

Chartwell Care Services Limited

Barkby Road

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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place over two days. We arrived unannounced on 4 December 2014 and returned announced on 5 December 2014.

At the last inspection on 11 September 2013 we found that the service was meeting the Regulations we looked at.

Barkby Road is an 11 bedded purpose built care home for adults with moderate to severe learning disability, complex needs or challenging behaviour. The service also offers a specialist support to those with Autistic spectrum disorders. The accommodation is provided in the main

building and in two additional separate buildings within the grounds. At the time of this inspection the separate buildings accommodated three people who had greater levels of need and very high levels of behaviour that challenged. On the day of our visit there were 10 people living at the home.

The service had a registered manager, however following our inspection the registered manager resigned from their position and left the organisation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us that their greatest concern was around the staffing levels. They said that this affected the opportunities for people to participate in activities. They were also concerned about the number and frequency that agency staff were used and how this affected consistency and continuity in care.

Staff were aware of their responsibilities with regard to people's health and safety. Whilst staff had received relevant training, refresher training in safeguarding legislation and the safe administration of medicines was overdue. The service had begun an improvement plan; this was to improve the environment, including the replacement of furnishings, decoration and to raise standards in cleanliness and hygiene. We found some additional concerns with regard to the safety of the environment in some areas of the service.

The manager was in the process of arranging some training for staff to ensure they were appropriately skilled and competent in meeting people's needs. We identified that staff had not received sufficient support and opportunities to review their practice and development needs.

We found people's human rights were not always protected because the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had not always been adhered to.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. The manager made appropriate and timely referrals to health care professionals and recommendations were followed. Support was also provided for people to attend routine health checks.

Staff employed at the service were caring and attentive to people's needs. However, we found that people were not always involved in decisions about their care and support or their wishes respected and acted upon. Where people had identified activities they wished to participate in they were not always supported with these.

Information was not available that advised people about independent advocacy services. People did have access to information about the provider's complaints procedure. However, this was not tailored to the communication and cognitive needs of most people living at Barkby Road.

We found examples of poor management and leadership that impacted on the outcomes for people that used the service. After our inspection the provider told us what immediate action they had taken to make improvements and address our concerns.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There were insufficient staff available and deployed appropriately to meet people's individual needs and keep people safe.

The safety of the environment required continued action to make it safe and hygienic.

Staff were aware of their responsibilities of how to keep people safe and report concerns.

People received their medicines safely but required further training to ensure the safe administration of medicines continued.

Requires Improvement



Is the service effective?

The service was not effective.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation had not always been correctly adhered to.

Staff had not always received an appropriate induction and ongoing training and support.

People's dietary and nutritional needs had been assessed and planned for. People's health care needs were monitored and the service worked with health professionals to meet people's individual needs.

Requires Improvement



Is the service caring?

The service was not caring.

Staff delivered care whilst respecting people's dignity and privacy.

Staff employed at the service knew people's individual needs.

People did not have independent advocacy information easily accessible to them and received limited opportunities of involvement in how they received their care and support.

Requires Improvement



Is the service responsive?

The service was not responsive.

People had not always received personalised care. The information about people's preferences, interests and hobbies and what was important to them had not always been acted upon.

The home had links with the community and people were encouraged to maintain their independence with support.

Requires Improvement



Summary of findings

People had limited opportunities to share their experience about the service. Where people had made complaints it was not clear how these had been recorded and responded to.

Is the service well-led?

The service was not well- led.

The registered manager had some poor management and leadership skills. This affected the day to day operation and the development of the service.

People who used the service and their relatives were asked for their feedback about the service but there was nothing to show what action had been taken as a response.

There were systems used to assess and monitor the quality of the service but these were found to be ineffective.

Inadequate



Barkby Road

Detailed findings

Background to this inspection

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

This inspection took place on the 4 and 5 of December 2014.

