
- One person was identified as being at risk of leaving the home unsupervised, however, there was no evidence that staff had explored why the person was doing this, or what additional support might help them to settle. The person's care plan said that staff should involve the person in activities. We observed that this was not happening in practice and records confirmed this.
- The provision of care was task focussed and overall, staff were not seen to readily engage with people or to spend quality time with them.
- Some people's reactions to the staff indicated a difficulty in understanding those staff whose first language was not English.
- We observed whilst staff used hoists for moving and handling appropriately, there was very little engagement with people. People were not informed what each step meant for them to ensure they did not get distressed or anxious whilst the task was being completed.
- Some people needed close supervision and support. The staff providing this were not observed to be engaging with the person or encouraging participation in a favoured activity of the person's choice.

The registered person had not ensured people's care and treatment was appropriate and met their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated

Staff support: induction, training, skills and experience

- Staff did not always have the knowledge, skills and training they needed to meet the complex and diverse needs of people using the service and to ensure their safety and welfare.
- We reviewed the training matrix provided to us after the inspection which recorded different training topics. Not all staff had completed the training required for their roles such as dementia, Parkinson's, diabetes, falls prevention and mental capacity.
- We asked how the registered manager monitored the training and staff's practices to ensure they used knowledge from training. However, there were no further records provided to confirm this was happening regularly. Staff did not have regular supervision meetings to review their practice and discuss further development needed.
- The CQC Smiling Matters report (July 2019) outlines findings on the need to focus on oral healthcare for people, we found the provider's training policy did not include training on oral care. Training records showed no staff had received training in this topic. Oral health training is also now included as best practice mandatory training.
- The registered manager said that all care staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. To be awarded the Care Certificate the person must acquire knowledge and demonstrate understanding of the knowledge acquired as well as demonstrate and be assessed as competent in the standards. The registered manager told us during inspection that no competency assessments had been completed for any of the standards to ensure that staff knew how to apply their learning in practice.
- It was the provider's policy that staff have their competency to perform moving and handling tasks effectively reassessed on a regular basis. Records showed this was not always happening.
- Our observations confirmed staff were not confident, knowledgeable and competent to support people in a consistent way and guided by the best practice. This was particularly apparent when staff were supporting people who had different stages of dementia, could not communicate verbally and showed signs of distress or being anxious.
- During two days of inspection we did not see staff were engaging with people in much conversation or encourage them to engage in an activity they liked. Staff were completing tasks but not spending quality time with people and only sit or stand around.
- We requested additional information about the qualifications and training of the management team. This was not provided and so we were not assured about their ability to lead by example, monitor practice, support staff and pick up any improvements needed.

The registered person did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- Professionals said, "The current improvement plan sights staff induction, training and clear roles and responsibilities as an area of priority. It is recognised this is a new staff team and much work will be required to embed skills, knowledge and practice...This area remains a concern and closely monitored."
- We observed one particular staff, who was not a care staff, speaking to different people during the day. This staff member spoke in an engaging and friendly manner, getting a lively response from people. They told us of the empathy they had for people, particularly appreciating their 'locked in' experience with dementia. This staff member demonstrated insight and relationship skills not seen in other care staff during

our inspection.

- The relatives were positive about their experience with staff and said, "The staff are natural in the way they work. But I believe they have had the training as well. Both together work well", "As far as we know they are pretty good. [Relative] has had no accidents since moving in", "In the beginning I was a little concerned regarding the hoist. Now it's all smooth and they are confident in using the hoist to move and to shower [relative]", "I think sometimes because they are new, they are not sure quite about how much time it takes. I think the settling in period is not finished and has some way to go" and "I don't know how much training [they had]. They seem willing and are much better than the other home...I feel they do need to have more training specifically on Parkinson's and mixed dementia".

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's human and legal rights were not always understood and respected.
- When people showed distressed behaviours, staff did not have enough detailed guidance on how to respond to this and minimise any risks without restricting people or their independence.
- For example, we observed one person was having some food with assistance of staff. They kept standing up and wanting to leave as they said they wanted to go. Two staff did not engage appropriately with the person by reassuring them. Instead, they used repetitive commands 'sit down, sit down'. Eventually the person was taken by the arm and physically sat down. While we sat nearby, the person tried to stand up again, and one of the staff put their arm across the chair to stop the person standing up. We asked the staff to stop doing this and explained that the person had that choice to stand up and walk if they wanted to. The staff member we were speaking with did not understand or respect the person's right to make this decision. The staff did not recognise this as restraint and had not considered what less restrictive options might be possible to support this person.
- We told this to the registered manager who could not provide further explanation to justify such practice. The care plan for this person did not include any guidance about how staff might best support this person when they felt anxious.
- Mental capacity assessments were generic, not decision specific and lacked personalisation.
- Staff did not demonstrate best practice around assessing mental capacity, supporting decision making and best interest decision making. Records did not evidence that staff completing mental capacity assessments had tried to seek the person's thoughts or wishes or those of their family.
- Some consent documentation was signed by a third party without it being clear that they had the legal authorisation to be doing so.

The registered manager had failed to ensure the requirements about seeking consent were followed and using restrictive practice were in line with legislation and guidance. They did not keep complete and

accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made DoLS referrals, where appropriate for people living in the service.
- Relatives were positive about support given around decisions and consent. One person said, "They [staff] are very good here. They know what I want". Relatives added, "Yes they do [respect people's decisions]. They don't force [relative] to do anything if [relative] says no, they just come back later. I noticed at mealtimes if someone doesn't want to eat, they save the food so they can eat it later on", "They respect [relative's] wishes. When [relative] yells out when they are doing personal care, they stop and go back a little while later and [relative] responds well to that. I have spoken to the manager who has advised me that she has noticed my [relative] responds well to some [staff] better so she makes them to do personal care" and "Absolutely [ask relative for consent]. Our [relative] is hard of hearing. [Staff] always talk to [relative] about everything they do; whether [relative] understands it, is another thing."

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

- People's hydration and food intake was inconsistently managed.
- For example, one person had no malnutrition universal screening tool, or MUST, completed. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The person had lost some weight since admission to the service. The care plan indicated to advise GP of any weight loss but there was no record of such contact. No reviews were recorded for this care plan. We reviewed food and fluid charts for the period of 13 days. On at least three days there was no record of any food/ fluid intake; some days there was a partial record; and two days had only fluids noted. It was not clear what the daily target of fluids was for this person.
- Another person, who was at high risk of weight loss, had to have their weight checked weekly. This was not happening. Their food and fluid intake had to be recorded. We checked records from 12 June 2022. On 1 July 2022 there was no intake recorded and on 2 July 2022 there were no fluids recorded. We also saw the daily fluid total was not tallied at the end of the 24-hour period and the total intake observed was consistently low. It was unclear whether these were actual amounts or whether there were any gaps in recording.
- We saw there was an A4 sized notice taped to the front of the 'nursing' station encouraging people to take a piece of fruit. There was no bowl of fruit in sight. There was one bowl in a corner of the communal area kitchenette, tucked in a corner but not easily accessible for people.
- People were not offered a choice of meals. We saw there were menus hanging near the nurse station. However, the pictures of meals, the font and size of the text were really small. There was also an armchair underneath where the menu was hung up so no one could actually come close to have a read and make their choices.
- People were not supported to eat in a person-centred manner. For example, we observed staff instruct people to "open your mouth" without any prior conversation.

The registered person did not ensure the nutritional and hydration needs of service users were met in time, appropriate to their wellbeing and support was provided. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff in the kitchen were aware of people's dietary needs and preferences and made sure it was prepared in the correct way. They said staff would inform them every day of people's choices. People were offered drinks and some snacks during the day.