Before our inspection, we reviewed the information we held about the service. This included some information of concern we had received about the service in relation to staffing levels and staff training. We also contacted the local authority who had funding responsibility for some people who were using the service and a contract with the provider. We also spoke with a learning disability community nurse and a consultant learning disability psychiatrist.

This inspection was completed by an inspector and a specialist advisor in learning disability and Autism.

We spent time with people that used the service but due to people's communication needs, we received limited feedback about people's views about the service. We used observation to help us understand people's experience. We spoke with four relatives of people that used the service for their views and contacted additional social care professionals who had experience of working with the service. We spoke with a senior manager who was present on the day of our visit, the registered manager, a newly appointed deputy manager, two senior support workers and six support workers. We looked at the care records of three people who used the service and other documentation about how the home was managed. This included quality assurance audits, complaints, incident and accident records and health and safety documents.

Is the service safe?

Our findings

Two out of four relatives told us that they had some concerns with the level of staffing available to meet people's needs. A relative commented, "The staffing levels can have an effect on people being able to go out and do things." Others commented "There seems to be a big turnover of staff, there is a lot of unfamiliar staff," and, "Staff changes and lack of staff are the biggest problem."

Six out of eight support workers and senior support workers told us that their main concern was that there were insufficient staff on shift to meet people's individual needs and keep them and others safe. In addition to the care and support staff provided to people, they were also responsible for the shopping, menu planning, cooking, laundry and cleaning. These additional responsibilities had an impact on their availability to support people.

The manager told us that overall staffing levels and rotas were devised on the basis of the assessed needs of people using the service. These assessments were completed by health and social care professionals who funded placements for people at the service prior to people coming to the service. Assessments that had been done following people coming to the service were not used to adjust staffing levels.

At the time of our inspection, on the basis of their assessed needs at admission, six people required either one or two people at all times to support them safely. A further three people required one to one support at some time during the day to support them safely. There were not enough staff available at the time of this inspection to meet those requirements. Staff also told us that staff numbers available were regularly lower than that which the rota required. They gave examples of when staffing had been as low as five and said that they considered that this was unsafe.

Whilst the manager was in the process of recruiting staff this was for anticipated vacancies in the current establishment not the current shortfall and this recruitment was at a very early stage. We discussed staffing levels with the senior manager who told us they would re-assess the staffing levels.

These issues demonstrated a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to manage known risks. For example, some people had been assessed as requiring additional one to one or two staff to ensure their safety. Plans of care advised staff of potential triggers to behaviours and the strategies required to manage these. We observed some positive interactions from staff. For example, we saw staff supported people to remain safe whilst encouraging them to participate in daily living tasks.

However we found some concerns in relation to the management of risks. One person used an upstairs lounge as a quiet area when they became anxious. Their risk assessment and care plan contained clear information that a quiet area was required at these times and should be free of hazards as their behaviour could be extremely challenging. The lounge contained a metal filing cabinet and un-fixed objects such as litre bottles of water, folders and boxes. We discussed this with staff who confirmed that this lounge was not safe for this person due to the presence of these items.

Additionally, in the main building conservatory, an iron was left on a window ledge. Staff confirmed that this was unsafe considering the needs and behaviours of people using this room.

The main building was separated from the two buildings at the rear of the property by a secure gate. We were told by staff that this gate should be locked at all times to prevent people from the two buildings at the rear of the property from entering different parts of the grounds. When this had happened previously it had caused people living in the main building high levels of anxiety and distress. It was also a known safety risk due to some people's unpredictable behaviours that could be very challenging to staff and to other people living at the service. At the time of this inspection the gate was open. We brought this to the attention of staff who immediately closed and secured it.

These issues demonstrated a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Relatives told us that they felt people were cared for safely. Comments included, "[Name] is in safe hands now, other placements let him down. I have peace of mind he is safe."