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

- We were not assured that people were always referred to healthcare professionals when their health deteriorated or changed. For example, one person had lost some weight. The registered manager told us the person had been referred to dietician. When we asked to see the referral or an email raising this issue, they were not able to find it.
- The registered manager and staff did not demonstrate an understanding of how to set pressure relieving mattresses correctly. We looked at records kept for mattress checks. However, the registered manager and the staff were not able to explain to us how they set the mattress setting according to people's weight to manage pressure care.
- A healthcare professional had reviewed one person and reported that they appeared to be over sedated. There was no evidence that the registered manager had ensured that this observation was investigated or explored with staff.
- Whilst oral health assessments had been completed, records did not always contain clear guidance for staff on how to manage people's oral health and support they would need with it.

The registered person did not ensure people's care and treatment was appropriate and met their needs. This was a breach of Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did see some examples where staff had communicated effectively with healthcare professionals about people's healthcare needs. One professional added, "Yes they do work very well [with other agencies], but they need to initiate partnership working, be more proactive. They are very receptive to input but they need to take own action and move on with it."
- Relative spoke positively about how the service managed their family members health. Comments include, "With the GP they come in once a week. Also if someone had a concern they email the GP and the GP makes sure that they see this person first when they come in", "This week [relative] had a swollen foot and they contacted the GP and he came in, the next day it was down to normal again", "As far as I am aware there has not been any GP visits. [Relative] needs their medication revisited every two weeks" and "The staff arranged a visit from the new GP and did a thorough health check."

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

- The premises were clean and well-maintained with fixtures, furnishings and furniture of appropriate quality. Communal areas presented a light, bright environment where people could move around freely. There were areas available for people to enjoy activities and spend time following personal interests. However, we did not see there was enough private places to see visitors other than their bedroom.
- Some elements of the environment were supportive of people living with dementia, but we found that more could be done by for example, improving signage, design, equipment and the use of colour to help people navigate the environment.
- Communal toilets and bathrooms had signs on the doors but there were no signs to lead people to the toilet. The taps were not of familiar design for all people and not clearly marked for hot and cold. The toilet seats were of different colour.
- During mealtimes, aids which could help with people's wellbeing were not present such as coloured crockery used to support some individuals when eating.
- There was a secure outdoor space available with garden furniture, a clear pathway to walk and stops with benches to sit down for rest. However, we did not see anyone using this area or staff encouraging people to do so.

We recommend that the registered person researches and implements current best practice guidance on environments and equipment for people living with dementia.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff's lack of knowledge and understanding of people with complex needs and distressed behaviours was evident during our inspection. We observed some staff were polite and respectful towards people, however, they did not always show concern for people's wellbeing in a meaningful way or respond to their needs.
- For example, one person said, "I have to go to work". The staff nearby held the person's hand and said, "[Person's name], hello, you need to eat". The person responded, "I'm here!" and walked off.
- Staff brought drinks and snacks to people, but they would remain silent or say very little to engage with people in kind and caring way. We observed two people sitting near the television. One was asleep and the other one holding his head staring to one point. We did not observe any staff trying to engage with either of these people. Their care plans indicated they needed stimulation and activities to be engaged as that supported their mental wellbeing. We were concerned this was not consistently happening.
- People's records included information about their personal circumstances and how they wished to be supported. However, we observed this information was not used to engage with people in a meaningful way.
- We observed one person sitting with staff. There was a game on the table. The staff did not speak or communicate to the person. When the person leaned over to the staff a couple of times, there was no reaction or response from the staff member and eventually they left the person sitting on their own.
- On the second day of our inspection, we observed one staff speaking to another staff about people still needing to have lunch. Referring to a person sitting nearby, the staff member said to their colleague, "Only this one left". This was not respectful, they did not use the person's name, and this dehumanised the person.
- We observed a number of interactions between staff and people where there was a lack of communication, reassurance, warmth or engagement.

The registered person did not ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A professional told us, "We are seeing improvement as the service and staff knowledge develops and embeds and relationships with residents deepen. Progress is being made in staff training, confidence and team building. However, it is recognised that this is an area that needs ongoing monitoring and support."
- Relatives were positive about staff support and felt their family members were treated with respect and kindness. Their comments were very different to what we found during the inspection. They agreed the staff knew how their relative liked things done and treated people with respect and dignity. They said, "Yes I do."

They always ask what [relative] wants to do. They come up and give [relative] a cuddle; also if [relative] is wanting to watch TV they put feet up and make comfortable", "They do care about people. They try to figure out the people and they retain what people like and dislike in order to accommodate that", "I think they go above and beyond on that one, they are really good" and "I have seen how they interact with [relative] and responses. [Relative] is smiley which didn't happen at the other homes."

- We observed examples of some people treated with respect, kindness and care. We saw when some staff approached and spoke to people, they responded with a smile. We observed a staff engaging with people when administering their medicines which were warm. These interactions were patient and people were given time to respond.
- Professionals said, "The registered manager presents as very caring, and families and residents speak very highly of her."
- People's right to confidentiality was protected. All personal records were kept securely and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

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

- Staff did not always understand and respect people's choices about how and where they wanted to spend their time.
- For example, we observed one person being helped into an armchair using a standing hoist. The person was not communicative, and we did not observe the staff talking to the person through the process. The person stayed in front of the TV all day until we left the area at 17:30. We did not observe any staff engaging with the person throughout the day or even ask if they needed anything apart from briefly at lunchtime. We noted to the registered manager that people were sitting for long periods of time, but they were not able to provide further explanation.
- Another person was assisted into an armchair using a hoist by two staff. The interaction was observed by the nurse. The person was not communicative, and the staff were not talking to the person during the process. As the hoist was removed, the person gave a slight exclamation as their arm was lifted to do this. The staff member did not react to this exclamation. The person was left with their head tilted to one side and not provided with a supportive pillow for over an hour. The staff member spoke to the person very briefly when providing the pillow afterwards. The person was left unattended and unstimulated for extensive periods of the day.
- We observed one person was able to do things independently. However, we saw no interactions between them and staff apart from bringing food and drinks. We tried to speak to the person, but they could not understand us in English. We asked the staff about how they communicated with the person. They said they would sign if they wanted to eat or drink. There was one nurse able to speak to the person, in their primary language, but only if they were on the shift. At any other time, the staff said they would contact the family. However, the communication assessment stated that an interpreter could be requested if needed but this was not being used. There was no evidence the person was given an opportunity to have support with cultural and language needs or provided with appropriate company and community links. This meant the person was at risk of isolation and of being unable to express their views properly.
- The records in people's files did not show people were consistently involved in making decisions about their care or in the reviews.
- Relatives agreed they were kept informed about their family member and any changes to their health and wellbeing. They felt involved in the care and support of their relative.
- Most people's bedrooms were personalised and decorated how they liked and with items important to them. People wore clean clothes and appropriate footwear where needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. However, it did not clearly and consistently describe people's abilities, likes, dislikes, preferences and wishes, the support needed, and desired outcomes.
- Some information was often contradictory. For example, in one section it was recorded that a person was sleeping quite well during day and night. Further down it was noted then the person was not sleeping at night. The communication plan noted, "Staff to keep an eye on [person]. Understand body gestures" but no other guidance was noted on how to communicate with the person.
- Another person's records said, "[Person] only can speak a few words, not able to express needs. Staff need to anticipate the needs". Then further in the records noted, "[Person] can express his basic needs". We spoke to this person and even though they had some problems with hearing, they were able to speak to us.
- We observed one person had a pureed meal during lunchtime which was in line with the care plan. When we questioned the reason for pureed meals, the staff said the person had difficulty chewing a normal diet. However, the registered manager nor the staff were able to explain why a pureed diet was required.
- We saw that people's care plans were reviewed monthly. Reviews check that people's care plans are still relevant. We were not assured, based on our findings, that the reviews were robust enough, reflected changes and did not have a focus on improving people's quality of life.
- People could not go outside in the garden as the doors were locked for safety due to a recent incident. There were no records noted that it was unsafe for them to go outside. We saw one person wanted to go out and asked a staff member why the doors were locked. No explanation was offered. We observed the doors were locked for the duration of the inspection. We only saw a nurse outside on one occasion walking with a person for a few minutes on the second day of our inspection. This was a missed opportunity to provide people with meaningful access to outdoor spaces.
- We reviewed the daily notes and daily checks completed for each person. The records were basic, describing mainly tasks completed. There was a lack of information about people's wellbeing, the emotional support given, and any activities completed. Care records were standardised with no evidence of individualised or person-centred entries.