We found some concerns with the cleanliness of the service. The senior manager showed us a refurbishment plan that was in progress. This showed that furnishings had been replaced and others were on order. The environment

Is the service safe?

was in the process of being decorated. The deputy manager showed us a new cleaning audit that had recently been introduced. However, we found that the cleanliness and hygiene of the service required improvements. The dining room was dirty and fabric dining chairs were heavily stained. The kitchen in the main building and one in another building were generally unclean and unhygienic as were the communal areas of the service. The cleaning schedules were not effective in maintaining standards of hygiene and cleanliness.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised staff of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency. Fire safety procedures and checks were also in place. However, we saw the system used to monitor who was in and out the building did not correctly reflect people's whereabouts. The manager told us the 'in and out' board was used in the event of a fire to check people were safe. The fire board was not up to date and in the event that the building required evacuating, there was no certainty of who was present. This could have led to confusion and put people at risk.

We looked at the administration and management of medicines. Medicines were stored and managed appropriately. We saw medicine administration records were completed correctly and we observed the deputy and registered manager safely administer medicines. Whilst the managers showed us they were knowledgeable about the medicines people were prescribed, there were no medicine profiles for people that advised the staff team of the side effects and reason for people's medicines. This would help all staff to understand about the medicines they were responsible for administering.

Staff told us about the safeguarding and whistle blowing policy and procedures. Staff also said they had received training on safeguarding. We found not all training and refresher training was up to date. However, staff had a clear understanding of their role and responsibility in keeping people safe. This included what to do in the event of a concern about a person's safety or welfare.

Staff employed at the service had relevant pre-employment checks before they commenced work. This included a check with the 'Disclosure and Barring Service' (DBS) which check criminal records and staff suitability to work with people.

Is the service effective?

Our findings

Relatives told us that they found on the whole, staff that had worked at the service some time were competent and knowledgeable, but were less sure about staff that were unfamiliar to them. Some relatives said that they felt staff left after they had completed their training. Relatives also spoke positively about the staff that they knew and had developed relationships with but raised concerns about staff changes and how this was unsettling for people. One relative told us, “The staff are excellent.” Another relative said, “Some staff are better than others. The biggest problems are staff changes.”

We observed staff employed at the service to be confident and knowledgeable about the people they were caring for. We saw examples that showed staff were skilled in their approach in how they responded to and managed people’s individual needs. For example, staff were aware of triggers to potential behaviours and used good diversion skills.

Due to the complex needs of people that used the service, people were at times behaviourally challenging and required support from staff to protect themselves and others from harm. We saw that the service had provided staff with appropriate accredited training in the use of restraint and physical intervention. We also saw the service had a policy and procedure advising staff on the use of restraint with an emphasis on the least restrictive practice. This meant when restraint was required, staff had the necessary skills and experience to carry this out effectively.

Staff gave us mixed opinions about the induction they received when they first started. Some staff told us the induction and training prepared them for their role and responsibilities. However, the majority of staff said that the induction was poorly planned and structured and they had to wait to receive some of the training. Comments included, “We had some training packs to complete, did some shadowing of other staff and had some training but this was very limited.” A support worker, who commenced work within 2014, told us they did not receive any training until three months after they started at the service.

The provider had identified the training that staff required to enable them to deliver care safely and to an appropriate standard. Much of this training had not been done. For example 14 of the 27 staff required food hygiene training. This training was planned but in the meantime some staff

were preparing and handling food without the correct training. The manager also showed us information they had shared with staff about training opportunities that had been made available to staff during 2014. However, many staff had not taken up these opportunities. This meant that people were supported by staff who did not have all the necessary training they required to support people safely or to an appropriate standard.

Staff said they had received supervision meetings with their line manager to review their practice and learning needs but this was infrequent. The manager told us that supervision meetings had often been cancelled due to other priorities. Staff also told us they had not received a yearly appraisal that reviewed their performance. The manager confirmed this to be correct. This meant that staff had not been appropriately supported in relation to their responsibilities to enable them to care for people effectively and to an appropriate standard.

Agency staff were used frequently and this concerned staff. Due to the needs of people who used the service, consistency and continuity was essential in meeting people’s individual needs and keeping people safe. The manager told us due to concerns raised by the local authority about the use of agency staff, they had very recently changed the agency they used and had developed improved systems to ensure agency staff had the required skills, experience and training.

These issues demonstrated a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and treatment. The law ensures people are not unlawfully restricted of their freedom or liberty. All the people that lived at the service had restrictions placed upon them due to their specific needs. Staff showed they had a basic understanding of the principles of DoLS. Whilst some people had a DoLS in place, the manager had failed to ensure that appropriate authorisations had been requested for nine out of the ten people living at Barkby Road in relation to other restrictions placed upon their liberty. An authorisation can only be granted by a supervisory body as required by law. This showed the

Is the service effective?

manager lacked an understanding of the requirements of this legislation. We were assured by the manager that they had made the necessary applications following our inspection.

We also found concerns with MCA assessments and best interest decisions for people that lacked capacity to give consent in their care and support. Where people were unable to consent to their care and treatment, the manager had a 'best interest' approach to care and informal decisions had been made. However, we were concerned that capacity assessments and best interest decisions had not been appropriately and formally recorded as required by the MCA legislation. Staff gave examples of how they gained consent with day to day decisions but were unaware of the legal requirements of MCA and the process involved in completing assessments and making best interest decisions. The manager also showed limited understanding of the legislation and their responsibility to ensure people's human right were protected. They agreed that the practice around consent required improvement to fully adhere to the MCA legislation.

These issues demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people had specific dietary and nutritional needs. We saw the service had made referrals and worked with health care professionals such as a GP and dietician when concerns were identified with people's weight and nutritional needs. Some people had been prescribed food supplements and we saw these were available. We found that the menu on display advising people of the food choices for the week did not reflect what people received. This may have been confusing for people. This information was also not presented in a meaningful way that people could understand. Some people had communication needs and may have benefited from a pictorial easy read menu to promote choice.

Some staff raised concerns that people did not always receive a choice of what to eat. Comments included, "People that live particularly in the accommodation within the grounds don't always have a choice of what to eat. Staff bring the food over from the main kitchen without asking the person what they would like." We discussed what we were told with the manager. They said people were offered a choice but would investigate this and address this with the staff team if necessary.

Relatives told us that they were confident that people's health care needs were met. One relative told us, "They [staff] arrange appointments with the dentist, opticians and the GP. I have no concerns about health care needs, these are well met."

One health care professional told us that they did not have any concerns about people's health care needs not being met. Comments included, "In my experience, the home appears fairly open to input from health services and takes advice on improving quality of care on board." However, another health care professional raised concerns about poor care planning and recording of people's health care needs.

It has been recommended by the Government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. Whilst we found people had health action plans, the sample of three that we saw had not been fully completed and some were empty. Whilst staff and the manager told us people were supported to access health services to support and maintain people's health, best practice guidance had not been followed.

We saw people had NHS 'hospital passports'. These documents have been developed by the NHS to support people with learning disabilities be cared for appropriately in hospital. From the sample that we saw these were up to date.

Is the service caring?

Our findings

Relatives described staff as caring and that they treated people with dignity and respect. One relative said, “My brother is very happy with the care provided, I would know if they were not.” Another relative told us, “They [staff] look after him well, he is happier than when he was in hospital, he is more relaxed, his life is better.” Additional comments included, “When [name] comes to visit me he is always relaxed about returning.”

Positive relationships between staff employed at the service and people that used the service were evident. People were relaxed within the company of staff and there was appropriate light hearted banter. Some people had ‘Communication Passports’. Personal communication passports describe the person’s most effective means of communicating and how others can best communicate with, and support them. We saw these were up to date and reflected people’s needs. We observed staff used good communication that showed they understood people’s different needs. Staff were aware of the tone and language required to support people’s communication needs. This included the use of body language, gestures and sign language.