The registered person did not ensure care and treatment was appropriate and met people's needs. This was a breach of Regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A professional told us, "Care plans have been reviewed and are quite limited in information. Work is ongoing in regard to personalisation and development. Many plans were authored by the deputy manager

that has now left the service and are handwritten and are not always legible."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- More needed to be done to ensure that people were regularly engaged in meaningful activities. Activity timetables were not completed to ensure people were able to choose activities.
- We observed the majority of the people were sitting in the lounge in a big circle with the television or music on without any activities. It was not clear that the choice of programme was based on people's known likes and dislikes. We asked the registered manager to address it. Sitting in smaller circles would have encouraged more interactions between people and staff. At times some of staff would initiate small ad hoc activities like playing with a ball or doing puzzles but it would not last long and people would be left on their own.
- Records provided limited evidence of staff engaging with people outside of performing tasks such as moving and handling or eating and drinking.
- This meant people were not protected from isolation and there was a lack of stimulation for them. People were not always helped to maintain their emotional wellbeing or encouraged to participate in an activity suited to their needs.

The registered person did not ensure care and treatment was appropriate and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to develop and maintain relationships with people that mattered to them. We observed relatives visiting people throughout our inspection.
- Relatives told us, "We know that there isn't enough of activities at the moment for [relative] but it is early days for Heathlands", "I haven't heard anything about activities as yet. There is a small garden outside that [relative] can use", "They take [relative] outside but the majority of the time [relative] is sleeping really" and "Yes. [Relative] will [get involved] once they start the activities as [relative] is mobile."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was some guidance in communicating with people in a manner they could understand. We reviewed if AIS was applied to ensure all information presented was in a format people would be able to receive and understand. The information was not noted and highlighted following AIS principles. The recording was not consistent, and some people did not have this information in their file.
- Staff were aware of different ways of communicating with people, for example, using visual aids, pen and paper, simple questions and observing body language and giving time to respond. However, these approaches were not always followed in practice. Some of the interactions we observed were poor and we were not assured that staff were trained or skilled in using personalised communication, particularly with those living with dementia or whom displayed distressed behaviours.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and

understand.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since registering however, there was an appropriate complaints policy in place.
- The registered manager explained how they would respond if a complaint or concern was raised.
- Most relatives knew how to raise a concern. Those who were not familiar with provider's policy, told us they would just contact the registered manager directly to raise their issues.
- The staff felt they could approach the registered manager with any concerns should they need to.

End of life care and support

- During our inspection, there was no one receiving end of life care. Some care plans contained information about people's wishes and support in regard to their end of life care. The registered manager said some relatives were also helping to gather this information.
- Professionals added, "In a very difficult time one family spoke very highly of [the registered manager] and the care team and how they had gone over and above at that time, ensuring exemplary care and support of their loved one."

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay. This is important as it means we can check that appropriate action had been taken to ensure people are safe.
- During this inspection, we found the registered person had failed to notify CQC of a number of reportable events.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider and the registered manager did not have robust systems and processes in place to assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the service, staff and the operation of the service.
- The provider's quality assurance systems did not identify the widespread concerns we found during this inspection and which are described throughout this report.
- The provider and the registered manager had no real oversight of staff practices, competency, or of the quality of care being provided. This meant that we were not able to identify the areas where improvements were needed.
- There was no evidence the provider or the registered manager proactively looked at trends or themes in the incidents and accidents that occurred so that they might identify areas of concern and take action to prevent reoccurrence.
- The provider did not gather feedback from people and relatives about the quality of care provided. This was a missed opportunity to use feedback to develop the service and drive improvements.
- The provider and the registered manager did not always ensure that accurate records were maintained or updated when necessary.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We talked about our findings with the registered manager and they understood things had to be improved