Whilst six out of the nine people had been assessed as requiring staff support continually, we saw staff respected people’s privacy, choice and promoted safe risk taking. For example, some people were encouraged to participate in making drinks and snacks for themselves with staff support. Whilst some people required supervision at all times this was provided sensitively, we saw staff observed at a distance to enable the person to have some space and freedom but reacted quickly when support was required.

We observed that staff supported people in day to day decision making with regard to how they spent their time.

For example, a person who had earlier in the day requested to go out was supported to do so in the afternoon when there was sufficient staff to support them. People were offered the choice of drinks and another two people who chose to remain in their room for parts of the day were able to do this.

A person who had capacity to consent had a written agreement in place about living at the service. This had been agreed and shared with external professionals involved in the person’s care. However, this person had not been actively involved in making these decisions about their care and support. Nor were there any arrangements in place to show how others were involved in discussions and decisions about the care and support they received. Plans of care were written and not presented within an easy read format that may have benefited people with communication needs to understand what was recorded about them.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care files and other confidential information about people were kept in the office. This ensured that people such as visitors and other people who used the service could not gain access to people’s private information without staff being present.

We asked the deputy manager if people had access to independent advocacy services. Advocacy is a process of supporting and enabling people to express their views and concerns. Whilst the deputy manager thought there was information available for people this could not be located. This meant people did not have easy access to information that would inform them of their rights and choices and independent support available to them.

Is the service responsive?

Our findings

Relatives told us they had concerns with the provision of social and meaningful activities and occupation for people. Comments included, “It can be difficult to get my son to go out I know, but I do think he would benefit from more age appropriate activities.” And, “The staffing levels can have an effect on people being able to go out and do things.”

We saw no pre-assessment records that showed the manager had assessed and considered people’s needs before they moved into the service. They had relied on assessments completed by external professionals. An initial assessment by the manager is important to ensure the service can appropriately meet people’s individual needs.

We saw people had ‘Person Centred Plans’ (PCPs). Person centred planning is a way of helping someone to plan their life and support, focusing on what’s important to them. This is a recognised form of supporting people with learning disabilities and is seen as good practice. The three PCPs we looked at lacked detail and were not fully completed. This meant staff did not have information about people’s preferences, routines or what was important to them. This was a particular concern as there was a high level of agency staff used and without this information recorded staff had limited information about what was important to people.

Where people had identified activities they would like to do, there were no systems in place that showed if the person had achieved their wishes and aspirations. We saw people had a weekly timetable of activities that showed when they would receive support to pursue their interests and hobbies. On the day of our inspection we saw some people were supported to attend a local college course, attend a disco for people with learning disabilities in the community and supported with walks in the local community. However, we saw two examples where people were not supported with their chosen activities. One of these people asked to go out, whilst staff supported them to go out in the afternoon for a drive in the community, this was not the activity they had previously requested to do. Staff did not offer the person a choice of how to spend their time. Whilst senior support workers told us they had responsibility of delegating tasks and directing staff, there was a lack of planning around personalised care

A person told us that they had expressed a wish to cook their own meals. This person had a low body mass index and a request to cook their own meals was positive. However, they told us that they were ‘not allowed’ in the kitchen. We discussed this with the deputy manager who told us it was due to ‘infection control’ reasons. We could not see why this person could not have been appropriately supported in the kitchen. This person also raised concerns about staff entering their room to clean it without their agreement. Whilst we were told by the deputy manager this was due to cleanliness and hygiene concerns, there was no evidence that staff had tried to support this person in working with them to come to an agreement.

Some people had specific needs and preferences about how their support should be provided. For example, some people got particularly anxious with staff they were unfamiliar with such as new or agency staff. Staff gave examples of incidents where people had been anxious due to the support provided by an unfamiliar support worker. We discussed this with the senior support workers. They told us they always tried to take account of people’s needs when delegating tasks to support workers but the high use of agency staff made this difficult. This showed people’s preferences, choices and needs had not always been respected and acted upon.