in various areas of the service management.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We discussed with the registered manager the duty of candour and what incidents were required to be notified to the Care Quality Commission. They understood some of the steps of the process, so we talked them through the requirements of the regulation.
- The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager expressed a commitment to providing people with quality care and support and to instilling a culture where staff felt valued and promoted people's individuality. However, our findings at this inspection, indicated that more needed to be done to ensure this was achieved. We noted that the feedback from relatives was positive so in order to be proportionate, we have added comments from them.
- The registered manager was receptive of our feedback during the inspection. However, we were concerned that the registered manager did not have sufficient support to drive and oversee all of the improvements that were needed. This was also the view of a professional who told us, "[The registered manager] is very caring but she has too much to do on her own; too big and complicated service and lack of support from all sides."
- Another professionals added, "It is felt the registered manager is doing the very best she can. She is an approachable, hands on and caring manager. She is well loved by family and residents. It has been identified she needs administrative support in regard to process and greater support both above and below her so she can focus on her role as registered manager."
- Staff felt they could approach the management team with any concerns. Staff were positive about the support from the registered manager and said, "I am comfortable speaking with my manager, and I feel well supported", "Yes, [the management team] are very good and friendly" and "Everyone is lovely and friendly and we do our best."
- Relatives were positive about the service and their experience so far. They said, "Every time I have gone in, [staff] are friendly and interacting with residents and visitors. It is welcoming when you walk in the place...I would highly recommend. Since she has been there my mother is more responsive and really happy", "The staff appear happy and engaging with the residents...I would recommend Heathlands", "It is a very difficult job and I think [staff] are happy there...There is always bubblyness and caring there from the carers...It is a very friendly open home and [staff] are very helpful" and "Yes [staff] are happy...I would recommend it. It is clean and tidy, but they do need to do more activities with the people there."
- We were aware the provider and the registered manager had been working with the local authority on an improvement plan to review and address areas where improvements were needed. Although we received feedback that the provider was engaging, we continued to find similar concerns when we inspected. We were not assured that sufficient action had so far been taken to make the required improvements within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager said they had not sent any surveys yet to people and their relatives. They said some compliments were received but no other form of feedback had so far been used to gather information on the quality of the service. Some relatives mentioned they had not had any surveys, but they knew they could contact the service if needed.

- Most staff told us they felt supported by the management and that the service was well run. However, staff also told us they had not had any team meetings yet and said it would have been useful to have these to discuss various matters about the service. Staff felt that their suggestions would be taken on board to a certain extent.
- People and relatives were positive with their experience so far and added, "It's all good. Better than other homes [I was at before]", "I think there has been a few stressful moments, but they really like the people. I think the home is light, open and welcoming. I have been really pleased with it and I would recommend it", "We did have a hiccup on the first day. I was unhappy with that but the assistant manager sorted it pretty quickly" and "From my point of view I am very, very happy. The building is almost new. There is plenty of staff from my observation. They are very, very caring. Overall, I really like it".
- The management team had established partnership working with outside organisations and external health and social care professionals had been consulted or kept up to date with developments.
- The service had links with the local community and the provider worked in partnership to support people's health and wellbeing.
- Professionals added, "The home has strong communication with [various health and social care teams]. This is now beginning to have an impact on the environment of the home. The registered manager is eager to improve the home's environment. The home has also been linked with [local groups] for additional ideas and activities...The home continues to be supported by and seek guidance from a range of agencies from health and social care including several teams within the council."

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 | <p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way. The registered person did not ensure the nutritional and hydration needs of service users were met in time, appropriate to their wellbeing and support was provided.</p> <p>Regulation 9 (1)(3)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The registered person did not ensure people were treated with dignity and respect.</p> <p>Regulation 10 (1)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or | Regulation 11 HSCA RA Regulations 2014 Need |

personal care

for consent

The registered person had failed to ensure the requirements about seeking consent were followed and using restrictive practice were in line with legislation and guidance. They did not keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests.

Regulation 11 (1)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe. The management of premises was not safe.

Regulation 12 (1)(2)(a)(b)(d)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care

and treatment needs. The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work.

Regulation 18 (1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)</p> |

The enforcement action we took:

We have issued a warning notice to the provider for the failure of meeting regulation 17.