We saw the records of ‘resident’ meetings held in August and November 2014. People were asked about their views on different topics such as food choices and colours for the new decoration. Whilst we saw people’s choices and comments were recorded there was nothing to show that people’s choices or comments had been acted upon.

The service had a complaints policy and procedure. Relatives told us that they had not had cause to make a complaint but felt confident to do so if the need arose. We received information about how complaints both verbal and written had been made, however we were told that the outcomes to these complaints were not shared by the manager. We saw the manager had a system to record complaints received including the action taken to respond to complaints. The manager told us they had received some complaints and that these had been investigated and found to be ‘not substantiated’. However, there were no records to show that the complaints had been received and investigated, nor were there any other recorded complaints that showed how the manager had responded to complaints received. The manager was not using the

Is the service responsive?

system they had in place or other methods to assess, prevent or reduce the impact of unsafe or inappropriate care or treatment. In particular they were not bringing complaints to people's attention in a suitable manner or format, or ensuring that it was fully investigated or resolved.

Staff gave examples where they supported people with their religious and spiritual needs. This included the provision of specific foods to meet a person's cultural needs. Another person practiced a particular faith, staff recognised what this meant to the person and showed they respected this person's choices and beliefs.

Is the service well-led?

Our findings

We found that the quality assurance systems had not always identified where improvements and actions were required to ensure quality and safety. For example, the manager had not checked that staff were administering medicines safely and had received adequate training. Nor had they identified and acted on the shortfalls in supporting staff through induction training and reflection on their practice and development needs. The manager had also not identified shortfalls in relation to the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards or in enabling people to be involved as fully as possible in the care and support.

These issues demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at three people's safeguarding incident records and found that the manager had appropriately informed other agencies and organisations of these incidents. We had received some notifications from the manager informing us of safeguarding incidents, but not all. It is a legal responsibility and obligation required of a registered manager to inform us of this information. This meant the manager had not always adhered to the registration conditions with the Care Quality Commission.

Some relatives told us that they had limited contact with the manager and said the deputy manager had recently left and this was a concern to them. Comments included, "The deputy always called me if there were any concerns, they told me what was going on." And, "I don't have a lot of contact with the manager, I saw them last Christmas at the party they had arranged but it was poorly organised."

Staff did not speak confidently about the leadership of the service. They told us that they had limited contact with the manager as they were 'always busy in the office' and did not work alongside them. Comments included, "The last manager and previous deputy worked alongside us, they were a good support."

We looked at various staff meeting records the manager had chaired that had occurred within 2014. There were separate meetings for senior staff, night staff and all staff. We found the meeting records did not include action points detailing who was responsible with timescales or carried over to the next meeting to review if they had been completed. This meant it was difficult for the manager to assess and monitor where improvements were required.

The manager told us that as part of the service's quality assurance checks they sent a questionnaire to people that used the service and relatives in July 2014. We saw a blank copy of the questionnaire sent. The manager informed us that a total of 20 questionnaires were sent out and six were returned. We asked to look at the report of the findings to show that the feedback had been analysed for any required action. This information was not provided. We were therefore unable to make a judgment if action had been taken as a response to the feedback gained.

We identified there were concerns with the management and leadership of the service. After our inspection we received information from the provider telling us that the manager was no longer working at the service. They told us of the action they had taken to manage the service and the work they had started to make the required improvements. This included an experienced senior manager within the organisation taking over the management of the service. The provider had also engaged with the local authority to enhance their capacity to make the improvements require.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (b) (c) (i)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

People who use services did not have their health, safety and welfare fully protected due to insufficient numbers of suitably qualified, skilled and experienced staff.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Staff were not fully supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. Staff did not receive adequate professional development, supervision and appraisal. Regulation 23 (1) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered manager had not made suitable arrangements to obtain, and had not acted in accordance with, the consent of service users in relation to their care and treatment provided. Regulation 18

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered manager did not have an effective operation of systems to enable the safety and quality of the service to be regularly assessed and monitored.
Regulation 10 (1) (a) (b)